

# AGENDA HAMPSHIRE LIQUOR COMMISSION MEETING December 7, 2017 6:30 P.M.

- 1. Call to Order.
- 2. Establish Quorum.
- 3. Approve Meeting Minutes of November 16, 2017.
- 4. Review and Approve Renewal of Liquor Licenses for 2018.
- 5. Adjournment.

### HAMPSHIRE LIQUOR COMMISSION

November 16, 2017

Village President Jeff Magnussen, Chairman, called the meeting to order at 6:00 p.m.

Present: Trustee Klein, Kraus

Also present: Tom Minnihan

Trustee Kraus moved, to approve the minutes for August 10, 2017.

Seconded by Klein

Motion carried by voice vote

Ayes: All Nays: None Absent: None

Mr. Minnihan's mentioned he will have video gaming, about seven T.V's and will not have a kitchen but something small to cook hot dogs and burgers, plus a small clay oven for pizza. Parking shouldn't be a problem the owner will be marking more spaces by the curve to park.

Trustee Kraus moved, to approve a Class A-1 liquor license to Minnihan's Sports Bar at 1000 State Street.

Seconded by Trustee Klein Motion carried by voice vote Ayes: Klein, Kraus, Magnussen

Nays: None Absent: None

The Village Board will need to create an A-1 Liquor License at the December 7, 2017 meeting at 7 p.m.

Trustee Klein moved, to table number 5 on the agenda.

Seconded by Trustee Kraus Motion carried by voice vote

Ayes: All Nays: None Absent: None

Village President Magnussen would like the liquor commission to think about pro-rating liquor licenses and will discuss this at a later time.

Next Liquor meeting will be held on December 7, 2017 at 6:30 to review the yearly applications for 2018.

### Adjournment

Trustee Klein moved, to adjourn the Liquor Commission meeting at 6:22 p.m.

Seconded by Trustee Kraus

Motion carried by voice vote Ayes: All Nays: None Absent: None

Jeff Magnussen, Village President





234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

### APPLICATION FOR ALCOHOLIC LIQUOR

| DATE: 11/27/17  |
|---|
| NAME OF BUSINESS: Cornel Spot Inc The Kavesales Tax ID: 3907-6105   |
| NAME OF APPLICANT: David Ruth   |
| ADDRESS OF BUSINESS: 123 Washington Ave.  |
| BUSINESS PHONE NO.: 847-287-5651  |
| MAILING ADDRESS: 320 Jake La. Hampshire   |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois  |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:   |
| 1. License Class and Annual Fee (check one):  |
| Class A-1 - \$1,500.00 Class A-2 - \$1,250.00 Class B-1 - \$1,500.00 Class B-2 - \$1,500.00 Class C-1 - \$1,500.00 Class C-2 - \$1,500.00 Class C-3 - \$1,750.00 |
| 2. License Period:  |
| Commencing on January 1, $\frac{2018}{2018}$ and ending December 31, $\frac{2018}{2018}$ or Commencing on and ending December 31,   |
| 3. Type of Business Entity (check one):   |
| ☐ Individual Corporation  |
| Partnership Other (specify)   |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: David Knth   |
|--|
| BIRTHDAY: 3/30/82  |
| HOME ADDRESS: 320 Jake La. Hampshile   |
| BUSINESS STATUS: P(25) dent  |
| BUSINESS STATUS: President   |
| PERCENTAGE OF STOCK HELD: 100%   |
| Name:  |
| BIRTHDAY:  |
| HOME ADDRESS:  |
| DRIVERS LICENSE# HOME PHONE#   |
| BUSINESS STATUS;   |
| PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)  |
| 5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:   |
| If an Illinois corporation, state date of corporation: 2006 March  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act.  |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed  |
| 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 123 Washing ton Ave   |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. \( \frac{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\synt{\sqrt{\sq}}\sqrt{\sq}\sqrt{\sqrt{\sq}\sqrt{\sq}\sqrt{\sqrt{\sqrt{\s |

| State or Village laws and ordinances will be   | hat during the license period, any violation of Federal, e referred to the Local Liquor Control Commission and nsion or revocation of said license?   |
|--|---|
| and/or Hampshire Police Department shall premises licensed hereunder to determine  | hat members of the Local Liquor Control Commission have the authority to enter at any time upon the whether any State or Village laws and ordinances that time to examine the premises of said licensee in  |
| shall not constitute property, nor shall it be   | hat a license shall be purely a personal privilege, and e subject to attachment, garnishment or execution, untarily or involuntarily, or subject to being   |
| acceptability of all entertainment shall be s<br>Commission? <u>\f</u><br>On the attached addendum for Entertainment to be provided in your establishment is planned during be listed and described for, and approved by | -1 and B-2): Does the applicant understand that the subject to review by the Local Liquor Control ent, please list and briefly describe, any and all plishment during the period of this license. (If any 3 the period of this license, such entertainment must by, the Hampshire Liquor Commission prior to being trainment forms are available at the Office of the |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES Pres.  | INDIVIDUAL OR PARTNERSHIP SIGNATURES  |
| Sec  | ·   |
| STATE OF ) SS  County of Kare )  |   |
| The undersigned swears that all statements a   | re true and correct.  |
| CORPORATE SEAL  Subscribed and sworn to before me this   | "OFFICIAL SEAL"  M. BRANDES  Notary Public, State of Minois  My Commission Expires 09/10/19   |

**Notary Public** 

# Western Surety Co

### LICENSE AND PERMIT BOND

| hat we Corner Spot disa The  | Katre   |   |
|--|---|---|
| Hat we worker above was the  | Mase  |   |
| f Hamphile   | State of Illineis   | as Principa   |
| nd WESTERN SURETY COMPAN   | NV a corporation duly licensed to do s  |   |
| ~113ab2  |   |   |
| Illinoi3   | , as Surety, are  | a held and firmly bound unto the  |
| illago of Mameshire  | State of Lincis   | as Obligee, in the pen  |
|  |   |   |
| THE LANGE STATE OF THE PARTY OF | dred and 00/160 DOI   |   |
|  | to be paid to the Obligee, for which pays   | ment well and truly to be mad   |
| s onig ourserves and our fedar teb   | presentatives, firmly by these presents.  |   |
| THE CONDITION OF THE A   | ABOVE OBLIGATION IS SUCH, That w  | thereas the Principal has be  |
|  | TO THE TENED OF THE PERSON OF | the case, with I illimited field by   |
| ensed Llucus   |   |   |
| te i i i kabud   |   | 2 11 2 2 2  |
|  |   | by the Obligee.   |
| th the laws and ordinances, in<br>plied for, then this obligation<br>runc 27th.  This bond may be terminated a<br>S. Mail, to the Obligee and to the   | rincipal shall faithfully perform the duckling all amendments thereto, pertain to be void otherwise to remain 2016, unless renewed by Continuation at any time by the Surety upon sending to Principal at the address last known to the   | ining to the license or perm<br>in full force and effect unt<br>on Certificate.<br>notice in writing, by First Cla-<br>ne Surety, and at the expiration   |
| th the laws and ordinances, in pelied for, then this obligation on 27th.  This bond may be terminated a S. Mail, to the Obligee and to the thirty five (75) days from the mail the remon, as princeed from a law Regardless of the number of this this bond, and the number of its this bond, and the number of its shall not be calculative from  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018, unless renewed by Continuation at any time by the Surety upon sending relationship at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the foreign of premiums which shall be payable or myear to year or period to period, and in  | ining to the license or perm<br>in full force and effect unt<br>on Certificate.  notice in writing, by First Clar-<br>ne Surety, and at the expiration<br>facto terminate and the Sure-<br>he Principal subsequent to sa-<br>te, the number of claims made<br>paid, the Surety's total limit-<br>no event shall the Surety's tot                                    |
| th the laws and ordinances, in plied for, then this obligation on 27th.  This bond have be terminated as Mail, to the Obligee and to the thirty fire (35), lays from the mail thereupon as Felieved from a Regardess of the number of this bond, and the number of ity shall not be cumulative from a class of the screed the  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending relating at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the of years this bond shall continue in force of premiums which shall be payable or  | ining to the license or permin full force and effect unto<br>on Certificate.  notice in writing, by First Cla-<br>ne Surety, and at the expiration<br>facto terminate and the Sure-<br>he Principal subsequent to sa-<br>te, the number of claims made<br>paid, the Surety's total limit-<br>no event shall the Surety's total                                      |
| th the laws and ordinances, in plied for, then this obligation on 27th.  This bond have be terminated as Mail, to the Obligee and to the thirty fire (35), lays from the mail thereupon as Felieved from a Regardess of the number of this bond, and the number of ity shall not be cumulative from a class of the screed the  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018, unless renewed by Continuation at any time by the Surety upon sending relationship at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the foreign of premiums which shall be payable or myear to year or period to period, and in  | ining to the license or perm<br>in full force and effect unt<br>on Certificate.  notice in writing, by First Clar-<br>ne Surety, and at the expiration<br>facto terminate and the Sure-<br>he Principal subsequent to sa-<br>te, the number of claims made<br>paid, the Surety's total limit-<br>no event shall the Surety's tot                                    |
| th the laws and ordinances, in plied for, then this obligation one 27th.  This bond may be terminated a S. Mail, to the Obligee and to the thirty fire (35), ays from the male in Regardless of the number of Regardless of the number of the Staffis bend, and the number of the Staffis bend, and the number of the Staffis bend, and the number of the Staffis and the staffishment of the staffishment o | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending relating of said notice, this bond shall ipso my liability for any acts or omissions of the foreign of premiums which shall be payable or my ear to year or period to period, and in amount set forth above. Any revision of   | ining to the license or perm<br>in full force and effect unt<br>on Certificate.  notice in writing, by First Clar-<br>ne Surety, and at the expiration<br>facto terminate and the Suret-<br>he Principal subsequent to sa-<br>te, the number of claims made<br>paid, the Surety's total limit-<br>no event shall the Surety's tot                                   |
| th the laws and ordinances, in plied for, then this obligation on 27th.  This bond may be terminated a S. Mail, to the Obligee and to the thirty fire (15), lays from the mail thereupon as Frieved from a Regardess of the number of this bond, and the number of ity shall not be cumulative from a class of the scale of the country of all class exceed the  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending relating of said notice, this bond shall ipso my liability for any acts or omissions of the foreign of premiums which shall be payable or my ear to year or period to period, and in amount set forth above. Any revision of   | ining to the license or perm<br>in full force and effect unt<br>on Certificate.  notice in writing, by First Clar-<br>ne Surety, and at the expiration<br>facto terminate and the Suret-<br>he Principal subsequent to sa-<br>te, the number of claims made<br>paid, the Surety's total limit-<br>no event shall the Surety's tot                                   |
| th the laws and ordinances, in plied for, then this obligation one 27th.  This bond have be terminated a S. Mail, to the Obligee and to the thirty fire (25), lays from the mark the remove see Frieved from a Regardless of the number of the Status bond, and the number of the Status bond, and the number of the Status bond, and the number of the Status exceed the musting  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending retrincipal at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the of years this bond shall continue in force of premiums which shall be payable or my year to year or period to period, and in amount set forth above. Any revision of   | ining to the license or perm<br>in full force and effect unto<br>on Certificate.  notice in writing, by First Clar-<br>ne Surety, and at the expiration<br>facto terminate and the Suret-<br>he Principal subsequent to sa-<br>ice, the number of claims made<br>paid, the Surety's total limit-<br>no event shall the Surety's total<br>'the bond amount shall not |
| th the laws and ordinances, in plied for, then this obligation one 27th.  This bond have be terminated a S. Mail, to the Obligee and to the thirty fire (25), lays from the mark the remove see Frieved from a Regardless of the number of the Status bond, and the number of the Status bond, and the number of the Status bond, and the number of the Status exceed the musting  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending relating of said notice, this bond shall ipso my liability for any acts or omissions of the foreign of premiums which shall be payable or my ear to year or period to period, and in amount set forth above. Any revision of   | ining to the license or perm in full force and effect unto the Certificate.  notice in writing, by First Clarence Surety, and at the expiration facto terminate and the Surety he Principal subsequent to sate, the number of claims made paid, the Surety's total limit no event shall the Surety's total in the bond amount shall not a the Kave                  |
| th the laws and ordinances, in plied for, then this obligation one 27th.  This bond have be terminated a S. Mail, to the Obligee and to the thirty fire (25), lays from the mark the remove see Frieved from a Regardless of the number of the Status bond, and the number of the Status bond, and the number of the Status bond, and the number of the Status exceed the musting  | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending retrincipal at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the of years this bond shall continue in force of premiums which shall be payable or my year to year or period to period, and in amount set forth above. Any revision of   | ining to the license or perm in full force and effect unto Certificate.  notice in writing, by First Clare Surety, and at the expiration facto terminate and the Surety he Principal subsequent to saice, the number of claims made paid, the Surety's total limit no event shall the Surety's total rot the bond amount shall not a The Rave                       |
| th the laws and ordinances, in policed for, then this obligation one 27th.  This bond have be terminated a S. Mail, to the Obligate and to the thing fire (35), lays from the market percentage of the number of the Regardless of the number of the state of the number of the state of the number of the state | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending retrincipal at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the of years this bond shall continue in force of premiums which shall be payable or my year to year or period to period, and in amount set forth above. Any revision of the said that the said the said to be | ining to the license or perm in full force and effect untien Certificate.  notice in writing, by First Clarence Surety, and at the expiration facto terminate and the Suret he Principal subsequent to sate, the number of claims made paid, the Surety's total limit no event shall the Surety's total rot the bond amount shall not the factor.  The Rave Princip |
| th the laws and ordinances, in policed for, then this obligation one 27th.  This bond have be terminated a S. Mail, to the Obligate and to the thing fire (35), lays from the market percentage of the number of the Regardless of the number of the state of the number of the state of the number of the state | ncluding all amendments thereto, pertain to be void otherwise to remain 2018 unless renewed by Continuation at any time by the Surety upon sending retrincipal at the address last known to the along of said notice, this bond shall ipso my liability for any acts or omissions of the of years this bond shall continue in force of premiums which shall be payable or my year to year or period to period, and in amount set forth above. Any revision of   | ining to the license or perm<br>in full force and effect unit<br>on Certificate.  notice in writing, by First Classic Surety, and at the expiration<br>facto terminate and the Suret<br>he Principal subsequent to sai<br>ite, the number of claims made<br>paid, the Surety's total limit<br>no event shall the Surety's total<br>the bond amount shall not        |

| COUNTY OF MONNEHAHA  On this28.hday of   | STATE OF SOUTH DAROTA                        | 7-7-   |                       | IMENT OF SURETY rate Officer)  |          |
|--|--|--|-----------------------|--|----------|
| personally appeared who acknowledged himself herself as such officer of the SPERRN SURETY COMPANY, as corporation, and that he as such officer, being authorized so to do, execute the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as suc officer.  IN WITHESS WILEGEOG, Thave bereamto set my hand and official seal.  M. BENT  Notary Public.—South Dakota  MY Commission Explices Warch 2, 2020  ACKNOWLEDCMENT OF PRINCIPAL (Individual or Partners)  STATE OF  Country of day of hefore the personally appeared who acknowledged himself herself as such officer.  STATE OF  Country of day of hefore me personally appeared who acknowledged himself herself as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself herself as such officer.  Notary Public  ACKNOWLEDCMENT OF PRINCIPAL (Corporate Officer)  | 3 55   |  |                       |  |          |
| personally appeared who acknowledged himself herself as such officer of the SPERRN SURETY COMPANY, as corporation, and that he as such officer, being authorized so to do, execute the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as suc officer.  IN WITHESS WILEGEOG, Thave bereamto set my hand and official seal.  M. BENT  Notary Public.—South Dakota  MY Commission Explices Warch 2, 2020  ACKNOWLEDCMENT OF PRINCIPAL (Individual or Partners)  STATE OF  Country of day of hefore the personally appeared who acknowledged himself herself as such officer.  STATE OF  Country of day of hefore me personally appeared who acknowledged himself herself as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself herself as such officer.  Notary Public  ACKNOWLEDCMENT OF PRINCIPAL (Corporate Officer)  | On this 28th day of                          | oune   | 2017                  | hefore me, the undersigned o   | ffice    |
| officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as such officer.  No WITNESS WHEREOF, Thave here and such and and official seal.  M. BENT  WY COMMISSION EXPLOSE  Notary Public — South Dakoto  ACKNOWLEDGMENT OF PRINCIPAL (Undividual or Partners)  COUNTY OF  Chi this   | personally appeared Pau                      |  |                       |  |          |
| Officer.  N. WHINESS WHEREOF, Thave hereunto set my hand and official seal.  M. BENT  Notary Public — South Dakoto  MY South Dakoto Explose March 2 2020  ACKNOWLEDOMENT OF PRINCIPAL (Individual or Partners)  STATE OF  Country OF  Coun | officer of WESTERN SURETY COMPAN             | IY, a corporation, and th  | ot he as such officer | , being authorized so to do, exc   | œute     |
| My BENT Notary Public South Dakota  My Commission expires  Notary Public South Dakota  My Commission expires  Notary Public South Dakota  ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners)  State of the executed the same.  My commission expires  Notary Public South Dakota  ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners)  State of the executed the same.  My commission expires  Notary Public  ACKNOWLEDGMENT OF PRINCIPAL (Corporate Citheer)  On this day of the corporation by himself herself as such officer.  My commission expires  Notary Public  ACKNOWLEDGMENT OF PRINCIPAL (Corporate Citheer)  ACKNOWLEDGMENT OF PRINCIPAL (Corporate Citheer)  Notary Public  ACKNOWLEDGMENT OF PRINCIPAL (Corporate Citheer)  Notary Public  ACKNOWLEDGMENT OF PRINCIPAL (Corporate Citheer)  Notary Public  ACKNOWLEDGMENT OF PRINCIPAL (Corporate Citheer)  Notary Public State of the corporation by himself herself as such officer.  My commission expires  Notary Public  Notary Public  | the foregoing instrument for the purpos      | es therein contained, by   | signing the name of   | f the corporation by himself as  | suc      |
| My South Dakota  My South Officer me personally appeared  My south State Of  |  | estate est touchead and  | <br>official soul     |  | ٠.       |
| Notary Public — South Dakota  My South Dakota Expires March 2, 2020  ACKNOWLEDCHMENT OF PRINCIPAL (Individual or Partners)  STATE OF   |  | termo ser my nama and  | omerar sear.          | 2 1  | - 1      |
| ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners)  STATE OF   |  |  |                       | Bent   |          |
| ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners)  STATE OF   | SEAL NOTARY PUBLIC SEAL                      | ·  |                       | 7.11   | -        |
| My Commission expires March 2, 2020  Country of Country |  |  | เพาสหา                | y Fublic — South Dakota  |          |
| STATE OF COUNTY OF Country OF Cou |  |  | ACENDATEDO            | MENTE OF DEINICIDAL  |          |
| STATE OF COUNTY  | my same also brighted the sur                |  |                       | and the second s |          |
| known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that be executed the same.  My commission expires  Notary Public  ACKNOWLEDCMENT OF PRINCIPAL  (Corporate Officer)  On this day of  |  | _ ss   | (individu             | an of Paranets,  | . 1      |
| known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me thathe executed the same.  My commission expires  Notary Public  STATE OF   | COUNTY OF                                    | _)   |                       |  |          |
| known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me thathe executed the same.  My commission expires  Notary Public  STATE OF   | On this day of                               |  | nay 10 h of           | before me mesocially arms  | ישיי גיי |
| STATE OF COUNTY OF Ss (Corporate Officer)  On this   | United Street Street                         |  |                       | shore the personally approx  | 4 0      |
| My commission expires    Notary Public   |  | cribed in and who execut   | ed the foregoing ins  | trument and acknowledged to  | me       |
| STATE OF COUNTY OF S\$ (Corporate Officer)  On this day of   | thathe executed the same.                    |  |                       |  |          |
| STATE OF (Corporate Officer)  STATE OF (Corporate Officer)  On this day of before me personally appeared who acknowledged himself-herself to be the acknowledged himself-herself as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself-herself as such officer.  My commission expires  Notary Public  Refused Corporate Officer)  A corporation, and that he she as such officer.  Notary Public  | My commission expires                        |  |                       |  |          |
| STATE OF (Corporate Officer)  STATE OF (Corporate Officer)  On this day of before me personally appeared who acknowledged himself-herself to be the acknowledged himself-herself as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself-herself as such officer.  My commission expires  Notary Public  Refused Corporate Officer)  A corporation, and that he she as such officer.  Notary Public  |  |  |                       | Vacami Bulklia   |          |
| STATE OF COUNTY OF Security Of |  |  |                       | Notary Funite  | ٠.       |
| STATE OF COUNTY OF Security Of | Table 1917 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |  |                       | E I I I I I I I I I I I I I I I I I I I  |          |
| County of  |  |  | ACKNOWLEDGE           | MENT OF PRINCIPAL  | . '      |
| Country of   | STATE OF                                     | 1  | (Corpo                | rate Officer)  |          |
| who acknowledged himself herself to be the a corporation, and that he she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself herself as such officer.  My commission expires  Notary Public  Notary Public  |  | > \$\$   |                       |  |          |
| who acknowledged himself herself to be the of a corporation, and that he she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself herself as such officer.  My commission expires  Notary Public   |  | 2  | Wildelin              |  |          |
| Such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the exporation by himself herself as such officer.  My commission expires  Notary Public  Notary Public  Notary Public   | On this day of                               |  |                       | before me personally appe  | arec     |
| Such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the exporation by himself herself as such officer.  My commission expires  Notary Public  Notary Public  Notary Public   | who acknowledged himself herself to be t     | he   |                       |  |          |
| The name of the exportance of Demant No.  Notary Company  Notary Permit No.  Notary Company  Adultress  Adultr |  |  |                       | , a corporation, and that here   | ne as    |
| Sm Surety Company Se or Permit Mo.  Rano of Applicant.  Rano of Applicant.  Address Address  |  |  | trument for the pu    | rposes therein contained by sig  | ning     |
| Se of Permit No.  Send Surety Company  Se of Permit No.  Rand of Applicant:  Address  Address  | the name of the exporation by himself h      | erself as such officer.  |                       |  |          |
| Example of Applicant.  Ramo of Applicant.  Address  Address  | My commission expires                        | The party of the same of the s |                       |  |          |
| Example of Applicant.  Ramo of Applicant.  Address  Address  |  | Carrier Control  |                       | Navan Dube   |          |
| ERNSK AND PROND AS Authress Authress Authress  |  | 5" 0.5 5, 65   |                       | Notary Public  | т.       |
| ERNSK AND PROND AS Authress Authress Authress  |  |  |                       |  |          |
| ERNSK AND PROND AS Authress Authress Authress  | >  |  |                       |  |          |
| Em Surety See or Permit No BOND As Aultress Aultress   |  |  |                       |  |          |
| Em Surety See or Permit No BOND As Aultress Aultress   |  |  |                       | .       .   .   .  | -        |
| ERNSK AND PROND AS Authress Authress Authress  | . E  |  |                       |  | .    :   |
| ERNSK AND PROND AS Authress Authress Authress  | ,0   |  |                       |  |          |
| Estern Surety License or Permit J RAS AND ROND AS Aultres  d  d  d  d  d   |  |  |                       |  | .        |
| Ecoff  Ramo of And And And are of Ramo |  |  |                       |  | -        |
| License or P.  License or  | M  | ह   हि   |                       |  |          |
| Cestem License of License of License of  | √ √√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√√        | E   4  |                       | m  | ľ        |
| Cestel Cost License and Cost Cost Cost Cost Cost Cost Cost Cost  | E   5   2                                    |  |                       | 道   .   .   .   .   .   .   .   .   .  |          |
|  |  |  | · [ ] [ ] [           | 78   |          |
| ^ ~~~~ ★妻  | 8   9   3                                    |  |                       | - Jc   |          |
|  |  |  |                       | bounds of  | .    .   |

### CNASURETY

rayouv

CNA Surety PO Box 957269 St Louis, MO 63195-7289

> Seneral Insurance Services 22333 Classic Court Lake Barrington, IL 60010

### Transaction Report & Invoice

Principal Information: ID

Corner Spot dba The Kave 320 Jake Laue

Hampshire, IL 60140

Agency Code: 12-18600

#### YOU CAN PAY ONLINE BY VISITING ONLINEPAY CHASURETY COM

Transaction Description:

Bond/Policy#: 63256561

Written By: Western Surety Company

Description: Diguer

Obligee Village of Hampshire

Effective Date: 06/27/2017
Expiration Date: 06/27/2018.
Current Penalty: \$1,500.00

Renewal Method:

Transaction Effective Date: 06/27/2017

Gross Premium Charge: \$50.00 Commission Amount: \$17.50 Net Amount Due: \$32.50

Change Detail:

Agent: You may remove stub below to use as a billing/credit invoice

**CNA Surety** 

INVOICE

CO # BOND/POUCY # EFFECTIVE DATE ANNIVERSARY DATE PROCESS DATE PENALTY 060 63256561 06/21/2017 06/21/2018 06/28/2017 31,500 00

PRINCIPAL CATEGOR Spot dba The Fave

320 Jako Lane, Hampshire, 11 60140

RISK STATE IL

WRITTEN BY Westerr Surety Company

DESCRIPTION Liquor

OBLIGEE Village of Hampshire

AGENCY CODE 12-18-00

. .350.00

Your agent is:

General Insurance Services

22333 Clessic Const

Lake Barrington, IL 63010

Western Surety Company



### CERTIFICATE OF LIABILITY INSURANCE

07/06/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s), CONTACT PRODUCER GIS Cornerstone, LLC 22333 Classic Court PHONE (AC, No. Ext. (224) 655-2494 (AC, No) (224) 241-3000 Lake Barrington, IL 60010 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A Illinois Casualty Company INSURED Corner Spot, Inc. dba The Kave David Ruth 320 Jake Lane Hampshire, IL 60140 INSURER E INSURER F COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADOL SUBR POLICY EFF. POLICY EXP MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 CLAMS MAGE DANAGE TO RENTED PREMISES (Za continue) 5 DOCUER BP37600 06/11/2017 05/11/2018 2,000 MED EXE (70% and agric 1,000,000 PERSONAL S ADV ROURY 2,000,000 SENT ASSREGATE LINE APPLES PER SCHOOL AUGHERATE 2,000,000 POLICE 上野牛 LOG FROM KYS - LANGE MAG COMPLYED SLYSLI CM/I AUTOMOBILE LIABILITY ANTAUTO BC 19714 1 31307 STATISTED STATE CONLY BOOKY WARY File accumi PROPERTY DAVAGE (Extraction) 哲学をかれて NG SERVE UMBRELLA LIAB DOCTOR EVOL-DOUGRIENCE EXCESS LIAB DLAIM SHARDE ANGREGATE RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY CHCGES-TORMONE CASTA ET EACHARCEENT DISEASE BA EMPLOYER fyes, describe unda 05/11/2018 1199874 06/11/2017 CSL Liquor Liability 1,000,000 DESCRIPTION OF OPERATIONS I LOCATIONS I VEHICLES (ACORD 101, Additional Remarks Schedule, 1929 be ettached It more space is required)
INSURED PREMISE: 123 WASHINGTON AVE., HAMPSHIRE, IL COVERAGE INCLUDES BODILY INJURY, PROPERTY DAMAGE & INJURTY TO MEANS OF SUPPORT. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. VILLAGE OF HAMPSHIRE PO BOX 451 HAMPSHIRE, IL 60140 AUTHORIZED REPRESENTATIVE Valeuno



CK 9429 Francis 1201017 VILLAGE OF THUM SITE 2

234 S. State Street Hampshire, IL 60140

Partnership

Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

| www.hampshireil.org  APPLICATION FOR ALCOHOLIC LIQUOR   |
|---|
| , 1   |
| DATE:   |
| NAME OF BUSINESS: RED OX PESTAURANT & BAR SALES TAX ID: 34/3 -066   |
| NAME OF APPLICANT: MARIAR VIKKI INC., dba REDOX RESTAURANT REAR   |
| ADDRESS OF BUSINESS: 129 E. OAK KNOLL HAMPSHIRE IL 60140  |
| BUSINESS PHONE NO.: 847-683-2300  |
| MAILING ADDRESS: 129 E. OAK KNOLL, HAMPSHIKE, IL GOITO  |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois  |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows: |
| 1. License Class and Annual Fee (check one):  |
| Class A-1 - \$1,500.00 Class C-4 - \$1,500.00   |
| Class A-2 - \$1,250.00 Class D - \$1,750.00   |
| Class B-1 - \$1,500.00 Class E - \$1,750.00   |
| Class B-2 - \$1,500.00 Class F - \$1,500.00   |
| Class C-1 - \$1,500.00  |
| Class C-2 - \$1,500.00 Class H- \$ 500.00   |
| Class C-3 - \$1,750.00 Class I- \$ 500.00   |
| 2. License Period:  |
| Commencing on January 1, 2018 and ending December 31, 2018 or Commencing on and ending December 31,   |
| 3. Type of Business Entity (check one):   |
| Individual Corporation  |

Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Na  | me: DIMITRA PANTEUS   |
|-----|---|
| BIF | RTHDAY: 12 - 10 - 1958  |
| НΟ  | ME ADDRESS: 1410 PHEASANT TRAIL HAMPSHIRE IL. 60140   |
| DR  | ME ADDRESS: 1410 PHEASANT TRAIL HAMPSHIRE IL. 60140 IVERS LICENSE# P534 - 1745-8951 HOME PHONE# 847-683-704   |
|     | SINESS STATUS: OWNER  |
| PE  | RCENTAGE OF STOCK HELD: 100%  |
| Na  | me:   |
| BIF | RTHDAY:   |
|     | ME ADDRESS:   |
|     | RIVERS LICENSE# HOME PHONE#   |
|     | ISINESS STATUS:   |
| PE  | RCENTAGE OF STOCK HELD:(If additional space is required, please attach a separate sheet of paper)   |
| 5.  | Is the applicant a citizen of the United States? <u>YES</u> If naturalized, state date and place of naturalization: <u>JULY 23<sup>ad</sup>, 1985, CHICA6</u> C   |
|     | If an Illinois corporation, state date of corporation:    1   19   2002     If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   Rusiness Corporation Act                                 |
|     | Business Corporation Act  |
| 6.  | State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. FULL SERVICE RESTAURANT & LOUNGE  |
| 7.  | State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 1 STORY BUILDING AT 129 E. OAK KNOLL, HAMPSHIRE IL. FILL SERVICE RESTAURANT AND LOUNGE. |
|     | ·   |
|     | State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. $ eg \mathcal{ES} $   |
|     | If answer is in the affirmative, state the name of the licensing unit of government, when and   |

where said of license was issued. VILLAGE OF HAMPSHIRE STATE OF TILINOIS ATF.

| 9.  | Has the applicant ever had any previous liquor license revoked?   |
|-----|---|
| 10  | . Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?                                |
| 11  | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. YES NOVEMBER 2003.  |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 12  | State the name of the person who will generally be managing the ongoing affairs of this business at these premises. $+$   |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES, NOVEMBER 2003.   |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 13. | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  YES  |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? $1000000000000000000000000000000000000$  |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
|     | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | Stock? NO  If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?   |
| 18. | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? |

| 20. Does the applicant understand and agree that d<br>State or Village laws and ordinances will be refe<br>that such violation may result in the suspension  | rred to the Local Liquor Control Commission and   |
|--|---|
| 21. Does the applicant understand and agree that mendor Hampshire Police Department shall have premises licensed hereunder to determine when have been or are being violated, and at such time connection therewith?   | the authority to enter at any time upon the ther any State or Village laws and ordinances   |
| 22. Does the applicant understand and agree that a shall not constitute property, nor shall it be sub nor shall it be alienable or transferable, volunta encumbered or hypothecated?   | ject to attachment, garnishment or execution, rily or involuntarily, or subject to being  |
| 23. (If applying for other classes except Class B-1 are acceptability of all entertainment shall be subject Commission? YES  On the attached addendum for Entertainment, entertainment to be provided in your establishmed additional entertainment is planned during the be listed and described for, and approved by, the conducted or performed. Additional entertainment Village Clerk.  | please list and briefly describe, any and all ment during the period of this license. (If any period of this license, such entertainment must be Hampshire Liquor Commission prior to being |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES  Pres.   With Participal Sec.   Participal Partic | INDIVIDUAL OR PARTNERSHIP SIGNATURES  |
| STATE OF FLLINOIS ) SS County of Kane )  |   |
| The undersigned swears that all statements are tr  | ue and correct.   |
| CORPORATE SEAL  Subscribed and sworn to before me this  Zorday of November 2017  | OFFICIAL SEAL DEBBIE J DONOHUE NOTARY PUBLIC - STATE OF ILLINOI MY COMMISSION EXPIRES:01/13/21  |

Notary Public



### CERTIFICATE OF LIABILITY INSURANCE

11/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| Linda Lee Enterprises Inc  DBA: FTS Insurance  14045 W. Petronella Dr., Ste. 2  Libertyville  IL 60048  Maria & Vikki Inc.  DBA: Red Ox Restaurant & Bar  129 E. Oak Rnoll Drive  Hampshire  IL 60140  CERTIFICATE NUMBER: CL1611810391  INSURER E:  I   | certi                          | ficate holder in lieu of such endor | sement | (s).   |                                  |                           |  |          | 3            |
|--|--------------------------------|-------------------------------------|--------|--|----------------------------------|---------------------------|--|----------|--------------|
| DAR: FTS Indurance 10405 N. Petronella Dr., Sto. 2 Libertyville IL 60048  MSURERS PARTSONS CONTROL   MAKE   MSURERS PARTSONS CONTROL   MSURER   MSU   | PRODUC                         | ER                                  |        |  | RACRIC.                          | Stavrou                   |  |          |              |
| DAR: FTS Indurance 10405 N. Petronella Dr., Sto. 2 Libertyville IL 60048  MSURERS PARTSONS CONTROL   MAKE   MSURERS PARTSONS CONTROL   MSURER   MSU   | Linda Lee Enterprises Inc      |                                     |        | PHONE (A/C. No. Ext): (847) 568-0313 FAX (A/C. No. Ext): (773) 920-1150  |                                  |                           |  | 0~1150   |              |
| MACKED   M   | DBA:                           | FTS Insurance                       |        |  | E-MAIL<br>ADDRESS Petees         | tavinsura                 | nce.com  |          |              |
| MATIA & VIRKI Inc.  MATIA & VIRKI Inc.  MATIA & VIRKI Inc.  MANURE 5:  MANURE 5:  MANURE 6:  MANURE   | 14045 W.Petronella Dr., Ste. 2 |                                     |        | The state of the s |                                  |                           |  | NAIC #   |              |
| Maria 6 Vikki Inc.  DBA: Red Ox Restaurant 4 Bar  JP 9: Oak Rnoll Drive  Bampshire  IL 60140  CERTIFICATE NUMBER-CI.611810391  THIS ST O CERTIFY THAT THE POLICES OF INSURANCE LISTED SELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE For THE POLICY PRODUCT PRODUCTION AND ANY RECURRENCE TERM OR COUNTRICT OR OTHER DOLICES IN WHICH THE CENTRAL MAN AND COUNTRICT OR OTHER DOLICES TO WHICH THE CENTRAL MAN AND COUNTRICT OR OTHER DOLICES AND AN EXCELLED AND AND AND AND AND AND AND AND AND AN   | Liber                          | tyville IL 600                      | 18     |  |                                  |                           |  |          | 13420        |
| DBA. Red ON Restaurant 4 Bax    MANURER   MANU   | INSURE                         | 3                                   |        |  | INSURER B :                      |                           |  |          | -1           |
| 129 E. Oak Rnoll Drive   Bampshire   IL 60140   MOUREA!   MOUREA!   REVISION NUMBER:   CRITIFICATE NUMBER-CL1611810391   REVISION NUMBER:   REVISI   | Maria                          | € Vikki Inc.                        |        |  | INSURER C :                      |                           |  |          |              |
| MOUBER E.   MOUB   | DBA:                           | Red Ox Restaurant & Bar             |        |  | INSURER D :                      |                           |  |          |              |
| COVERAGES  CESTIFICATE NUMBER CLASS 1.10.3.93  THIS IS TO CERTIFY THAT THE POLICES OF REQUESTED BELOW HAVE SEEN ISSUED TO THE INSURED PANALES ADONE FOR THE POLICY PERSON INDICATED. MOTIVATION AND REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ECRIFICATE WAS BE ISSUED OR MAY PERSON. THE MOST AND CONDITIONS OF SUCH POLICY EXPROSON SERVED TO THE MISURED PANALES DOCUMENT WITH RESPECT TO WHICH THIS EXCISIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAMS.  X COMMERCIAL GENERAL LIBILITY  A CLAMS-MADE X OCCUR  CERT AGGREGATE LIMIT APPLES FER CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAMS.  CERT AGGREGATE LIMIT APPLES FER CONDITIONS OF SUCH PUMBER CONDITIONS OF  | 129 E                          | . Oak Knoll Drive                   |        |  |                                  |                           |  | - 1      |              |
| COVERAGES  CENTIFICATE NUMBER CLAIF INJURIES CONTROL OF THE INSURED NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW PARY BERNING BOUTON TO THE INSURED BADOW FOR THE POLICY PERIOD DIDICATED. NOTWITHSTANDING ANY RECOURSEMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCITION AND EXC   | Hamps                          | shire IL 601                        | 40     | 5  | INSURER F :                      |                           |  |          |              |
| INDICATED. NOTWITHSTANDING ANY RECURRENT. TERM ON CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VARICH THIS SECRETIFICATE MAY BE ISSUED OR MAY PERFANANCE FROM 15 SHOULD SET THE POLICY SET THE PROJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  X COMMERCIAL GENERAL LIBILITY  A CLAMSMANDE X OCCUR  CENT. AGGREGATE LIMIT APPLIES PER COOK OF THE POLICY SET THE PROJECT SET THE PROJEC   | COVE                           | RAGES CER                           | TIFICA | TENUMBER:CL1611810   |                                  |                           | REVISION NUMBER:   | '        |              |
| X COMMERCIAL GENERAL LIBRILITY A CLAMS-MADE X DOCUR  CEPTL AGGREGATE LAMI APPLES PER  APPLICATION OF PERMANENT APPLES PER  ANY POLICY FEED LOC OTHER  ANY  | CERT                           | ATED. NOTWITHSTANDING ANY RE        | QUIRE! | MENT, TERM OR CONDITION<br>N, THE INSURANCE AFFORD   | OF ANY CONTRACTED BY THE POLICIE | T OR OTHER<br>ES DESCRIBE | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT TO  | CT TO    | WHICH THIS   |
| A CLAMS-MADE X OCCUR  A CLAMS-MADE X OCCUR  OFFICE STATES AND CONTROL STATES AND COUNTROL STATES AND COUNT   | LTR                            | TYPE OF INSURANCE                   |        |  | POLICY EFF<br>(MM/DD/YYYY)       | (MM/OD/YYYY)              | LIMITS   | s        |              |
| R SCAMPAGNE X SCHOOLS (ASSESSMENT OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE  |                                | COMMERCIAL GENERAL LIABILITY        |        |  |                                  |                           |  | s        | 1,000,000    |
| 12/1/2016   12/1/2017   12/1   | A                              | CLAIMS-MACE X OCCUR                 |        |  |                                  |                           | PREMISES (Ea occurrence)   | s        | 50,000       |
| CENTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  CHARACTER  CANCELLATION  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  CHARACTER  CANCELLATION  CANCELLATION  ALIQUE CLASSIFICATIONS AND ACTIONS ACCORDANCE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  CERTIFICATE HOLDER  CANCELLATION  CHARACTER  CANCELLATION  ALIQUE CLASSIFICATION AND ACCORDANCE WITH THE POLICY PROVISIONS.  CERTIFICATE HOLDER  CANCELLATION  CHARACTER  CANCELLATION  ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  ALIQUE CLASSIFICATION  AUTHORIZED REPRESENTATIVE   |                                |                                     |        | 00703-73965  | 12/1/2016                        | 12/1/2017                 | 17 54 2 9 1 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | s        | 5,000        |
| X   POLICY   JECT   LOC   PRODUCTS - COMPINE AGG   \$ 1,000,000  |                                |                                     |        |  |                                  |                           | PERSONAL & ADVINJURY   | S        | 1,000,000    |
| OTHER  AUTOMOBILE LIABULITY  ANY AUTO  ALL COMMEND  AUTOS  | GE                             | N'L AGGREGATE LIMIT APPLIES PER:    |        |  |                                  |                           | GENERAL AGGREGATE  | s        | 2,000,000    |
| OTHER  AUTOMOBILE LIABULITY  ANY AUTO  ALL COMMEND  AUTOS  | x                              | POLICY PRO-                         |        |  |                                  |                           | PRODUCTS - COMP/OP AGG   | \$       | 1,000,000    |
| ANY AUTO ANY AUTO ALCOWNED ALCOWNED ALTOS AUTOS  |                                |                                     |        |  |                                  |                           |  | \$       |              |
| ANY AUTO ALCOWNED AUTOS  | At                             | 1                                   |        |  |                                  |                           |  | S        |              |
| AUTOS S BEACH DECEMBENDE S S BEACH DOCUMENTO S S BEACH DOCUMENT S S BEACH DOCUMENTO S S BEACH DOCUMENTO S S BEACH DOCUMENTO S S BEACH DOCUMENTO S S BEACH DOCUMENT  |                                | OTUA YMA                            |        |  |                                  |                           |  | S        |              |
| UMBRELLA LIAB DOCUR EXCESS LIAB CLAMS-MADE DEB PRIENTIONS WORKERS COMPENSATION AND EMPLOYERS LIABILITY NAVY PROPRIENT EMPLOYEE PRESCRIPTION OF OPERATIONS Sellow  A Liquor Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  EXERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  CANCELLATION  CHARGE PROPRIENT S1,000,000  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Allen Stueck/AFR  Allen Stueck/AFR  Allen Stueck/AFR  AMDICATIONS  AUTHORIZED REPRESENTATIVE  Allen Stueck/AFR  ALLANDATE  ADDRESS SALED  AGGRICATE S  AG   |                                | AUTOS AUTOS                         |        |  |                                  |                           |  |          |              |
| UMBRELLA LIAB DCCUR EXCESS LIAB CLAMS.MADE  WORKERS COMPENSATION AND EMPLOYERS LIBBILITY  WORKERS COMPENSATION AND PROPERTY LIBBILITY  WORKERS COMPENSATION AND PROPERTY LIBBILITY  VIEW STATE ACCOUNTY S  EL DSFASE - EA EMPLOYER S  EL DSFA   | -                              |                                     |        |  |                                  |                           | (Per accident)   |          |              |
| EXCESSION CLAMS-MADE  DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS LIBILITY AND PROPERTION PROPERTIONS PROPERTIONS OF THE STATUTE OF TH   | -                              | Lucens Core                         |        |  |                                  |                           |  |          |              |
| WORKERS COMPRESATION  WE STATUTE IN HE LEACH ACCORD TO BE STATUTE  WORKERS COMPRESATION  WORKERS COMPRESATION  WE STATUTE IN HE STATUTE  WORKER  | -                              | - Joecon                            |        |  |                                  | 1 (8)                     | The second secon |          |              |
| WORKERS COMPENSATION AND EMPLOYER'S LIBBILITY  | -                              | EXCUSS CLAM CLAMS-MADE              |        |  |                                  |                           | AGGREGATE  |          |              |
| AND EMPLOYER'S LABILITY ANY PROPRIETCH PARTHER PRECEDITIVE OFFICE AND MERITE EXCLUDED? (Mandatory in Nid) If yes, describe under DESCRIPTION OF OPERATIONS Delow  A Liquor Liability  DESCRIPTION OF OPERATIONS / VEHICLES   IACORD 101, Additional Remerks Schedule, may be attached if more space is required)  Location: 129 E. Oak Knoll Drive, Rampshire, IL 60140  CERTIFICATE HOLDER  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  Allen Stueck/AFR  Allen Stueck/AFR  Allen Stueck/AFR  AND SEARCH STORE   IRRITATIVE   IRRITAT   | 1010                           |                                     | -      | -  |                                  | -                         | Tesa 1 Total   | \$       |              |
| CERTIFICATE HOLDER  CERTIFICATE HOLDER  CERTIFICATE HOLDER  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  A Liquor Liability  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Allen Stueck/AFR  Allen Stueck/AFR  ALLiquor Liability  S1,000,000  12/1/2017  COMENDED ENVEL INIT S1,000,000  12/1/2017  12/1/2017  COMENDED ENVEL INIT S1,000,000   | AN                             | DEMPLOYERS' LIABILITY Y/N           |        |  |                                  |                           | STATUTE LER  | _        |              |
| A Liquor Liability 00703-73965 12/1/2016 12/1/2017 COMBINED ENGLE LIMIT \$1,000,000  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACCORD 101, Additional Remarks Schedule, may be attached if more space is required)  Location: 129 E. Oak Knoll Drive, Hampshire, IL 60140  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Allen Stueck/AFR  Allen Stueck/AFR  Allen Stueck/AFR  AUTHORIZED REPRESENTATIVE  | OF                             | RCERMEMBER EXCLUDED?                | NIA    |  |                                  |                           | All All Control of the Control of th |          |              |
| A Liquor Liability 00703-73965 12/1/2016 12/1/2017 COMBINED ENGE INIT \$1,000,000  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES IACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Location: 129 E. Oak Knoll Drive, Hampshire, IL 60140  CERTIFICATE HOLDER  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  Allen Stueck/AFR  Allen Stueck/AFR  AUTHORIZED REPRESENTATIVE  ALL COMBINED ENGE INIT \$1,000,000 |                                |                                     |        |  |                                  |                           | EL DISEASE - EA EMPLOYEE &   |          |              |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES IACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Location: 129 E. Oak Knoll Drive, Rampshire, IL 60140  CERTIFICATE HOLDER  (847) 683-4915  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  Allen Stueck/AFR  Allan Stueck/AFR  Allan Stueck/AFR  Authorized representative  | DÉ                             | SCRIPTION OF OPERATIONS below       |        |  |                                  |                           | EL DISEASE POLICY LIMIT  | S        |              |
| CERTIFICATE HOLDER  (847) 683-4915  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  Village of Holder  Allen Stueck/AFR  CANCELLATION  CANCELLATION  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Allen Stueck/AFR  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | A Li                           | quor Liability                      |        | 00703-73965  | 12/1/2016                        | 12/1/2017                 | COMBINED SINGLE LIMIT  |          | \$1,000,000  |
| (847) 683-4915  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  Allen Stueck/AFR  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   |                                |                                     |        |  |                                  | J<br>nore space is req    | uired)   |          |              |
| (847) 683-4915  Village of Hampshire 243 S State Street PO Box 457 Hampshire, IL 60140-0457  Allen Stueck/AFR  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | CERTI                          | FICATE HOLDER                       |        |  | CANCELLATION                     |                           | •  |          |              |
| Village of Hampshire 243 S State Street  PO Box 457 Hampshire, IL 60140-0457  Allen Stueck/AFR  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Allen Stueck/AFR  Will BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  |                                |                                     |        |  |                                  |                           |  |          |              |
| Hampshire, IL 60140-0457  Allen Stueck/AFR  What Allen Stueck AFR  |                                | 243 S State Street                  |        |  | THE EXPIRATIO                    | N DATE TH                 | EREOF, NOTICE WILL B   |          |              |
| Allen Stueck/AFR Ollan I Street  |                                |                                     | 3457   |  | AUTHORIZED REPRES                | ENTATIVE                  |  |          |              |
|  |                                |                                     | _ •    |  | Allen Stueck                     | AFR                       | alla I Street  |          |              |
|  |                                |                                     |        |  |                                  |                           | - 4  | All righ | its reserved |



## Western Surety Company

### **CONTINUATION CERTIFICATE**

| Western Surety Company hereby continues in force Bond No. 14540751 briefly                                  |
|---|
| described as _RESTAURANT/LIQUOR_VILLAGE_OF_HAMPSHIRE  |
|   |
| for MARIA & VIKKI, INC. DBA RED OX RESTAURANT & BAR   |
| , as Principal,   |
| in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning                                   |
| November 26, 2017, and ending November 26, 2018, subject to all   |
| the covenants and conditions of the original bond referred to above.  |
| This continuation is issued upon the express condition that the liability of Western Surety Company         |
| under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed |
| the total sum above written.  |
| Dated this 12 day of October , 2017 .   |
| WESTERN SURETY COMPANY  |
| By at 1. Bright   |

Paul T. Bruzat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

### Liquor License

MARIA & VIKKI INC

129 EAST OAK KNOLL

HAMPSHIRE IL 60140

**RED OX RESTAURANT & BAR** 



September 27, 2017



Letter ID: L1001357360

License No.:

1A-0059773

**Expiration Date:** 

10/31/18

License Type:

RETAILER

Account ID:

34130667

The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.



## STATE OF ILLINOIS

LIQUOR CONTROL COMMISSION Governor Bruce Rauner

Letter ID:L1001357360

1A-0059773

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT

MARIA & VIKKI INC **RED OX RESTAURANT & BAR** 129 EAST OAK KNOLL HAMPSHIRE IL 60140

Kane

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:

RETAILER **ON-PREMISES** 

ISSUE DATE:

09/27/17

Effective: 11/01/17

THIS LICENSE EXPIRES ON:

10/31/18

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES. Warehouse: N/A

Sales Tax Acct # 34130667

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL



234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

### APPLICATION FOR ALCOHOLIC LIQUOR

| DATE: NOVEMBER 10, ZOIT   |
|---|
| NAME OF BUSINESS: ROAD RANGER =0.36 SALES TAX ID: 2638 0730   |
| NAME OF APPLICANT: ROAD RANGER, L.L.C.  |
| ADDRESS OF BUSINESS : 19 N 681 US HWY 20, HAMPSHIRE, IL 60140   |
| BUSINESS PHONE NO.: 815-209-9013  |
| MAILING ADDRESS: 4930 EAST STATE STREET, ROCKFORD, IL 61108-2289  |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois  |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:   |
| 1. License Class and Annual Fee (check one):  |
| Class A-1 - \$1,500.00       Class C-4 - \$1,500.00         Class A-2 - \$1,250.00       Class D - \$1,750.00         XXX       Class B-1 - \$1,500.00       Class E - \$1,750.00         Class B-2 - \$1,500.00       Class F - \$1,500.00         Class C-1 - \$1,500.00       Class G - \$ 75.00         Class C-2 - \$1,500.00       Class H - \$ 500.00         Class C-3 - \$1,750.00       Class I - \$ 500.00 |
| 2. License Period:  |
| 2. License Period:  Commencing on January 1, 2018 and ending December 31, 2018 or Commencing on and ending December 31, 3. Type of Business Entity (check one):  Individual   Corporation LLC   |
| 3. Type of Business Entity (check one):   |
| Individual X Corporation (L.L.C.)   |
| Partnership Other (specify)   |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| BIRTHDAY:  HOME ADDRESS:  DRIVERS LICENSE#  BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  Name:  BIRTHDAY:  HOME ADDRESS:  DRIVERS LICENSE#  BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act.  N/A | Nam    | e:SEE ATTACHED INFORMA   | ATION SHEET  |
|--|--------|--|--|
| DRIVERS LICENSE#   | BIRT   | HDAY:  |  |
| BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  Name:  BIRTHDAY:  HOME ADDRESS:  DRIVERS LICENSE#  BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   | НОМ    | E ADDRESS:   |  |
| PERCENTAGE OF STOCK HELD:  Name:  BIRTHDAY:  HOME ADDRESS:  DRIVERS LICENSE#  BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   | DRIV   | ERS LICENSE#   | HOME PHONE#  |
| Name:  BIRTHDAY:  HOME ADDRESS:  DRIVERS LICENSE#  BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois  | BUSII  | NESS STATUS:   |  |
| BIRTHDAY:  | PERC   | CENTAGE OF STOCK HELD:   |  |
| DRIVERS LICENSE#   | Nam    | e:   |  |
| BUSINESS STATUS:  PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   | BIRT   | HDAY:  |  |
| BUSINESS STATUS:   | НОМЕ   | E ADDRESS:   |  |
| PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   | DRIV   | ERS LICENSE#   | HOME PHONE#  |
| (If additional space is required, please attach a separate sheet of paper)  5. Is the applicant a citizen of the United States?  If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois  | BUSII  | NESS STATUS:   |  |
| 5. Is the applicant a citizen of the United States? N/A - L.L.C.  If naturalized, state date and place of naturalization: N/A  If an Illinois corporation, state date of corporation: ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   | PERC   | CENTAGE OF STOCK HELD:   | the constant of the constant o |
| If naturalized, state date and place of naturalization:  N/A  If an Illinois corporation, state date of corporation:  ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   |        | (if additional space is required, please attac                       | n a separate sneet or paper)   |
| If naturalized, state date and place of naturalization:  | 5 15   | s the applicant a citizen of the United States?                      |  |
| If an Illinois corporation, state date of corporation: ORGANIZED JANUARY 24, 1995  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois  | If     | f naturalized, state date and place of naturalization:               | N/A  |
| If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois   | If     | an Illinois corporation, state date of corporation:                  |  |
| Business Corporation ActN/A  | If     | a foreign corporation, state date qualified to transa                | ect business in Illinois pursuant to the Illinois  |
|  | В      | usiness Corporation Act  | N/A  |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for  | 6. St  | tate the character of the applicant's business, and i                | n case of a corporation, the objects for   |
| which it was formed. <u>SEE ORGANIZATIONAL DOCUMENTS ON FILE WITH THE VILLAGE</u>  | W      | which it was formed. $\underline{\sf SEE}$ ORGANIZATIONAL Definition | OCUMENTS ON FILE WITH THE VILLAGE  |
| 7. State the location and physical description of the premises which is to be operated under such  | 7. Si  | tate the location and physical description of the pre                | mises which is to be operated under such   |
| license and the nature of the business at such location. 19 N 681 US HWY 20  |        |  |  |
| C-STORE WITH MOTOR FUEL SALES at HAMPSHIRE, KANE COUNTY, IL  |        |  |  |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any   | 8. Sta | ate whether the applicant has ever had a liquor lice                 | nse issued by the Federal government, any  |
| State government or any municipalityYES  | Sta    | ate government or any municipality.                                  | YES  |
| If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. SEE ATTACHED EXHIBIT A   | If a   | answer is in the affirmative, state the name of the i                | censing unit of government, when and   |

| <b>a</b> | Has the applicant ever had any previous liquor license revoked?NO  |
|----------|--|
| •        | If answer is in the affirmative, state the date and reason for such revocation. $N/A$  |
| 0.       | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?  YES  |
| 1.       | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. YES - VARIOUS DATES (SHOULD BE ON FILE WITH THE VILLAGE)  Note: This application will remain incomplete and will not be considered until question #11 can be answered in the |
| 2.       | affirmative.  State the name of the person who will generally be managing the ongoing affairs of this busines at these premises  |
|          | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof.     JULY 2016     Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.  |
| 3.       | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  YES - COPIES ATTACHED HERETO AS A COURTESY  |
|          | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? YES  If the answer is in the affirmative, attach a copy of said lease to the application.   |
|          | MEMORANDUM OF LEASE PREVIOUSLY PROVIDED TO VILLAGE State whether the applicant has ever been convicted of a felony offense under any Federal or State law?  IT HAS NOT   |
| 6.       | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? IT HAS NOT  |
|          | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? IT HAS NOT  |
|          | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? $N/A$   |
| 8.       | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station NO  |
| 9.       | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? NO   |

. ....

| 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?YES  |
|--|
| 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?  YES   |
| 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?YES   |
| 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission?  N/A  |
| On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk. |
| CORPORATION SIGNATURES  Pres.  DAVID J. SAPORA- MANAGER  STEVEN E. BROOKS - SECRETARY  |
| County of WINNEBAGO )  |
| The undersigned swears that all statements are true and correct.  DAVID J. SAPORTA MANAGER   |
| CORPORATE SEAL   |
| OFFICIAL SEAL ANITA M. HARRIS  Notary Public - State of Illinois  My Commission Expires 3/20/202  Notary Public  |
| Notary Fublic  |



# Western Surety Company

### CONTINUATION CERTIFICATE

| Western Surety Company hereby continues in for         | rce Bond No. 69614427 briefly                          |
|--|--|
| described as LIQUOR VILLAGE OF HAMPSHIRE               |  |
|  | ,  |
| for ROAD RANGER, L.L.C.                                |  |
|  | , as Principal,  |
| in the sum of \$ ONE THOUSAND FIVE HUNDRED AND         | NO/100 Dollars, for the term beginning                 |
|  |  |
| the covenants and conditions of the original bond refe | rred to above.   |
| This continuation is issued upon the express con       | ndition that the liability of Western Surety Company   |
| under said Bond and this and all continuations thereo  | f shall not be cumulative and shall in no event exceed |
| the total sum above written.                           |  |
| Dated this17 day ofNovember                            | 2017   |
|  | By Paul T. Bruffat, Vice President                     |

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

DESCRIPTION OF THE PROPERTY OF A MEDICAL OLDER TRANSPORT OF THE PROPERTY OF TH

Form 90-A-8-2012

3U**0**U/3



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

| t t         | nis certificate does not confer rights t   |                         | ms and conditions of thi<br>ficate holder in lieu of s |   |                            |   |               | ,       |
|-------------|--|-------------------------|--|---|----------------------------|---|---------------|---------|
|             | DUCER  |                         |  | CONTACT Jennifer I                      | Harris                     |   |               |         |
| Co          | mmercial Lines - 314-875-2750  |                         |  | PHONE 314-87                            | 5-2767                     | FAX<br>(A/C, No):   | 877-403-3224  | -       |
| We          | Ils Fargo Insurance Services USA, Inc.   |                         |  |   | r.harris@well              |   |               |         |
| 1 N         | l Jefferson, Bidg C, 3rd Floor   |                         |  |   | SURER(S) AFFOI             | RDING COVERAGE  | NAI           | C#      |
| St.         | Louis, MO 63103  |                         |  |   | nati insurano              |   | 10677         |         |
| INSI        | JRED   |                         |  | INSURER B:                              |                            |   |               |         |
| Ro          | ad Ranger, LLC, Ranger Holdings,LLC a  | and their su            | bsidiaries   | MEURER C:                               |                            |   |               |         |
| 493         | 80 East State Street   |                         |  | INSURER D:                              |                            |   |               |         |
|             |  |                         |  | INSURER E                               |                            |   |               |         |
| Ro          | ckford, IL 61108   |                         |  | INSURER F :                             |                            |   |               |         |
| СО          | VERAGES CER  | TIFICATE                | NUMBER: 12364340                                       | 100000000000000000000000000000000000000 |                            | REVISION NUMBER: S  | See below     |         |
| ۱۱<br>C     | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUIREMEN<br>PERTAIN, 1 | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD          | OF ANY CONTRACT                         | OR OTHER                   | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT TO                     | CT TO WHICH 1 | THIS    |
| INSR<br>LTR | TYPE OF INSURANCE  | INSD WVD                | POLICY NUMBER  | POLICY EFF<br>MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | s             |         |
| Α           | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  |                         | EPP 0364214  | 10/28/2017                              | 10/28/2018                 | EACH OCCURRENCE DAMAGE TO RENTED                                  |               | 00,000  |
|             | COMMISSION OF THE OCCUR  |                         |  |   |                            | MED EXP (Any one person)  |               | cluded  |
|             |  |                         |  |   | į                          | PERSONAL & ADV INJURY   |               | 00,000  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                         |  |   |                            | GENERAL AGGREGATE   |               | 000.00  |
|             | PRO-   |                         |  |   |                            | PRODUCTS - COMPOP AGG   |               | 000.00  |
|             | OTHER:   |                         |  |   |                            | PRODUCTS - COMPADE AGG  | 5             |         |
| Α           | AUTOMOBILE LIABILITY   |                         | EPP 0364214  | 10/28/2017                              | 10/28/2018                 | COMBINED SINGLE LIMIT. (Estalocident)                             |               | 000.000 |
|             | X ANY AUTO   |                         | L17 0304214  | 10000017                                | 10/20/2010                 | BODILY INJURY (Per person)  | \$            | 0.525   |
|             | OWNED SCHEDULED  |                         |  |   |                            | BODILY INJURY (Par acadent)                                       |               |         |
|             | AUTOS ONLY AUTOS NON-OWNED   |                         |  |   |                            | PROPERTY DAMAGE   | 5             |         |
|             | AUTOS ONLY AUTOS ONLY  |                         |  |   |                            | (Per accident)  | 5             | _       |
|             | UMBRELLA LIAB OCCUR  |                         |  |   |                            | EVENTAGE INDENIOR   | s             | _       |
|             | EXCESS LIAB CLAIMS-MADE  |                         |  |   |                            | AGGREGATE   | \$            | _       |
|             | DED RETENTIONS   |                         |  |   |                            | AGGREGATE   | S             |         |
|             | WORKERS COMPENSATION   |                         |  |   |                            | PER OTH-  | 3             |         |
|             | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE   |                         |  | i i                                     |                            | STATUTE ER  | 5             |         |
|             | OFFICER/MEMBEREXCLUDED? (Mandatory In NH)  | N/A                     |  |   | !<br>                      | E.L. DISEASE - EA EMPLOYEE  |               | _       |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |                         |  | i                                       |                            | E.L. DISEASE - POLICY LIMIT                                       | \$            | _       |
| A           | Liquor Liability   |                         | EPP 0364214  | 10/28/2017                              | 10/28/2018                 | \$1,000,000 - Occurrence  | 3             |         |
|             |  |                         |  |   |                            | \$1,000,000 - Aggregate   |               |         |
| DE C        |  | <u> </u>                | 121 1180 12 : -  |   |                            | li .  |               |         |
| Loc         | cription of operations / Locations / vehicle cation: Store 235, 19 N 681 US Hwy 20, rtificate Holder is included as Additional       | Hampshire               | e, IL 60140  |   |                            |   |               |         |
|             |  |                         |  |   |                            |   |               |         |
| CE          | RTIFICATE HOLDER   |                         |  | CANCELLATION                            |                            |   |               |         |
| 23          | lage of Hampshire<br>4 S State Street<br>mpshire, IL 60140   |                         |  |   | N DATE THE                 | ESCRIBED POLICIES BE CA<br>EREOF, NOTICE WILL E<br>LY PROVISIONS. |               |         |
|             |  |                         |  | AUTHORIZED REPRESE                      |                            | Sml   |               |         |



0236 FAILS
1,500.00
VILLAGE OF HAMPSHILL

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

### APPLICATION FOR ALCOHOLIC LIQUOR

| DATE: 11/16/2017  |
|---|
| NAME OF BUSINESS: ARROWHEAD CITGO SALES TAX ID: 4/15-5/57   |
| NAME OF APPLICANT: BHANGOO INC  |
| ADDRESS OF BUSINESS: 19N479 U.S. HWY 20 HAMPSHIRE, IL   |
| BUSINESS PHONE NO.: 847 453 3449  |
| MAILING ADDRESS:  |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois  |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:   |
| 1. License Class and Annual Fee (check one):  |
| Class A-1 - \$1,500.00 Class A-2 - \$1,250.00 Class B-1 - \$1,500.00 Class B-2 - \$1,500.00 Class C-1 - \$1,500.00 Class C-2 - \$1,500.00 Class C-3 - \$1,750.00 Class C-4 - \$1,500.00 Class C-3 - \$1,750.00 Class C-3 - \$1,750.00 Class C-4 - \$1,500.00 Class C-3 - \$1,750.00 |
| 2. License Period:  |
| Commencing on January 1, 20\8 and ending December 31, 20\8 or Commencing on and ending December 31, or 3. Type of Business Entity (check one):  |
| Individual Corporation  |
| Partnership Other (specify)   |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: NAVDEEP SINGH BHANGOO   |  |  |  |  |
|---|--|--|--|--|
| HOME ADDRESS: 1522 MONROS STREET, LAKE IN THE HILLS, IL   |  |  |  |  |
| DRIVERS LICENSE# <u>B 520 - 6378 - 0097</u> HOME PHONE#   |  |  |  |  |
| BUSINESS STATUS: TRESIDENT  |  |  |  |  |
| PERCENTAGE OF STOCK HELD: 1000/;  |  |  |  |  |
| Name:   |  |  |  |  |
| BIRTHDAY:   |  |  |  |  |
| HOME ADDRESS:   |  |  |  |  |
| DRIVERS LICENSE# HOME PHONE#  |  |  |  |  |
| BUSINESS STATUS:  |  |  |  |  |
| PERCENTAGE OF STOCK HELD:(If additional space is required, please attach a separate sheet of paper)   |  |  |  |  |
| 5. Is the applicant a citizen of the United States?   |  |  |  |  |
| If an Illinois corporation, state date of corporation:  |  |  |  |  |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed   |  |  |  |  |
| 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. Route 20 est of I-90   |  |  |  |  |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality.  If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. |  |  |  |  |

| 9.  | Has the applicant ever had any previous liquor license revoked?   |
|-----|---|
|     | If answer is in the affirmative, state the date and reason for such revocation.   |
| 10. | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? $YES$                                      |
| 11. | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. $\frac{\sqrt{ES}}{\sqrt{ES}}$   |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises. NAVDEEP SINGH BHAVGOO   |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof  |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 13. | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?   |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? $\underline{\ \ \ \ \ \ \ \ \ \ \ \ \ \ }$   |
|     | If the answer is in the affirmative, attach a copy of said lease to the application.  |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
|     | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 18. | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? <u>No</u> |

| 20.                | •  | during the license period, any violation of Federal erred to the Local Liquor Control Commission and n or revocation of said license?メとら   |
|--------------------|--|--|
| 21.                | Does the applicant understand and agree that and/or Hampshire Police Department shall have premises licensed hereunder to determine who have been or are being violated, and at such the connection therewith? | ether any State or Village laws and ordinances   |
| 22.                |  | a license shall be purely a personal privilege, and piect to attachment, garnishment or execution, arily or involuntarily, or subject to being   |
| 23.                | acceptability of all entertainment shall be subject Commission?On the attached addendum for Entertainment, entertainment to be provided in your establish additional entertainment is planned during the       | please list and briefly describe, any and all<br>ment during the period of this license. (If any<br>period of this license, such entertainment must<br>he Hampshire Liquor Commission prior to being |
| CO                 | NATURE OF APPLICANT (S) RPORATION SIGNATURES s. Mundeef  | INDIVIDUAL OR PARTNERSHIP SIGNATURES   |
| Sec                |  |  |
| ST <i>A</i><br>Cou | ITE OF IL ) SS Inty of KANE )  |  |
| The                | undersigned swears that all statements are to  | rue and correct.   |
| Sub                | CHRISTOPHER W SPEICHER Official Seal Notary Public - State of Illinois My Commission Expires Sep 2, 2020  scribed and sworn to before me this  |  |
|                    | 4 day of No. 2017  | · Chals  |

**Notary Public** 



### UTICA MUTUAL INSURANCE COMPANY

NEW HARTFORD, NEW YORK

### LICENSE AND PERMIT BOND

BOND NO. SU4617891 KNOW ALL MEN BY THESE PRESENTS: that we. Bhangoo 19 N 479 US HWY Hampshire, IL 60140 , as Principal, and UTICA MUTUAL INSURANCE COMPANY, 180 Genesee Street, New Hartford, New York 13413, a corporation organized under the laws of the State of New York and licensed to transact business in the State of Illimois as Surety, are held and firmly bound unto Village Of Hampshire
Obligee, in the sum of Onc Thousand Five Hundred Dollars Dollars ) good and lawful money of the United States of America, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. WHEREAS, the said Principal has applied to said Obligee for a license or permit to do business as a Business license to sell Liquir in the Store NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that, if the said Principal shall faithfully observe and honestly comply with the provisions of all Laws or Ordinances of the Obligee regulating the business for which license or permit is issued, then this obligation shall be void: otherwise to be and remain in full force and effect. This bond shall remain in force for the period beginning on the 9 day of August 2017 and ending on the 9 day of August 2018 This Bond may be cancelled by the Surety, thirty (30) days after written notice of cancellation has been sent to the Obligee. This bond is executed upon the express condition that the Surety's liability under said Bond, and any and all renewals thereof, shall not be cumulative from year to year. Signed, sealed and dated this 1 day of June Principal: Bhangoo UTICA MUTUAL INSURANCE COMPANY Asif Hamidi (Attorney-in-Fact)

8-5-43 Ed 34-15

| Band Number 51/46 | 1.450 | ŧ |
|-------------------|-------|---|
|-------------------|-------|---|

### **UTICA MUTUAL INSURANCE COMPANY**

NEW HARTFORD, NEW YORK

| FXP(RATION BATE 18/16/20) | EXD | Pan | CN | DATE | 14 15 | 2018 |
|---------------------------|-----|-----|----|------|-------|------|
|---------------------------|-----|-----|----|------|-------|------|

#### POWER OF ATTORNEY

|  | men by these Presents, the UTICA MUTUAL INSURANCE COMPAI         |     |
|--|--|-----|
| as a New York Corporation, having its principal  | office in the Yown of New Hartford, County of Oneida, State of N | lew |
| York, does hereby in the, constitute and appoint | Asif Humidi  |     |

W027) REHANCE INS AGENCY INC.

WESTMENT, IL

its true and lawful Attorney(s) in-fact in their separate capacity if more than one is samed above to make, execute, sign, seal and delivery for and on its behalf as surety and as its act and deed (without power of nedelegation) and all bonds and undertailings and other writings obligatory in the nature thereof (except bonds quaranteeing the payment of principal and interest of notes, mortgage bonds and mortgages) provided the amount of no one bond or undertaking except for Total for Indeed Bulles.

Dollars (\$ 1,586 ).

The execution of such bonds and undertakings shall be as binding upon said UTICA MUTUAL INSURANCE COMPANY as fully and to all intents and purposes as if the same had been duly executed and admowledged by its regularly elected officers and its Home Office in New Hartford, New York.

This Power of Attorney is granted under and by authority of the following resolution adopted by the Directors of the UTICA MUTUAL INSURANCE COMPANY on the 27th day of November, 1961.

"Resolved, that the President or any Vice-President, in conjunction with the Secretary to any Assistant Secretary, be and they are hardly tathorized and empowered to appoint Attorneys in fact of the Company, in its same and as its acts, to execute and adminishing for and on its behalf as Sciety any and all birets, exciprisances, contracts of indirently and all tithin writings thispatory in the watere thereof, with power to attach themse the said of the Company. Any each writings so executed by each Attorneys in their time that the bireting upon the Company as it they had been duly actionalistical by the regularly elected Officers of the Company in their term proper persons.

"Now therefore, the signstores of such officers sort the sact of the Company may be efficied to any such Power of Attorney by a factoriel, and any such Power of Attorney bearing such becamble algebraic or said shall be valid and binding upon the Company."

in Witness Whereof, the UTICA MUTUAL INSURANCE COMPANY has caused these presents to be signed by its Authorized Officers, this 24th day of February, 2016.

Sandan

1914

LITICA MUTUAL INSURANCE COMPANY

Pend Ph

STATE OF NEW YORK COUNTY OF ONEIDA

STATE OF NEW YORK

55.

55

On this 24th day of February, 2015 before me, a Nobary Public in and for the State of New York, personally came RICHARO P. CREFOON and LOUISA S. RU-FINE to me known, who acknowledged execution of the preceding instrument and, being by me duty swom, do depose and say, that they are President and Secretary respectively of UTICA MUTUAL INSURANCE COMPANY, and that the seal affixed to said instrument is the corporate seal of UTICA MUTUAL INSURANCE COMPANY; and that the said curbotate seal is affixed and that signatures subscribed to said instrument by authority and order of the Board of Objectors of said Corporation.

In Testimony Whereaf I have because set my band as Kein Hartland, New York. It is day and year list above written



Total transmitted in the Secretary

| COUNTY         | IF UNITED I                |   |  |
|----------------|----------------------------|---|--|
| l              | Louisi S Ruffine           | Secretary of the Utica Musual Insurance             | Se Cottanies the facility restily that |
| the Imagains   | a Power of Attorney execut | ted by said Union Michael Immurance Company and the | above-quoted Resolutions of the        |
| Breard of Dire | coors adopted November 7   | 77 1961 are still in full know and effect           |  |
|                |                            |   |  |

trois Secretary

### LITICA MUTUAL INSURANCE COMPANY

### FINANCIAL STATEMENT AS OF DECEMBER 31, 2016

| ASSCTS  |                 | LIABILITIES AND SURPLUS               |                 |  |
|---|-----------------|---------------------------------------|-----------------|--|
| U.S. Governmental Direct Guaranteed Ronds     | S 49 577 884    | Reserve for #- Losses                 | \$ 840,421,254  |  |
| A! Other Bonds                                | 1.436.585.618   | (Indiamesi Promiums                   | 301.557,442     |  |
| Stucks  | 483,516,458     | Reserve for Claim Expenses            | 202,525,545     |  |
| Vsxtgages                                     | 4,294,379       | Lividends                             | 4.777 676       |  |
| Cash and Short-Term Investments               | 31 832 629      | Taxes Accrusel                        | 7 227,490       |  |
| Educties & Deposits in Pools and Associations | 4,224,802       | Federal noome Tax                     | 3,087,810       |  |
| Premiuris in Course of Collection             | Z20,756 560     | Amounts Withheld or Account of Others | 11,138 468      |  |
| Interest Due and Account                      | 17,816,220      | Provision for Reinsurance:            | 5,716,551       |  |
| Other Admitted Assets                         | 133,563,570     | Miscellaneous Auroums Payable         | 79,139,357      |  |
| Total Admitted Assets                         | 5 2,382,250 200 | Total Liabilities                     | \$1,518,165,599 |  |

Suiplus Funds

Bividend Reserve \$ 6,43,930
General Voluntary Meserve 1,500,000
Special Contingent Surplus 1,700,000
Divisitée Surplus 858,440,661

Surplus as Regards Policyholders

686 084 801

Total

2,382 250,700

STATE OF NEW YORK COUNTY OF ONE/DA

58

Richard P. Creedon President & CEO of the UTICA MUTUAL INSURANCE COMPANY. New Hartford, New York, being duly sworn, says that he is the above described officer of said Corporation, and that on the 3"st day of December, 2016, at of the assets shown above were the absolute property of the said Corporation free and dear from all rens or dayms thereor except as above stated, and that the foregoing statement is a full and true exhibit of all assets and liabilities of the said Corporation at the close of business Gedember 31, 2016, according to the best of his knowledge, information and be lef-

Subscribed and swom to before me the 29th day of March, 2017.

President & CEO

Notation M. Misdouency

Notary Public in the State of New York

Appointed in Oneida County

My Commission Expires 30 y 15, 2018

Allest

Compression .

8-B-50 Fd 03 2017

### FOUNDERS INSURANCE COMPANYSM

A MULTIPLE LINE STOCK COMPANY
1111 EAST TOUHY AVENUE, SUITE 300, DES PLAINES, IL 60018
(800) 972-8778 / Fax (847) 795-0080

Liquor Liability Renewal Ext Dec

DIRECT BILL

EFFECTIVE 08/01/17

| POLICY NUMBER    | FROM POLICY PERIOD TO        |  |      |
|------------------|------------------------------|--|------|
| ELIL100675       | 08/01/17 08/01/18 1          | 2:01 AM STANDARD TIME  | 2185 |
| NAMED INSURED AN | D ADDRESS                    | PRODUCER   |      |
|                  | WHEAD CITGO<br>US HIGHWAY 20 | RELIANCE INSURANCE<br>12 W. NAPERVILLE R<br>WESTMONT I<br>(630) 852-9900 | – –  |

THE NAMED INSURED IS BHANGOO INC.

COVERAGES

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS/POLICIES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

TOTAL ADVANCE PREMIUM .....\$535.00

========

FORMS THAT APPLY TO APPLICABLE COVERAGE PARTS

ENDORSEMENT NO EDITION DATE DESCRIPTION

IL-CSL 02-09 Illinois Liquor Liability Coverage Part

ADDITIONAL INSURED(S)

AI# INTEREST NAME AND ADDRESS
1 CITY VILLAGE OF HAMPSHIRE

234 S STATE STREET

HAMPSHIRE IL 60140

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE COVERAGE PARTS/POLICIES ATTACHED, WE AGREE WITH YOU TO PROVIDE THE INSURANCE DESCRIBED THEREIN.

### FOUNDERS INSURANCE COMPANY SM

A MULTIPLE LINE STOCK COMPANY
1111 EAST TOUHY AVENUE, SUITE 300, DES PLAINES, 1L 60018
(800) 972-8778 / Fax (847) 795-0080

Liquor Liability Renewal Ext Dec

DIRECT BILL

EFFECTIVE 08/01/17

| POLICY NUMBER    | FROM POLICY              | PERIOD TO |      |  |      |
|------------------|--------------------------|-----------|------|--|------|
| ELIL100675       | 08/01/17                 | 08/01/18  | 12:0 | 1 AM STANDARD TIME                             | 2185 |
| NAMED INSURED AN | D ADDRESS                |           |      | PRODUCER                                       |      |
|                  | WHEAD CITO<br>US HIGHWAY | -         |      | RELIANCE INSURANCE 12 W. NAPERVILLE E WESTMONT |      |

LOCATION ADDRESS(ES)

LOCATION 01

19 N 479 US HIGHWAY 20 HAMPSHIRE IL 60140

**COVERAGES** 

DESCRIPTION: Liquor/Convenience/Grocery - Stores
LOC ITEM TERR CLASS BASIS TYPE DED AMT EXPOSURE PREMIUM
1 2 009 4449 60000 \$435

COVERAGE PER PERSON OCCURRENCE AGGREGATE
Combined Single Limit 1,000,000 1,000,000

ADDITIONAL FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART ONLY
NUMBER DATE LOC ITEM LIMIT PREMIUM
CG 21 73 01-15 Exclusion - Terrorism 1 2
CG 21 87 01-15 Cond. Exclusion Terrorism 1 2
IL 20 26 07-04 Addl Insd Designate Pers 1 2 \$100.00

TOTAL ADVANCE PREMIUM \$535.00



Pd. 267790 11-20-17

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

### APPLICATION FOR ALCOHOLIC LÍQUOR

| DAT  | ΓΕ: <u>11-07-17</u>   | •  |              |  |   | _ |  |  |
|------|---|--|--------------|--|---|---|--|--|
| NAI  | ME OF BUS   | INESS: CASEY'S GENERAL STO   | RE #306      | 6  | SALES TAX ID: 3519-3395                     |   |  |  |
| NAI  | ME OF APP   | LICANT: CASEY'S RETAIL COMP  | ANY          |  |   |   |  |  |
| AD   | ORESS OF B  | USINESS : 820 WARNER, PO BOX   | X 443, H     | AMPSHIRE, IL 60140   |   |   |  |  |
| BUS  | SINESS PHO  | NE NO.: 847-683-9110   |              |  |   | _ |  |  |
| MA   | ILING ADDI  | RESS: CASEY'S RETAIL COMPAN  | Y, PO BO     | OX 3001, ANKENY, IA  | 50021-8045                                  | _ |  |  |
|      |   | or Control Commission<br>Hampshire, Illinois   |              |  |   |   |  |  |
| of F | lampshire,  | e provisions of Chapter IIIV, A<br>Illinois, as amended, and pur<br>he undersigned hereby makes<br>ows:  | rsuant t     | o Chapter 43 of th   | e Illinois Revised Statutes,                |   |  |  |
| 1.   | License Cla   | ss and Annual Fee (check one   | e):          |  |   |   |  |  |
|      | XXX   | Class A-1 - \$1,500.00<br>Class A-2 - \$1,250.00<br>Class B-1 - \$1,500.00<br>Class B-2 - \$1,500.00<br>Class C-1 - \$1,500.00<br>Class C-2 - \$1,500.00<br>Class C-3 - \$1,750.00 |              | Class C-4 - \$  Class D - \$  Class E - \$  Class F - \$  Class G - \$  Class H- \$  Class I- \$ | 1,750.00<br>1,750.00<br>1,500.00<br>5 75.00 |   |  |  |
| 2.   | License Per   | riod:  |              |  |   |   |  |  |
|      | Commencing on January 1, 2018 and ending December 31, 2018 or Commencing on and ending December 31, |  |              |  |   |   |  |  |
| 3.   | 3. Type of Business Entity (check one):   |  |              |  |   |   |  |  |
|      |   | Individual   | $\checkmark$ | Corporation  |   |   |  |  |
|      |   | Partnership  |              | Other (specify)  |   |   |  |  |

| 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? YES  |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?  YES  |                                      |  |  |  |  |
| 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? YES   |                                      |  |  |  |  |
| 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? YES  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the |                                      |  |  |  |  |
| Village Clerk.<br>FOR CASEY'S RETA  | AIL COMPANY                          |  |  |  |  |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES   | INDIVIDUAL OR PARTNERSHIP SIGNATURES |  |  |  |  |
| Pres.   | BY JOHN C. SOUPENE, PRESIDENT        |  |  |  |  |
| sec. Julia J. Oackourke   | BY JULIA L. JACKOWSKI, SECRETARY     |  |  |  |  |
| STATE OF  | ue and correct.                      |  |  |  |  |
| _   | FOR CAREVIO RETAIL COMPANY           |  |  |  |  |
|   | FOR CASEY'S RETAIL COMPANY           |  |  |  |  |
| CORPORATE SEAL  |                                      |  |  |  |  |
| Subscribed and sworn to before me this  | · Cho. Mach                          |  |  |  |  |
| Commission Number 158693  My COMM. EXP. 11-24-20  | Notary Public Notary                 |  |  |  |  |



MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IOWA 50306-3498 PHONE: (800) 678-8171 FAX: (515) 243-3854

### **CONTINUATION CERTIFICATE**

(to be filed with the obligee)

| <u>IL 57104</u>   | 1,500  |  | LIQUOR RETAILER  |  |
|---|--|--|--|--|
| BOND NO.  | AMOUNT   |  | DESCRIPTION  |  |
| OBLIGEE VILLAGE   |  |  |  |  |
|   | IG COMPANY (MUTUAL   | .) hereby continues  | in force Bond for:   |  |
| PRINCIPAL CASEY'S   | RETAIL COMPAN  | 1Ā   |  |  |
| DBA   |  |  |  |  |
| All liability under this Continua   | ition Certificate is effectiv  | <sub>/e</sub> 12/01/1  | and terminates midnight.   | 12/01/18   |
|   | be cumulative and shall<br>sement attached thereto   | in no event exceed, or any continuation  |  |  |
| Attest:   | Ó  | NOING COA  | MERCHANTS BONDING COMPA  | ANY (MUTUAL)   |
| William War   | ur Jr.   | 1933 CM  | Lavy Taylo   |  |
| Secretary   | •  | SW (18   | , ,  | President  |
|   |  | CERTIFICATION  | and Section 1(d) of Article VI of the  |  |
| Treasurer or any Assistant Treasurer or any Assistant Treasurer or any Assistant Treasurer Company and attach the seal of other writings obligatory in the Company may be affixed by fact the execution and delivery of assignature and seal when so used further certify that the following Secretary. | asurer or any Assistant S of the Company thereto, I nature thereof," and Sec esimile or electronic tran ny bond, undertaking, re ed shall have the same for g are duly elected officer | secretary shall have bonds and undertal ction 1(d) "The sign is mission to any Pocognizance, or other orce and effect as the of the Company: | Larry Taylor, President; and Willia  | on behalf of the findemnity and dithe seal of the ereof authorizing impany, and such am Warner, Jr., |
| IN TESTIMONY WHEREOF, I I<br>BONDING COMPANY (MUTUA   |  | ind as President an  | d affix the Corporate Seal of the N  | MERCHANTS  |
| Attest:   | OBER, 2017   | NOING COMPORATE  | MERCHANTS BONDING CO   | MPANY (MUTUAL  |
| Secretary   | •  | 43W  | <del></del>  | President  |
| by me duly sworn did say the described in the foregoing ins   | at he is President of the<br>trument, and that the S<br>instrument was signed  | e MERCHANTS B<br>eal affixed to the<br>and sealed in beha  | d Larry Taylor, to me personally k ONDING COMPANY (MUTUAL) said instrument is the Corporate alf of said Corporation by authori | the corporation<br>Seal of the said  |
| Witnessed to and subscribed b   | y <sub>me on10/01/1</sub>  | .7   | Wisa K.  | صالم   |
| SUP 0012 (2/17)   | Commission My Com  | CIA K. GRAM<br>on Number 767430<br>mission Expires<br>oril 1, 2020   | Notary Public  |  |



4200 University Avenue, Suite 200 West Des Moines, IA 50266-5945 515-244-0166 www.LMCinsurance.com



10/20/2017

Village of Hampshire P O Box 457 Hampshire, IL 60140

RE: Casey's Retail Company

Dear Sir or Madam:

Enclosed is the continuation certificate for Casey's Retail Company for the period 12/1/2017 to 12/1/2018.

We trust that you will find all to be in order. If you should have any questions please contact me at 515-237-0109.

Sincerely,

LMC Insurance & Risk Management

Nancy Baltutat, CRIS, AINS Senior Bond Account Manager



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

|           | ertificate holder in lieu of such endor   | sement(s                      | s).  | CONTACT LOS CO  |                  |   |          |            |  |
|-----------|---|-------------------------------|--|---|------------------|---|----------|------------|--|
|           | pucer<br>CInsurance & Risk Management, Ir   | nc                            |  | NAME: LUIT GO   |                  | EAV   |          | 3 20.00    |  |
| 120       | 0 University Ave., Suite 200  |                               |  | PHONE (A/C, No, Ext): 515-237-0114 (A/C, No): 515-244-9535 E-MAIL ADDRESS: lori.godbey@lmcins.com |                  |   |          |            |  |
| Ve:       | st Des Moines IA 50266-5945   |                               |  | ADDRESS: ION. GOODS   | ey@Imcins.       | com   |          |            |  |
|           |   |                               |  | INS   | URER(S) AFFOR    | RDING COVERAGE                                | -        | NAIC#      |  |
|           |   |                               |  | INSURER A : Employers Mutual Casualty Company   |                  |   |          |            |  |
| NSL       | RED   | CASEG                         | EN-01  | INSURER B : Lexington Insurance Company 19  |                  |   |          |            |  |
|           | ey's General Stores, Inc.   |                               |  | INSURER C :   |                  |   |          |            |  |
|           | Box 3001<br>Convenience Blvd  |                               |  | INSURER D :   |                  |   |          |            |  |
|           | eny IA 50021  |                               |  | INSURER E :   |                  |   |          |            |  |
|           | ony 17 ( 0002 )   |                               |  | INSURER F :   |                  |   |          |            |  |
| <u>'0</u> | VERAGES CER   | TIFICAT                       | E NUMBER: 122625177  |   |                  | REVISION NUMBER:                              |          |            |  |
| IN<br>Ci  | HIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY | OF INSU<br>EQUIREM<br>PERTAIN | IRANCE LISTED BELOW HA<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI | AVE BEEN ISSUED TO<br>I OF ANY CONTRACT<br>DED BY THE POLICIE                                     | OR OTHER I       | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT TO | CT TO    | WHICH THIS |  |
|           | KCLUSIONS AND CONDITIONS OF SUCH  | POLICIES                      |  | E BEEN REDUCED BY   | PAID CLAIMS      |   |          |            |  |
| SR<br>IR  | TYPE OF INSURANCE   | INSD WV                       | POLICY NUMBER  | (MM/DD/YYYY)  | (WWIDDIYYYY)     | LIMIT   | s        |            |  |
| ٩         | X COMMERCIAL GENERAL LIABILITY  |                               | 1X3036818  | 7/1/2017  | 7/1/2018         | EACH OCCURRENCE                               | \$1,000  | ,000       |  |
|           | CLAIMS-MADE X OCCUR   |                               |  |   |                  | PREMISES (Ea occurrence)                      | \$100.0  | 00         |  |
|           | XBI/PDDed:350 000   | 9 1                           |  |   |                  | MED EXP (Any one person)                      | \$0      |            |  |
|           | X Liquor Liability  |                               |  |   |                  | PERSONAL & ADV INJURY                         | \$1,000  | ,000       |  |
|           | GEN'L AGGREGATE LIMIT APPLIES PER:  | 0                             |  |   |                  | GENERAL AGGREGATE                             | \$2,000  | ,000       |  |
|           | POLICY X PRO- X LOC   |                               |  |   |                  | PRODUCTS - COMP/OP AGG                        | \$2,000  | .000       |  |
|           | OTHER:  |                               |  |   |                  | SIR   | \$350,0  |            |  |
| ī         | AUTOMOBILE LIABILITY  |                               | 1X3036818  | 7/1/2017  | 7/1/2018         | COMBINED SINGLE LIMIT<br>(Ea accident)        | \$1,000  | 000        |  |
|           | X ANY AUTO  | N H                           |  |   | Į.               | BODILY INJURY (Per person)                    | \$       |            |  |
|           | ALL OWNED SCHEDULED AUTOS   |                               |  |   |                  | BODILY INJURY (Per accident)                  | \$       | -          |  |
|           | V NON-OWNED   |                               |  |   |                  | PROPERTY DAMAGE                               | \$       |            |  |
|           | A HIRED AUTOS A AUTOS   |                               |  |   |                  | (Per accident)                                | \$       |            |  |
|           | X UMBRELLA LIAB X OCCUP   |                               | 013136434  | 7/1/2017  | 7/1/2018         | I DANS CONTRACTOR                             |          |            |  |
|           | - OCCUR   |                               | 013 (30434   | 77172017  | 11(12010         | EACH DCCURRENCE                               | \$5,000  |            |  |
|           | EXCESS LIAB CLAIMS-MADE   |                               |  |   |                  | AGGREGATE                                     | \$5,000  | ,000       |  |
| _         | DED X RETENTION \$10,000  |                               |  |   | <u> </u>         | → PER   OTH-                                  | \$       |            |  |
|           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N  |                               | 1X3036818  | 7/1/2017  | 7/1/2018         | X PER STATUTE ER                              |          |            |  |
|           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A                           |  |   |                  | E.L. EACH ACCIDENT                            | \$1,000, | 000        |  |
| - }       | (Mandatory In NH)   |                               |  |   |                  | E.L. DISEASE - EA EMPLOYEE                    | \$1,000  | ,000       |  |
|           | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                               |  |   |                  | E.L. DISEASE - POLICY LIMIT                   | \$1,000  | 000        |  |
| i         |   |                               | 110  |   | 1                | 7.  |          |            |  |
|           |   |                               |  |   | 1                |   |          |            |  |
|           |   |                               |  |   | 0 1              |   |          |            |  |
| SC        | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (ACOE                     | D 101 Additional Remarks Sched   | lule may be attached if mor   | e enace is requi | nert)   |          |            |  |
|           | med Insured Includes: Casey's Ret   | •                             | ·  |   |                  | •   |          |            |  |
| 40        | med madred meddes. Gasey s rec  | .aii Oom                      | daily, casey a dervices  | Company and Cast  | by 5 irrance     | ng Company                                    |          |            |  |
| la        | med Insured also Includes: CBS ar   | nd CGS                        | Sales Corporation, Toba  | acco City Inc.  |                  |   |          |            |  |
|           |   |                               |  |   |                  |   |          |            |  |
|           |   |                               |  |   |                  |   |          |            |  |
|           |   |                               |  |   |                  |   |          |            |  |
|           |   |                               |  |   |                  |   |          |            |  |
| ΞF        | RTIFICATE HOLDER  |                               | <u></u>  | CANCELLATION  |                  |   |          |            |  |
|           | Çasey's General Stores, Inc.  |                               |  | THE EXPIRATION  | I DATE THI       | ESCRIBED POLICIES BE C.                       |          |            |  |
|           | One Convenience Blvd<br>PO Box 3001<br>Ankeny IA 50021  |                               |  | ACCORDANCE WI   |                  | CY PROVISIONS.                                |          |            |  |
|           | •   |                               |  | AUTHORIZED REPRESE  | NTATIVE          |   |          |            |  |



12.00 Ex

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847)683-4915 www.hampshireil.org

# APPLICATION FOR ALCOHOLIC LIQUOR

| DATE:  |
|--|
| NAME OF BUSINESS: Hampshire Gasoline Inc SALES TAX ID: 4020-3778   |
| NAME OF APPLICANT: - HITESh Patel  |
| ADDRESS OF BUSINESS: 1000 S. State ST., Hampshine 1260   |
| BUSINESS PHONE NO.: 847-683-7180   |
| MAILING ADDRESS: 1000 S. State ST., Hampshive IL 60140   |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois   |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:                                      |
| 1. License Class and Annual Fee (check one):   |
| Class A-1 - \$1,500.00 Class A-2 - \$1,250.00 Class B-1 - \$1,500.00 Class B-2 - \$1,500.00 Class C-1 - \$1,500.00 Class C-2 - \$1,500.00 Class C-3 - \$1,750.00 Class C-3 - \$1,750.00 Class C-4 - \$1,500.00 Class D - \$1,750.00 Class E - \$1,750.00 Class F - \$1,750.00 Class G - \$ 75.00 Class H- \$ 500.00 Class I- \$ 500.00 |
| 2. License Period:   |
| Commencing on January 1, 20 8 and ending December 31, 20 8 or Commencing on and ending December 31,  |
| 3. Type of Business Entity (check one):  |
| Individual Corporation   |
| Partnership Other (specify)  |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: Titesh Fatel   |
|--|
| BIRTHDAY: 05/29/1965   |
| HOME ADDRESS: 1545 Rutland CT. Schaumburg 1L 60<br>DRIVERS LICENSE# P340-3376-5153 HOME PHONE# 847-84                          |
| DRIVERS LICENSE# P340-3376-5153 HOME PHONE# 847-84   |
| BUSINESS STATUS: CUVVEIL.  |
| PERCENTAGE OF STOCK HELD:  |
| Name:  |
| BIRTHDAY:  |
| HOME ADDRESS:  |
| DRIVERS LICENSE# HOME PHONE#   |
| BUSINESS STATUS:   |
| PERCENTAGE OF STOCK HELD:  |
| (If additional space is required, please attach a separate sheet of paper)   |
| 5. Is the applicant a citizen of the United States?  |
| If naturalized, state date and place of naturalization:  |
| If an Illinois corporation, state date of corporation:   |
| If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois                       |
| Business Corporation Act   |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for                              |
| which it was formed. Retail Gas Station With Convience   |
| 7. State the location and physical description of the premises which is to be operated under such                              |
| license and the nature of the business at such location.   |
|  |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any                             |
| State government or any municipality. Village of Hampchive   |
| If answer is in the affirmative, state the name of the Icensing unit of government, when and where said of license was issued. |

| 9.  | Has the applicant ever had any previous liquor license revoked?  If answer is in the affirmative, state the date and reason for such revocation.  |
|-----|---|
| 10. | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?                                  |
| 11. | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.  Note: This application will remain incomplete and will not be            |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises.   |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof.   |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 13. | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?   |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? Yes  |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
| 17. | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 18. | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? |

| 20. Does the applicant understand and agree that of State or Village laws and ordinances will be refet that such violation may result in the suspension   | erred to the Local Liquor Control Commission and   |
|---|--|
| 21. Does the applicant understand and agree that is and/or Hampshire Police Department shall have premises licensed hereunder to determine when have been or are being violated, and at such time connection therewith? | e the authority to enter at any time upon the ether any State or Village laws and ordinances   |
| 22. Does the applicant understand and agree that a shall not constitute property, nor shall it be submor shall it be alienable or transferable, volunta encumbered or hypothecated?                                     | pject to attachment, garnishment or execution, arily or involuntarily, or subject to being   |
| ,   | please list and briefly describe, any and all ment during the period of this license. (If any period of this license because he Hampshire Liquor Commission prior to being |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES  Pres.  Sec.  | INDIVIDUAL OR PARTNERSHIP SIGNATURES  HHESH Fatel  |
| STATE OF  |  |
| The undersigned swears that all statements are to   | rue and correct  |
| Subscribed and sworn to before me this  24 day of 100000000000000000000000000000000000  | DANIEL C ROBERTS  DANIEL C ROBERTS  Notary Public - State of Illinola  Notary Public - State of Illinola  Notary Public  |

HAMPGAS-01

GEORGIE1RWA

DATE (MM/DD/YYYY)

# CERTIFICATE OF LIABILITY INSURANCE

11/17/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| 1                        | nis c        | BROGATION IS WAIVED, subje-<br>ertificate does not confer rights to  |           |                                 | such en   | dorsement(s)               |                   | require an endor:  | semem         | . A : | statement on |
|--------------------------|--------------|--|-----------|---------------------------------|---|----------------------------|-------------------|--|---------------|-------|--------------|
| 10.53                    | DUCE         | er<br>& Allison Insurance Agency, LLC  |           |                                 | - Contract | CT Georgie                 |                   | FZ   | AX .          |       | The State    |
| 100                      | Том          | ver Dr. Ste 129<br>lge, IL 60527   | ,         |                                 | PHONE (A/C, No, Ext): (630) 908-4292 FAX (A/C, No): (630) 468-136 EMAIL ADDRESS; georgie@rw-ins.com   |                            |                   |  |               |       | 468-1361     |
|                          |              | 3-7-2-1  |           |                                 | 3,000   |                            |                   | RDING COVERAGE   |               |       | NAIC #       |
|                          |              |  |           |                                 | INSUR   | ERA: Acuity                |                   |  | _             |       | 14184        |
| INS                      | JRED         |  |           |                                 | INSUR   | ER B                       |                   |  |               |       |              |
| Hampshire Gasoline, Inc. |              |  |           |                                 | INSURER C :   |                            |                   |  |               |       |              |
|                          |              | 1000 S State Street  |           |                                 | INSUR   | ERD:                       |                   |  |               |       |              |
|                          |              | Hampshire, IL 60140  |           |                                 | INSUR   | ERE:                       |                   |  |               |       |              |
|                          |              |  |           |                                 | INSUR   | ERF:                       |                   |  |               |       |              |
| CC                       | VER          | AGES CER   | TIFICAT   | E NUMBER:                       |   |                            |                   | REVISION NUMB  | BER:          |       |              |
| li C                     | ERTI         | IS TO CERTIFY THAT THE POLICIE<br>ATED. NOTWITHSTANDING ANY R<br>IFICATE MAY BE ISSUED OR MAY<br>JSIONS AND CONDITIONS OF SUCH | PERTAIN   | MENT, TERM OR CONDIT            | ORDED B   | ANY CONTRA                 | CT OR OTHE        | R DOCUMENT WITH<br>SED HEREIN IS SUB                     | RESPE         | CT TO | WHICH THIS   |
| INSF                     |              | TYPE OF INSURANCE  | ADDL SUB  | POLICY NUMBER                   |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP        |  | LIMITS        |       |              |
| A                        | X            | COMMERCIAL GENERAL LIABILITY   |           |                                 |   |                            |                   | EACH OCCURRENCE  |               | \$    | 2,000,000    |
|                          |              | CLAIMS-MADE X OCCUR  |           | Z63529                          |   | 02/01/2017                 | 02/01/2018        | DAMAGE TO FIENTED<br>PREMISES (Ea occurre                | ence)         | \$    | 250,000      |
|                          |              | _  |           |                                 |   |                            |                   | MED EXP (Any one per                                     |               | \$    | 10,000       |
|                          |              |  |           |                                 |   |                            |                   | PERSONAL & ADV INJ                                       | URY           | \$    | 2,000,000    |
| 1                        | GEN          | V'L AGGREGATE LIMIT APPLIES PER:   |           |                                 |   |                            |                   | GENERAL AGGREGAT   | TE .          | \$    | 4,000,000    |
|                          | X            | POLICY PRO-  |           |                                 |   |                            |                   | PRODUCTS - COMP/O  | PAGG          | s     | 4,000,000    |
| L,                       | X            | OTHER: Liquor Liability  |           |                                 |   |                            |                   | Aggregate  |               | s     | 1,000,000    |
| A                        | ΑUI          | OMOBILE LIABILITY  |           | 1-0-21                          |   |                            |                   | (Ea accident)  | MIT           | \$    |              |
|                          |              | ANY AUTO   |           | Z63529                          |   | 02/01/2017                 | 02/01/2018        | BODILY INJURY (Per p                                     | person)       | S     |              |
|                          |              | OWNED SCHEDULED AUTOS  |           |                                 |   |                            |                   | BODILY INJURY (Per a                                     | ccident)      | S     |              |
|                          | X            | AUTOS ONLY X NON-OWNED AUTOS ONLY  |           | 1                               |   |                            |                   | (Per accident)   |               | \$    |              |
| Ь.                       |              |  |           |                                 |   |                            |                   | INCLUDED   |               | \$    |              |
|                          |              | UMBRELLA LIAB OCCUR  |           |                                 |   |                            |                   | EACH OCCURRENCE  |               | S     |              |
|                          |              | EXCESS LIAB CLAIMS-MADE  |           |                                 |   |                            |                   | AGGREGATE  | -             | 2     |              |
| H                        |              | DED RETENTION \$   |           |                                 | _   |                            |                   | 1 050  |               | \$    |              |
|                          | AND          | RKERS COMPENSATION<br>EMPLOYERS' LIABILITY YIN   |           |                                 |   |                            |                   | PER  | OTH-<br>ER    |       |              |
|                          | OFF          | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?   | NIA       |                                 |   |                            |                   | E.L. EACH ACCIDENT                                       | 4.            | S     |              |
|                          |              | s, describit under<br>CRIPTION OF OPERATIONS below   |           |                                 |   |                            |                   | E.L. DISEASE - EA EM                                     |               |       |              |
| Α.                       |              | CRIPTION OF OPERATIONS telow   |           | Z63529                          |   | 02/01/2017                 | 02/01/2018        | RC \$1,000 DED   | YLIMIT        | \$    | 1,076,600    |
| A                        | BPI          |  |           | Z63529                          |   |                            | 274 - 171 -       | RC \$1,000 DED   |               |       | 150,000      |
| ^                        | Di 1         |  |           | 200323                          |   | OZIG17ZG11                 | 02/01/2010        | NO \$1,000 DED   |               |       | 150,000      |
| DES<br>Loc               | CRIPT<br>100 | ON OF OPERATIONS / LOCATIONS / VEHIC<br>O S State St, Hampshire, IL 60140  | LES (ACOR | RD 101, Additional Remarks Scho | edute, may  | be attached if mo          | re space Is requi | red)   | <del></del> ! |       |              |
| CE                       | RTIF         | ICATE HOLDER   |           |                                 | CAN   | CELLATION                  |                   |  |               |       |              |
|                          |              | Village of Hampshire<br>234 S. State St.<br>Hampshire, IL 60140  |           |                                 | THE   | EXPIRATIO                  | N DATE TI         | DESCRIBED POLICIES<br>HEREOF, NOTICE 1<br>CY PROVISIONS. |               |       |              |
|                          |              | ,, 35  |           |                                 |   | PRIZED REPRESE             | ENTATIVE          |  |               |       |              |

**ACORD** 

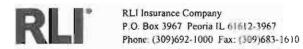


RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

# LICENSE AND PERMIT BOND

Bond No. LSM1013166

|                                | a Inc  |  |   |                    |
|--------------------------------|--|--|---|--------------------|
| 1000 S State Street            | e Inc  |  |   |                    |
|                                | 40   |  |   |                    |
|                                |  | _  |   |                    |
|                                |  | _  |   |                    |
| as Principal, and the          | RLI Insurance Company  | , a corporation  | on duly licensed to do busi   | iness in the state |
| of <u>Illinois</u>             | , as Surety, are held and firm<br>Village of Hampshire         | nly bound unto the   |   |                    |
|                                | Village of Hampshire   | , State of   | Illinois  | , Obligee,         |
| in the penal sum of            |  | Ten Thousand and 00/100  |   |                    |
|                                | OOLLARS, lawful money of the Un                                |  |   | yment well and     |
| ruly to be made, we bind our   | selves and our legal representatives,                          | jointly and severally by thes  | se presents.  |                    |
| THE CONDITION OF THE           | A BOVE ODLIGATION IS SHOW                                      | That whareas the said Prince   | inal has been licensed as a   | (m)                |
|                                | ABOVE OBLIGATION IS SUCH,<br>Liquor Liability for Retail Sales |  |   | (11)               |
|                                | Esquoi Esaomity for Retail Sales                               |  | oy the Congee.  |                    |
| NOW, THEREFORE, if the s       | said Principal shall faithfully perforn                        | n the duties and in all things   | comply with the laws and  | ordinances         |
|                                | ereto, pertaining to the license or per                        |  |   |                    |
|                                | od commencing on the19th                                       |  |   |                    |
| day of <u>June</u> ,           |  |  |   |                    |
|                                |  |  |   | days from the      |
| nasi thereupon be relieved fr  | om any liability for any acts or omis                          | cable law, whichever is later,   | this bond shall terminate   |                    |
| snan thereupon be relieved fr  |  | cable law, whichever is later,<br>sions of the Principal subseq          | this bond shall terminate   | and the Surety     |
| snall thereupon be relieved fr |  | cable law, whichever is later,<br>sions of the Principal subseq          | this bond shall terminate a uent to said date.  19th day of June            | and the Surety     |
| mail thereupon be relieved fr  |  | cable law, whichever is later, sions of the Principal subseq  Dated this | this bond shall terminate a<br>uent to said date.                           |                    |
| snan thereupon be relieved fr  |  | cable law, whichever is later, sions of the Principal subseq  Dated this | this bond shall terminate a uent to said date.  19th day of June  Principal |                    |



# **POWER OF ATTORNEY**

# **RLI Insurance Company**

Bond No. \_\_LSM1013166\_\_

# Know All Men by These Presents:

| That the          | RLI Insur  | ance Company  | , a corporation o  | organized and                    | existing under the  | laws of the State of                       |
|-------------------|--|---|--|----------------------------------|---------------------|--|
| Illine            | ois , an   | d authorized and licensed                                 | d to do business in all st   | ates and the D                   | istrict of Columbia | does hereby make                           |
|                   |  | Barton W. Davis   |  |                                  |                     |  |
|                   |  | Vice President  |  |                                  |                     | _  |
| execute, acknow   | ledge and deliver                                    | for and on its behalf as S                                | Surety, in general, any a  | and all bonds.                   | undertakings, and   | recognizances in ar                        |
| amount not to     | exceed   | One Million and   | 00/100   | _ Dollars (                      | \$ 1,000,000.00     | ) for any single                           |
| obligation, and s | pecifically for the                                  | following described bond                                  | 1.   |                                  |                     |  |
| Principal:        | Hampshire Gas  | oline Inc   |  |                                  |                     |  |
| Obligee:          | Village of Ham                                       | oshire  |  |                                  |                     |  |
| Type Bond:        | Liquor Liabilit                                      | for Retail Sales  |  |                                  |                     |  |
| Bond Amount:      | \$ 10,000.00   | A   | · · · · · · · · · · · · · · · · · · ·                              |                                  |                     |  |
| Effective Date:   | June 19, 2017  |   |  |                                  |                     |  |
| The               | RLI Insurano   | е Сотрапу   | further certifies t  | that the follow                  | wing is a true an   | d exact copy of a                          |
|                   |  | f Directors of  |  |                                  |                     | ~ -  |
| corporate seal    | may be printed b                                     |   |  |                                  |                     |  |
|                   |  | RLIInsura   |  |                                  |                     | -  |
| ATTEST:           | L Montgon  | with its corporate seal a                                 | CORPORATE SEAL   | nsurance Cor  B. H. M.  W. Davis |                     |  |
| Cherie L. Montgor | ,  | 0   | The LINO STATE   |                                  |                     | Vice President                             |
| and Cher          | rie I Montgomery<br>Vice Presiden<br>RLI Insurance C | , 2017 before me,<br>, who being by t<br>t and<br>company | me duly sworn, acknow<br>Assistar                                  | ledged that the<br>nt Secretary  | ey signed the above | Power of Attorney<br>ectively, of the said |
| Jacqueline M. Boc | aposeline W  | 7. Boller<br>Notary Public                                | "OFFICIAL PUBLIC JACQUELINE M. STATE OF LILINOIS COMMISSION EXPIRE | SEAL"<br>BOCKLER                 |                     |  |



11.500.00

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

# APPLICATION FOR ALCOHOLIC LIQUOR

| DATE:  |  |
|--|--|
| NAME OF BUSINESS: TA Operating LLC d/b/a   | TravelCenters of America SALES TAX ID; 2494-0712   |
| NAME OF APPLICANT: Patricia A. Burton  |  |
| ADDRESS OF BUSINESS : 19 N 430 US Highwa   | y 20, Hampshire, IL 60140  |
| BUSINESS PHONE NO.: 847-683-4558   |  |
| MAILING ADDRESS: 847-683-4558  | <u> </u>   |
| TO: Local Liquor Control Commission<br>Village of Hampshire, Illinois  |  |
|  | coholic Liquor Regulations, of the Municipal Code suant to Chapter 43 of the Illinois Revised Statutes, application for an Alcoholic Liquor          |
| <ol> <li>License Class and Annual Fee (check one)</li> </ol>   | :  |
| Class A-1 - \$1,500.00 Class A-2 - \$1,250.00 Class B-1 - \$1,500.00 X Class B-2 - \$1,500.00 Class C-1 - \$1,500.00 Class C-2 - \$1,500.00 Class C-3 - \$1,750.00 | Class C-4 - \$1,500.00  Class D - \$1,750.00  Class E - \$1,750.00  Class F - \$1,500.00  Class G - \$ 75.00  Class H- \$ 500.00  Class I- \$ 500.00 |
| 2. License Period:   |  |
| Commencing on January 1, 2018 and Commencing on and  |  |
| 3. Type of Business Entity (check one):  |  |
| Individual   | Corporation  |
| Partnership  | X Other (specify) Limited Liability Company  |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name:             | PLEASE SEE ATTACHED RIDER   |  |
|-------------------|---|--|
| BIRTHDA           | ΛY:   |  |
| HOME A            | DDRESS:   |  |
| DRIVERS           | SLICENSE#   | HOME PHONE#  |
| BUSINES           | SS STATUS:  | ·  |
| PERCEN            | TAGE OF STOCK HELD:   |  |
| Name:             |   |  |
| BIRTHDA           | Y:  |  |
| HOME A            | DDRESS:   |  |
| DRIVERS           | S LICENSE#  | HOME PHONE#  |
| BUSINES           | S STATUS:   |  |
| PERCEN            | TAGE OF STOCK HELD:(If additional space is required, please attac   | h a separate sheet of paper)   |
|                   | e applicant a citizen of the United States? $N/A$   |  |
| If na             | turalized, state date and place of naturalization:  | <u>-</u>   |
| If an             | Illinois corporation, state date of corporation:  | I/A  |
|                   | oreign corporation, state date qualified to transa<br>ness Corporation Act. October 30, 2007  | ct business in Illinois pursuant to the Illinois   |
| 6. State<br>whic  | the character of the applicant's business, and it hit was formed. TA Operating LLC is multi-state retains undries and fuel operations | n case of a corporation, the objects for<br>I licensee engaged in travel hospitality, food and beverage, |
|                   | the location and physical description of the pre  |  |
|                   | se and the nature of the business at such location 430 US Highway 20, Hampshire, IL 60140 - Travel center                             |  |
| 8. State<br>State | whether the applicant has ever had a liquor lice government or any municipality. <u>Yes</u>   | nse issued by the Federal government, any  |

If answer is in the affirmative, state the name of the licensing unit of government, when and

where said of license was issued. PLEASE SEE ATTACHED RIDER.

# CONFIDENTIAL

# TA Operating LLC Members, Executive Officers and Directors

# Rider to Village of Hampshire, IL Application for Class B-2 License

| NAME  | TITLE   | OWNERSHIP<br>INTEREST | HOME ADDRESS  | PHONE<br>NUMBER | DATE OF BIRTH | DRIVER'S LICENSE<br>NUMBER |
|---|---|-----------------------|---|-----------------|---------------|----------------------------|
| Barry M. Portnoy                                    | Director  | 0                     | P.O. Box 150, Crystal Lake Rd.<br>Eaton, NH 03832           | 603-447-1940    | 9/10/1945     | NH 09PYB45101              |
| Thomas M. O'Brien                                   | Director,<br>President, CEO                           | 0                     | 30662 Lake Road, Bay Village,<br>OH 44140                   | 440-250-3260    | 5/20/1966     | OH TQ037416                |
| Andrew J. Rebholz                                   | Exec. Vice Pres.,<br>CFO, Treasurer,<br>Asst. Sect'y. | 0                     | 18054 Spyglass Hill Dr.<br>Strongsville, OH 44136           | 440-878-1556    | 3/5/1965      | OH RT651354                |
| Mark R. Young                                       | Exec. Vice Pres.,<br>General Counsel                  | 0                     | 134 Cushing Avenue, Unit 3<br>Dorchister, MA 02125          | 617-533-7013    | 8/28/1962     | MA \$21305138              |
| Barry A. Richards                                   | EVP, Commercial<br>Operations                         | 0                     | 7774 Rice Rd<br>Amherst, OH 44001                           | 440-471-7845    | 7/7/1952      | OH TP10\$182               |
| Rodney P. Bresnahan                                 | EVP, Retail<br>Operations                             | 0                     | 75 Beech Cliff Dr.,<br>Amberst, OH 44001                    | 440-250-2888    | 07/27/1968    | OH RN591287                |
| Jennifer B. Clark                                   | Secretary   | 0                     | 88 Hudson Road<br>Sudbury, MA 01776                         | 978-440-7876    | 6/1/1961      | MA S26151553               |
| Patricia A. Burton                                  | Resident Manager                                      | 0                     | 1355 N. Arthur Burch Dr. Lot<br>M-2, Bourbonnais, fl. 60914 | 847-683-4550    | 3/29/1978     | IL B635-6817-8691          |
| Travel Centers of<br>America Holding<br>Company LLC | Mcmber  | 100%                  | 24601 Center Ridge Road,<br>Westlake, OH 44145              | 440- 808-9100   | N/A           | N/A                        |

| 9.  | Has the applicant ever had any previous liquor license revoked? No  If answer is in the affirmative, state the date and reason for such revocation.  |
|-----|--|
|     |  |
| 10  | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?  Yes                                |
| 11  | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Local applicant was fingerprinted  |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.  |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Patricia A. Burton   |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes - she is scheduled to be printed at 3pm today (November 21, 2017).   |
|     | Note: This application will remain incomplete and will not be  |
|     | considered until question #12 can be answered in the   |
|     | affirmative.   |
|     | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  Yes  If the applicant does not own the premises for which the license is sought, does the applicant   |
|     | have a lease for the full period for which the license is to be issued? Yes  If the answer is in the affirmative, attach a copy of said lease to the application.  |
|     | in the district is in the diministracy excessive copy of cases to the opposition   |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law? No   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? Yes - PLEASE SEE ATTACHED R   |
| •   | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? No  |
|     | f answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
|     | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  No  |
|     | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? No |

#### TA Operating LLC d/b/a TravelCenters of America

Village of Hampshire, IL Class B-2 License Application Rider to Questions 8 & 16

TA Operating LLC is multi-state retail licensee engaged in travel hospitality, food and beverage, sundries and fuel operations. It is wholly owned by TravelCenters of America Holding Company LLC, which is in turn wholly owned by publicly traded TravelCenters of America LLC (Nasdaq: "TA"). TA Operating LLC owns and/or operates in excess of 220 travel centers and 200 convenience stores across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by TA.

A few of the licensed locations have been the subject of alcoholic beverage regulatory inquiry leading to offers in compromise or, in limited cases, a brief suspension.

| 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? Yes   |
|--|
| 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? Yes  |
| 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? Yes  |
| 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? N/A  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk. |
| SIGNATURE OF APPLICANT (S)  CORPORATION SIGNATURES TA Operating LLC, By:  Pres. Thomas M. O'Brien, President  Sec. Andrew Rebholz, Assistant Secretary   |
| STATE OF OHIO  ) SS  County of CUYAHOGA )  |
| CORPORATE SEAL Subscribed and sworn to before me this  |
| day of Movember, 2017  CARY M. TOTH  NOTARY PUBLIC • STATE OF OHIO  Recorded in Cuyahoga County  My commission expires Nov. 13, 2021   |

### **CONTINUATION CERTIFICATE**

The <u>RLI Insurance Company</u> (hereinafter called the Surety) hereby continues in force its Bond No. <u>CMS0277196</u> in the sum of <u>One Thousand Five Hundred Dollars and 00/100</u> (\$1,500.00) Dollars, on behalf of <u>TA Operating LLC dba TravelCenters of America</u> in favor of <u>Village of Hampshire</u>, <u>Illinois</u> subject to all the conditions and terms thereof through <u>December 31, 2018</u> at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this <u>17<sup>th</sup></u> day of <u>November</u>, <u>2017</u>.

RLI Insurance Company

Suretv

y:

Frank Kinnett, Attorney-in-Fact (IL License #1727357)



RLI Surety 9025 N. Lindbergh Dr. | Peoria, IL 61615 Phone: (800)645-2402 | Fax: (309)689-2036 www.rlicorp.com

That RLI Insurance Company, an Illinois corporation, does hereby make, constitute and appoint:

# **POWER OF ATTORNEY**

# **RLI Insurance Company**

#### Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

| John E. Genet, Jarrod  | Hitt, Frank Kinnett   | , jointly or severally  |  |   |   |   |
|--|---|---|--|---|---|---|
| in the City of   | Aflanta   | State of  | Georgia  | its true and  | lawful Agent and At   | torney in Fact, with full   |
|  | hereby conferred,   | to sign, execute, ack   | nowledge and   | d deliver for and on i  | its behalf as Surety,   | the following described   |
| The acknowledgment executed and acknow   |   |   |  |   | upon this Company a   | as if such bond had been  |
|  | Company further co  | ertifies that the follow  |  | •   | Resolution adopted by   | the Board of Directors  |
| the Company by the<br>of Directors may<br>Attorneys in Fact of<br>seal is not necessary  | e President, Secreta<br>authorize. The Pro<br>r Agents who shall<br>y for the validity of | ry, any Assistant Sec<br>esident, any Vice Pi<br>have authority to issu       | retary, Treasu<br>resident, Secr<br>ne bonds, polic<br>undertakings, | rer, or any Vice Preside<br>etary, any Assistant<br>cies or undertakings in<br>Powers of Attorney o     | dent, or by such other<br>Secretary, or the Tronthe name of the Com   |   |
| IN WITNESS WHER corporate seal affixed   |   |   | nas caused the   | -   | •   | President with its  |
|  |   | S S S S S S S S S S S S S S S S S S S   | PROPORATE TALL   | By: Barton W. Davis   | W. J  | Vice President  |
| State of Illinois County of Peoria   | } ss  | Tonah.  | LIN OISMIN   |   |   |   |
|  |   |   |  |   | CERTIFICATE   |   |
| On this <u>13th</u> day of personally appeared <u>acknowledged</u> that he sofficer of the RLI Insurbe the voluntary act and   | Barton W. Davis<br>signed the above Poverance Company and                                 | who being by me du<br>ver of Attorney as the<br>acknowledged said inst<br>on. | ly sworn,<br>aforesaid<br>rument to                                  | corporation of the State<br>Power of Attorney is in<br>furthermore, that the F<br>Power of Attorney, is | e of Illinois, do hereby<br>in full force and effect<br>Resolution of the Comp<br>now in force. In test<br>and the seal of the RL | ce Company, a stock<br>certify that the attached<br>and is irrevocable; and<br>pany as set forth in the<br>imony whereof, I have<br>I Insurance Company |
| By: Jacque line M. Bock  | ler )   | M. Doller<br>Not  | ary Public   | RLI Insurance Com   | ıpany   |   |
| Mar of the control of | "OFFICIAL SPUBLIC JACQUELINE M. COMMISSION EXPIRE   | SEAL"<br>BOCKLER<br>S 01/14/18  | 1054448020212  | By: Barton W. Davis   | w. <del>J</del>   | Vice President  |

# TA Operating LLC

#### ASSISTANT SECRETARY'S CERTIFICATE

I, Andrew J. Rebholz, do hereby certify that I am the duly elected, qualified and acting Assistant Secretary of TA Operating LLC, a Delaware limited liability company (the "Company"), and that:

The following named individuals are the directors and executive officers of the Company, holding the respective offices set forth opposite their name:

| Name              | Office  |
|-------------------|---|
| Barry M. Portnoy  | Director  |
| Thomas M. O'Brien | Director, President and Chief Executive Officer   |
| Andrew J. Rebholz | Executive Vice President, Chief Financial Officer |
|                   | Treasurer, and Assistant Secretary                |
| Mark R. Young     | Executive Vice President and General Counsel      |
| Barry Richards    | Executive Vice President, Commercial Operations   |
| Rodney Bresnahan  | Executive Vice President, Retail Operations       |
| Jennifer B. Clark | Secretary   |

IN WITNESS WHEREOF, I have hereunto set my hand as of this 13 day of July,

2017.

Andrew J. Rebholz Assistant Secretary

SAMFORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

|            | DUCER  |                      |  | f such endorsement(s).  CONTACT Willis Towers Watson Certificate Center NAME: PHONE [AJC, No, Ext]: (877) 945-7378  FAX. [AJC, No, Ext]: (888) 467-2378 |   |                            |   |        |                 |  |
|------------|--|----------------------|--|---|---|----------------------------|---|--------|-----------------|--|
|            | is of New York, Inc.<br>26 Century Blvd  |                      |  |   |   |                            |   |        |                 |  |
| P.O        | . Box 305191   |                      |  | E-MAIL ADDRESS: certificates@willis.com   |   |                            |   |        |                 |  |
| Nas        | hville, TN 37230-5191  |                      |  | INSURER(S) AFFORDING COVERAGE   |   |                            |   |        |                 |  |
|            |  |                      |  | INSURER A : Arch Specialty Insurance Company  |   |                            |   |        |                 |  |
| INSU       | JRED   |                      |  | INSURE  | RB:                                     |                            |   |        |                 |  |
|            | TA Operating LLC<br>24601 Center Ridge Road  |                      |  | INSURER C ;   |   |                            |   |        |                 |  |
|            | Suite 300  |                      |  | INSURER D :   |   |                            |   |        |                 |  |
|            | Westlake, OH 44145-5634  |                      |  | INSURÉR E :   |   |                            |   |        |                 |  |
|            |  |                      |  | INSURE  | RF;                                     |                            |   |        |                 |  |
| CO         | VERAGES CER  | TIFICATE             | NUMBER:                                    |   |   |                            | REVISION NUMBE  | :R:    |                 |  |
| C          | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH  | EQUIREMI<br>PERTAIN. | ENT, TERM OR CONDITION THE INSURANCE AFFOR | ON OF A   | NY CONTRAI<br>THE POLICI                | CT OR OTHER<br>ES DESCRIB  | OCUMENT WITH R  | ESPE   | CT TO WHICH THE |  |
| INSR       | TYPE OF INSURANCE  | ADDL SUBR            | POLICY NUMBER                              |   | POLICY EFF                              | POLICY EXP<br>(MM/DD/YYYY) |   | LIMITS |                 |  |
| Α          | X COMMERCIAL GENERAL LIABILITY   |                      |  |   |   |                            | EACH OCCURRENCE   |        | 3 2,000,        |  |
|            | CLAIMS-MADE X OCCUR  |                      | DPC1008715-00                              |   | 12/01/2016                              | 12/01/2017                 | DAMAGE TO RENTED<br>PREMISES (Ea oou men                | ce)    | s 300,          |  |
|            | X SIR: \$500,000   |                      |  |   |   |                            | MED EXP (Any one perso                                  |        | \$              |  |
|            |  |                      |  |   |   |                            | PERSONAL & ADV INJU                                     |        | s 2,000,        |  |
|            | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |  |   |   |                            | GENERAL AGGREGATE                                       |        | s 4,000,        |  |
|            | POLICY PRO-  |                      |  |   |   |                            | PRODUCTS - COMP/OP                                      |        | \$ 4,000,       |  |
|            | OTHER:   | 1                    |  |   |   |                            |   |        | <b>S</b>        |  |
|            | AUTOMOBILE LIABILITY   |                      | T  |   |   |                            | COMBINED SINGLE LIM<br>(Ea accident)                    | n .    | 5               |  |
|            | ANY AUTO   |                      |  |   |   |                            | BODILY INJURY (Per per                                  |        | \$              |  |
|            | OWNED SCHEDULED AUTOS  |                      |  |   |   |                            | BODILY INJURY (Per acc                                  |        |                 |  |
|            | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                      |  |   |   |                            | PROPERTY DAMAGE<br>(Per accident)                       |        | \$              |  |
|            | AUTOS CIRET  |                      |  |   |   |                            | 111-2   |        | \$              |  |
|            | UMBRELLA LIAB OCCUR  |                      |  |   |   |                            | EACH OCCURRENCE   |        | \$              |  |
|            | EXCESS LIAB CLAIMS-MADE  |                      |  |   |   |                            | AGGREGATE   |        | \$              |  |
|            | DED RETENTION \$   |                      |  |   |   |                            |   |        | \$              |  |
|            | WORKERS COMPENSATION<br>AND EMPLOYERS LIABILITY  |                      |  |   |   | _                          | PER C   | TH-    |                 |  |
|            | ANY PROPRIETOR/PARTNER/EXECUTIVE   |                      |  |   |   |                            | E L EACH ACCIDENT                                       | 1      | 3               |  |
|            | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A                  |  |   |   |                            | E.L. DISEASE - EA EMPI                                  | OYEE   | \$              |  |
|            | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |                      |  |   |   |                            | E.L. DISEASE - POLICY                                   | LIMIT  | \$              |  |
|            |  |                      | .—   |   |   |                            |   |        |                 |  |
|            |  |                      |  |   |   |                            |   |        |                 |  |
|            |  |                      |  |   |   |                            |   |        |                 |  |
| Re:<br>Gen | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI<br>19 N 430 US Highway 20, Hampshire, IL<br>eral Llability Includes Liquor Liability - 9<br>ige of Hampshire is hereby added as an | 60140<br>\$1.000.000 | ) Aggregate Limit                          |   |   |                            |   |        |                 |  |
| CE         | RTIFICATE HOLDER   |                      | _  | CAN6  | CELLATION                               |                            |   |        |                 |  |
| <u>UE</u>  |  |                      |  | SHC<br>THE<br>ACC   | OULD ANY OF<br>EXPIRATION<br>CORDANCE W | N DATE TH                  | ESCRIBED POLICIES<br>BEREOF, NOTICE W<br>CY PROVISIONS. |        |                 |  |
|            | Illinois Liquor Control Comn<br>101 W. Jefferson Street<br>Suite 3-525   | กเรรเอก              |  | AUTHORIZED REPRESENTATIVE   |   |                            |   |        |                 |  |

ACORD



234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

# APPLICATION FOR ALCOHOLIC LIQUOR

| DAŤ                  | E:                     | 11                       | 127/17                             |                              |                     |                     |  |              |
|----------------------|------------------------|--------------------------|------------------------------------|------------------------------|---------------------|---------------------|--|--------------|
| NAN                  | 1E OF                  | BUSI                     | NESS: CJ                           | IMS, IN                      | c. db.              | a Tusco             | and Sumwine & SALES TAXID: 3939-84   | 39           |
|                      |                        |                          | .ICANT:                            |                              |                     |                     | PATEL  |              |
| ADD                  | RESS                   | OF BI                    | USINESS :_                         | 107                          | ω,                  | OMK                 | Know Dr. HAMPSHire, IL.  | देश <b>।</b> |
| BUS                  | INESS                  | РНО                      | NE NO.:                            | 847-                         | 683                 | -76                 | 91   |              |
| MAI                  | LING                   | ADDR                     | ESS:                               | SAME                         | As                  | ABOVE               | E  |              |
|                      |                        |                          | or Control (<br>lampshire,         | Commission<br>Illinois       | ı                   |                     |  |              |
| of H<br>as a<br>Lice | amps<br>mend<br>nse as | hire,<br>ed, th<br>follo | Illinois, as<br>ne undersig<br>ws: | amended,                     | and pur:<br>y makes | suant to<br>applica | c Liquor Regulations, of the Municipal Code<br>o Chapter 43 of the Illinois Revised Statutes,<br>ation for an Alcoholic Liquor |              |
| 1. !                 | 106112                 | e Clas                   | SS diiu Aiii                       | uai ree (Ciii                | eck one,            | <i>}</i> .          |  |              |
| -                    | $\rightarrow$          |                          |                                    | - \$1,500.00                 |                     |                     | Class C-4 - \$1,500.00   |              |
| -                    |                        |                          |                                    | - \$1,250.00<br>- \$1,500.00 |                     |                     | Class D - \$1,750.00 Class E - \$1,750.00  |              |
| -                    |                        |                          |                                    | - \$1,500.00<br>- \$1,500.00 |                     |                     | Class F - \$1,500.00   |              |
| -                    |                        |                          |                                    | - \$1,500.00                 |                     |                     | Class G - \$ 75.00   |              |
| -                    |                        |                          |                                    | - \$1,500.00                 |                     |                     | Class H- \$ 500.00   |              |
| -                    |                        |                          |                                    | - \$1,750.00                 |                     |                     | Class I- \$ 500.00   |              |
| 2. i                 | icens                  | e Per                    | iod:                               |                              |                     |                     |  |              |
|                      |                        |                          |                                    |                              |                     |                     | g December 31, or<br>g December 31,  |              |
| 3. 1                 | Гуре с                 | of Bus                   | siness Entit                       | y (check on                  | ie):                |                     |  |              |
|                      |                        |                          | Individua                          | 1                            | •                   | $\boxtimes$         | Corporation  |              |
|                      |                        |                          | Partnersh                          | ip                           |                     |                     | Other (specify)  |              |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: Mukesh c PATEL  |
|---|
| BIRTHDAY: 1/18/19 68  |
| HOME ADDRESS: 2406 King James AVE. ST. CHARLES, IL. 60174   |
| DRIVERS LICENSE# P340-5436-8018 HOME PHONE# 630-587-0773  |
| BUSINESS STATUS:  |
| PERCENTAGE OF STOCK HELD: 100%  |
| Name:   |
| BIRTHDAY:   |
| HOME ADDRESS:   |
| DRIVERS LICENSE# HOME PHONE#  |
| BUSINESS STATUS:  |
| PERCENTAGE OF STOCK HELD:  (If additional space is required, please attach a separate sheet of paper)   |
| 5. Is the applicant a citizen of the United States?   |
| If naturalized, state date and place of naturalization: CATCACO - 1986  |
| If an Illinois corporation, state date of corporation: DECEMBER 3, 2009   |
| If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois  Business Corporation Act. NA  |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Retail Rebail SALE of Wince Spirits                    |
| 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location                     |
| HAMPSITIRE, IL, 60140   |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any  |
| State government or any municipality. Yes   |
| If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. STAT'S OF Illinois June 2017 Ang 2017 of July |

| 9.  | Has the applicant ever had any previous liquor license revoked?   |
|-----|---|
|     | If answer is in the affirmative, state the date and reason for such revocation.   |
| 10. | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?  |
| 11. | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. DEC みの8、NSV みの9、SEPL みり   |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises.  Mukesh Parel   |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes May 2009, Sept 2011   |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 13. | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?   |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? $40-(5m) C_{1} M C_{2} M C_{3} M C_{4} $ |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? $N_0$  |
| 17. | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 18. | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? No  |

TUSCA-2



#### CERTIFICATE OF LIABILITY INSURANCE

OP ID: KV

DATE (MM/DD/YYYY) 11/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Kirke Machon 847-993-1300 ISU Insurance Services The Machon Agency 838 Busse Highway PHONE (A/C, No, Ext): 847-993-1300 FAX (A/C, No): 847-993-1600 ADDRESS: Park Ridge, IL 60068-2302 Machon & Machon, Inc. INSURER(S) AFFORDING COVERAGE NAIC # INSURER A . Ohio Security Ins Company 24171 INSURED Tuscan Sun Wine & Spirits INSURER B CJMS Inc. 107 W Oak Knoll Drive INSURER C Hampshire, IL 60170 INSURER D INSURER E INSURER F CERTIFICATE NUMBER: COVERAGES REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER TYPE OF INSURANCE LIMITS 1,000,000 Х COMMERCIAL GENERAL LIABILITY FACH OCCURRENCE DAMAGE TO RENTED REMISES (Ea occurrence) 1.000,000 CLAIMS-MADE X OCCUR 11/17/2017 11/17/2018 BZS57452300 15,000 MED EXP (Any one person) 15 1,000,000 PERSONAL & ADV INJURY 5 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POLICY JECT FOC PRODUCTS - COMPIOP AGG OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) 15 HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLALIAR OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) EL EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below EL DISEASE - POLICY LIMIT 11/17/2017 11/17/2018 Each occ Liquor Liability BZS57452300 1,000,000 1,000,000 aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION VILHAMP SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Village of Hampshire 234 S State Street PO Box 457 AUTHORIZED REPRESENTATIVE Hampshire, IL 60140-0457 Kube R Machon

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| tł                                       | is certificate does not confer rights t   | o the         |             |   |                  |  |  |   |              |                |            |
|--|---|---------------|-------------|---|------------------|--|--|---|--------------|----------------|------------|
|  | DUCER   |               | 847         | -993-1300                                     | CONTAC<br>NAME:  | CT Kirke Ma  | chon                                   |   |              |                |            |
| ISU Insurance Services The Machon Agency |   |               |             |   |                  | PHONE (A/C, No, Ext): 847-993-1300 FAX (A/C, No): 847-993-1600 |  |   |              |                | 3-1600     |
| 838                                      | Busse Highway   |               |             |   | E-MAIL<br>ADDRES | SS:  |  |   |              |                |            |
| Pari                                     | Ridge, IL 60068-2302<br>hon & Machon, Inc.  |               |             |   |                  | INS  | URER(S) AFFOR                          | DING COVERAGE                                     |              |                | NAIC #     |
| muc                                      |   |               |             |   | INSURE           | <sub>RA:</sub> Ohio Se   | curity Ins (                           | Company   |              |                |            |
| INSU                                     | RED Tuscan Sun Wine & Spirits   |               |             |   | INSURE           | RB:  |  |   |              |                |            |
|  | CJMS Inc<br>107 W Oak Knoll Drive   |               | INSURE      | RC:   |                  |  |  |   |              |                |            |
|  | Hampshire, IL 60170   |               |             |   | INSURE           | RD:  |  |   |              |                |            |
|  |   |               |             |   | INSURE           | RE:  |  |   |              |                |            |
|  |   |               |             |   | INSURE           | RF:  |  |   |              |                |            |
| co                                       | VERAGES CER   | TIFIC         | CATE        | NUMBER:                                       |                  |  |  | REVISION NUM                                      | IBER:        |                |            |
| IN<br>C                                  | HIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT | EMEI        | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF AN'<br>ED BY  | Y CONTRACT<br>THE POLICIES<br>REDUCED BY I                     | OR OTHER I<br>DESCRIBED<br>PAID CLAIMS | DOCUMENT WITH                                     | RESPEC       | T TO I         | WHICH THIS |
| INSR                                     | TYPE OF INSURANCE   | ADDL          | SUBR<br>WVD | POLICY NUMBER                                 |                  | POLICY EFF<br>(MM/DD/YYYY)                                     | POLICY EXP                             |   | LIMBTS       |                |            |
| A  | X COMMERCIAL GENERAL LIABILITY  |               |             |   |                  |  | بل <u>يا د د د پو د پوي</u> ېږي        | EACH OCCURRENC                                    | CE.          | \$             | 1,000,000  |
|  | CLAIMS-MADE X OCCUR   |               |             | BZS57452300                                   |                  | 11/17/2017   | 11/17/2018                             | DAMAGE TO RENTI<br>PREMISES (Ea occu              |              | \$             | 1,000,000  |
|  |   |               |             |   |                  |  |  | MED EXP (Any one                                  |              | \$             | 15,000     |
|  |   |               |             |   |                  |  |  | PERSONAL & ADV                                    |              | <u>.</u><br>\$ | 1,000,000  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER   |               |             |   |                  |  |  | GENERAL AGGREG                                    |              | \$             | 2,000,000  |
|  | POLICY PRO-   |               |             |   |                  |  |  | PRODUCTS - COMP                                   |              | \$             | 2,000,000  |
|  | OTHER:  |               |             |   |                  |  |  | 111020070 00111                                   | 70. 1100     | \$             |            |
|  | AUTOMOBILE LIABILITY  |               |             |   |                  |  |  | COMBINED SINGLE<br>(Ea accident)                  | LIMIT        | \$             |            |
|  | ANY AUTO  |               |             |   |                  |  |  | BODILY INJURY (Pe                                 | er person)   | \$             |            |
|  | OWNED SCHEDULED AUTOS ONLY  |               |             |   |                  |  |  | BODILY INJURY (Pe                                 | er accident) | \$             |            |
|  | HIRED NON-OWNED AUTOS ONLY  |               |             |   |                  |  |  | PROPERTY DAMAG<br>(Per accident)                  | SE SE        | \$             |            |
|  | AUTOS ONET  |               |             |   |                  |  |  |   |              | \$             |            |
|  | UMBRELLA LIAB OCCUR   |               |             |   |                  |  |  | EACH OCCURRENT                                    | CE           | \$             |            |
|  | EXCESS LIAB CLAIMS-MADE   | :             |             |   |                  |  |  | AGGREGATE   |              | \$             |            |
|  | DED RETENTION\$   | 1             |             |   |                  |  |  |   | _            | \$             |            |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |               |             |   |                  |  |  | PER<br>STATUTE                                    | OTH-<br>ER   |                |            |
|  |   | N/A           |             |   |                  |  |  | E.L. EACH ACCIDE                                  | NT           | \$             |            |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A           |             |   |                  |  |  | E.L. DISEASE - EA                                 | EMPLOYEE     | \$             |            |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |               |             |   |                  |  |  | E.L. DISEASE - POL                                | ICY LIMIT    | \$             |            |
| Α  | Liquor Liability  |               |             | BZS57452300                                   |                  | 11/17/2017   | 11/17/2018                             | Each occ  |              |                | 1,000,000  |
|  |   |               |             |   |                  |  |  | aggregate   |              |                | 1,000,000  |
| DES                                      | L<br>CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | ELES (        | ACORE       | U 101, Additional Remarks Schedu              | ile, may b       | e attached if mor  | e space is requir                      | ed)   |              |                |            |
| L  |   |               |             |   |                  |  |  |   |              |                |            |
| CE                                       | RTIFICATE HOLDER  |               |             | 3/0.134.845                                   | CAN              | CELLATION  |  |   |              |                |            |
|  | Village of Hampshire<br>234 S State Street<br>PO Box 457  |               |             | VILHAMP                                       | ACC              | EXPIRATION   | N DATE THI<br>TH THE POLIC             | ESCRIBED POLICE<br>EREOF, NOTICE<br>Y PROVISIONS. |              |                |            |
|  | Hampshire, IL 60140-0457  |               |             |   |                  | Whe R.   |  | 21  |              |                |            |

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.



# **CONTINUATION CERTIFICATE**

| To be a     |                          | part of surety bond number<br>DR STORE   | 32\$187320                     | the "Bond"), cro               | ss reference bor | nd number  |
|-------------|--------------------------|--|--------------------------------|--------------------------------|------------------|--|
| dated the   | 11th day of              |  | , in the penal sur             | m of\$                         | 1,500.00         | _ issued by  |
|             |                          | ES INSURANCE COMPANY<br>SCAN SUN WINE & SPIRITS :<br>gee").  |                                | • •                            | urety"), on beha |  |
|             | Danamhar 2017            | at this Bond is continued in full  |                                |                                | 31st             | day of   |
| Bond, and t | his and all continuation | I in force upon the express cors thereof, for any loss or series went, either individually or in the | of losses accurring            | during the entii               | e time the Suret |  |
| IN WIT      | NESS WHEREOF, the        | Surety has set its hand and se   | el this 4th                    | day of                         | October          | 2016   |
|             |                          | AM   | IERICAN STATES I               | NSURANCE CO                    | YAANN            |  |
|             |                          |  | (St                            | urety)                         |                  | The state of the s |
|             |                          | By:  | Timothy A. Assistant Secretary | Mikolajewski<br>Liberty Mulual | Surety           | 1929   |

DASCO INSURANCE AGENCY INC 628 ACADEMY DR NORTHBROOK, IL 60062-2421



3500 11-30.17 1810

234 S. State Street Hampshire, IL 60140

Phone: (847)683-2181 Fax: (847) 683-4915 APPLICATION FOR ALCOHOLIC LIQUOR

| DATE:://                            | ov. 28. 2017   |  |   |           |
|-------------------------------------|--|--|---|-----------|
| NAME OF BUS                         | SINESS: Speedwar   | 15436  | SALES TAX ID:   | 2873-4785 |
| NAME OF APE                         | PLICANT: Speedill  | ey I-LL  |   |           |
| ADDRESS OF E                        | BUSINESS: 110 Arra   | whead Drive,                                   | Hampshire, 1  | <u>'</u>  |
| BUSINESS PHO                        | ONE NO.: (841) 6   | 83-9372  |   |           |
| MAILING ADD                         | DRESS: P.C. BCX 1580   | - License Dipt.                                | Springheld, (   | OH 45501  |
| -                                   | or Control Commission<br>Hampshire, Illinois   |  | • /   |           |
| of Hampshire                        | ne provisions of Chapter III<br>, Illinois, as amended, and<br>the undersigned hereby m<br>lows:   | pursuant to Chapter 43                         | of the Illinois Revised   | •         |
| 1. License Cla                      | ass and Annual Fee (check  | one):  |   |           |
|                                     | Class A-1 - \$1,500.00 Class A-2 - \$1,250.00 Class B-1 - \$1,500.00 Class B-2 - \$1,500.00 Class C-1 - \$1,500.00 Class C-3 - \$1,500.00 Class C-3 - \$1,750.00 | Class   Class   Class   Class   Class          | C-4 - \$1,500.00<br>D - \$1,750.00<br>E - \$1,750.00<br>F - \$1,500.00<br>G - \$ 75.00<br>H- \$ 500.00<br>- \$ 500.00 |           |
| License Pe      Commenc     Commenc | eriod:<br>ling on January 1, <u>JUS</u><br>ling on   | and ending December 3<br>and ending December 3 |   | Str.      |
| 3. Type of Bu                       | usiness Entity (check one):  |  |   |           |
|                                     | Individual   | Corporation                                    | 1   |           |
|                                     | Partnership  | Other (spec                                    | cify) LLC   |           |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Na  | me: Corporate Officers: Please see attached List of Officers' +   |
|-----|---|
| BIF | me: Corporate Officers: Please see attached 'List of Officers' +  "Schedule of Currership'  |
| НС  | ME ADDRESS:   |
| DR  | IVERS LICENSE# HOME PHONE#  |
| BU  | SINESS STATUS:  |
|     | RCENTAGE OF STOCK HELD:   |
| Na  | me: General Manager: (LOCAL) Jacques Lafond  ATHDAY: 10/18/1973  ME ADDRESS: 1740 Umbdonstock Rd., Elgin, 12 60123  IVERS LICENSE# 15343873291 HOME PHONE#                  |
| BIF | THDAY: 10/18/1973   |
| HC  | ME ADDRESS: 1740 UMBOCNSTOCK Rd., 1-1911, 11 60123  |
| DR  | IVERS LICENSE# <u>L15343873397</u> HOME PHONE#  |
| ВU  | SINESS STATUS:  |
| PĒ  | RCENTAGE OF STOCK HELD: (If additional space is required, please attach a separate sheet of paper)  |
| 5.  | Is the applicant a citizen of the United States? $\frac{\sqrt{\ell S}}{}$ If naturalized, state date and place of naturalization:   |
|     | If an Illinois corporation, state date of corporation:  |
| 6.  | State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. To own and operate a convenience store will gas station |
| 7.  | State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location//o Arrow Description |
|     |   |

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. Specifical Licensing unit of government, when and where said of license was issued OH, KY, TN, IL, MI, MV, WI, IN, AL, FL, GA, MA, NH, NY, NC, VA, S

| 9.  | Has the applicant ever had any previous liquor license revoked? <u>Ves</u>  |
|-----|---|
|     | If answer is in the affirmative, state the date and reason for such revocation.   |
|     | AHACHMENT 1 + AHACKMENT 2   |
| 10  | . Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? $\frac{\sqrt{\ell S}}{\sqrt{\ell S}}$  |
| 11  | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.  Chricers Middifful Control of State with Officers and will not be considered until question #11 can be answered in the |
|     | affirmative.  |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises  |
|     | thereof. No- he will make arrangements 1214 12/8  |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 13. | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?   |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?  |
|     | If the answer is in the affirmative, attach a copy of said lease to the application.  |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
|     | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 18. | is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? $\frac{1}{2}$   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted   |

| -  | t during the license period, any violation of Federal, eferred to the Local Liquor Control Commission and on or revocation of said license? $\frac{\sqrt{eS}}{\sqrt{eS}}$   |
|--|---|
| and/or Hampshire Police Department shall ha<br>premises licensed hereunder to determine wh           | t members of the Local Liquor Control Commission ove the authority to enter at any time upon the hether any State or Village laws and ordinances time to examine the premises of said licensee in   |
|  | t a license shall be purely a personal privilege, and abject to attachment, garnishment or execution, tarily or involuntarily, or subject to being  |
| additional entertainment is planned during the   | ject to review by the Local Liquor Control  t, please list and briefly describe, any and all hment during the period of this license. (If any le period of this license, such entertainment must the Hampshire Liquor Commission prior to being |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES  | INDIVIDUAL OR PARTNERSHIP SIGNATURES  |
| Pres. Anthony R. Kenney, President Nor Speedway U.C. Sec. David E. Ball, Secretary for Speedway U.C. |   |
| STATE OF <u>Ohio</u> ) ss<br>County of <u>Clark</u> )  |   |
| The undersigned swears that all statements are t   | true and correct.   |
| •  | Dand E. Ball  |
| CORPORATE SEAL  Subscribed and sworn to before me this   | David E. Ball, Secretary for Speedway IIC  KATHERINE S. BORGWALD  NOTARY PUBLIC • STATE OF OHIO  My commission expires 3/16/19  |
| 28th day of Navember, 2017<br>Yalk   | unaf Bargerald Notary Public  |
|  | · ·   |



# CERTIFICATE OF LIABILITY INSURANCE Page 1 of 1

DATE (MM/DD/YYYY) 03/06/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement

|                                | this certificate does not confer  |                |                  |                                     | CONTACT  |                      | . ,   |           |
|--------------------------------|---|----------------|------------------|-------------------------------------|--|----------------------|---|-----------|
| PRODUCER Willis of Texas, Inc. |   |                | NAME:            |                                     | Trav   |                      |   |           |
|                                | c/o 26 Century Blvd.  |                |                  |                                     | PHÓNE (A/C, NO, EXT): 877-945-7378 (A/C, NO): 888-467-2378 |                      |   |           |
|                                | P.O. Box 305191<br>Nashville, TN 37230-5  | 107            |                  |                                     | E-MAIL<br>ADDRESS: CE                                      | ertificate           | s@willis.com  | _         |
|                                | Nashville, in 3/230-3   | 131            |                  |                                     | INS  | URER(S)AFFORDIN      | IG COVERAGE   | NAIC#     |
|                                |   |                |                  |                                     | INSURER A: Natio   | onal Union F         | ire Insurance Company of  | 19445-902 |
| INSURE                         | Speedway LLC  |                |                  |                                     | INSURER B:   |                      |   |           |
|                                | 500 Speedway Dr.  |                |                  |                                     | INSURER C:   |                      |   |           |
|                                | Enon, OH 45323-1056   |                |                  | •                                   | INSURER D:   |                      | -   |           |
|                                |   |                |                  |                                     | INSURER E:   |                      |   |           |
|                                | T.  |                |                  |                                     | INSURER F:   |                      |   |           |
| COVE                           | RAGES CERT  | TIFIC A        | ATE NU           | JMBER: 25270986                     | ,  |                      | REVISION NUMBER:  |           |
| CER                            | S IS TO CERTIFY THAT THE POLICIES<br>CATED. NOTWITHSTANDING ANY RE<br>TIFICATE MAY BE ISSUED OR MAY<br>LUSIONS AND CONDITIONS OF SUCH | QUIRE<br>PERTA | MENT,<br>UN, THE | TERM OR CONDITION EINSURANCE AFFORD | OF ANY CONTRAC<br>ED BY THE POLICE                         | T OR OTHER D         | OCUMENT WITH RESPECT TO W   | RICH THIS |
| ISR                            |   | ADDL<br>INSO   |                  | POLICY NUMBER                       | POLICY EFF   | POLICY EXP           | LIMITE  |           |
| YF                             |   | INSO           |                  |                                     | (MM/DD/YYYY)   | (MM/DD/YYYY)         | LIMITS  | 000 000   |
| A _3                           | COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR  |                | G                | GLCM 5442484                        | 4/1/2017   | 4/1/2018             | PAMAGE TO RENTED PREMISES (Ea occurence) \$                                 | ,000,000  |
|                                |   | 1 1            |                  |                                     | 1 1  |                      | MED EXP (Any one person) \$   |           |
|                                |   |                |                  |                                     |  |                      | PERSONAL & ADV INJURY \$  |           |
| G                              | EN'L AGGREGATE LIMIT APPLIES PER:   |                |                  |                                     |  |                      | GENERAL AGGREGATE \$ 1  | ,000,000  |
| X                              | POLICY PRO-   |                | - 1              |                                     |  |                      | PRODUCTS - COMP/OP AGG  \$  |           |
|                                | OTHER:  |                |                  |                                     |  |                      | \$  |           |
| Α                              | UTOMOBILE LIABILITY   |                |                  |                                     |  |                      | COMBINED SINGLE LIMIT (Ea accident) \$                                      |           |
| E                              | ANY AUTO  |                |                  |                                     |  |                      | BODILY INJURY(Per person) \$  |           |
|                                | OWNED SCHEDULED AUTOS ONLY AUTOS  |                |                  |                                     |  |                      | BIODILY INJURY(Per accident) \$   |           |
|                                | HIRED NON-OWNED AUTOS ONLY  | 1              |                  |                                     |  |                      | PHOPERTY DAMAGE (Per accident)  |           |
|                                | AUTOS CALL  |                |                  |                                     | 24 I   | 1                    | \$  |           |
|                                | UMBRELLA LIAB OCCUR   |                |                  |                                     |  |                      | EACH OCCURRENCE \$  |           |
| 12                             | EXCESS LIAB CLAIMS-MADE   | . 1            |                  |                                     |  |                      | AGGREGATE \$  |           |
|                                | DED RETENTIONS  |                |                  |                                     |  |                      | ıs  |           |
|                                | ORKERS COMPENSATION   |                |                  |                                     | 1  |                      | PER OTH-  |           |
|                                | NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE   | Live I         | - 1              |                                     | 1  |                      | EL FACHACCIDENT \$  |           |
| 0                              | FFICER/MEMBER EXCLUDED?   | N/A            |                  |                                     |  |                      | EL DISEASE - EA EMPLOYEE \$   |           |
| [[                             | yes, describe under<br>ESCRIPTION OF OPERATIONS below   |                |                  |                                     |  |                      | E.L. DISEASE - POLICY LIMIT 5   |           |
| 1                              | ECONA TION OF ELECTRON BEION  |                |                  |                                     |  |                      | E.C. DISCASE TO CEIOT CHAIT   |           |
|                                |   |                |                  |                                     |  |                      |   |           |
| -                              |   |                |                  |                                     |  |                      |   |           |
| ESC PI                         | PTION OF OPERATIONS / LOCATIONS / VEHICE  | ES/AC          | 080 101          | Additional Remarks Cahadal          | may be attached if   | re enace is required |   |           |
| erti                           | lficate covers dram shop<br>shire, IL 60140.  |                |                  |                                     |  |                      |   |           |
|                                |   |                |                  |                                     |  |                      |   |           |
| ERT                            | IFICATE HOLDER  |                |                  |                                     | CANCELLATIO  | <br>)N               |   |           |
|                                |   |                |                  |                                     | SHOULD ANY OF  | THE ABOVE DE         | ESCRIBED POLICIES BE CANCELL<br>REOF, NOTICE WILL BE DELI<br>CY PROVISIONS. |           |
|                                |   |                |                  |                                     | AUTHORIZED REPRE   | SENTATIVE            |   |           |
|                                | Village of Hampshire  |                |                  |                                     |  |                      |   |           |
|                                | 234 S. State Street<br>Hampshire, IL 60140  |                |                  |                                     | تماعه و و و و  | 2                    |   |           |
|                                | -   |                |                  |                                     | 1 1 1 1 1 1 1 1 1 1 1                                      |                      |   |           |



# CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

| In consideration of dollars renewal premium, the term of Bond/Policy No. 104087486-291 in the                              |  |  |  |  |  |
|--|--|--|--|--|--|
| amount of \$1,500 , issued on behalf of Speedway LLC (Unit #5036),   |  |  |  |  |  |
| whose address is 500 Speedway Drive, Enon, OH 45323 ,  |  |  |  |  |  |
| in favor of Village of Hampshire, IL ,   |  |  |  |  |  |
| whose address is 234 S. State Street, Hampshire, IL 60140 ,  |  |  |  |  |  |
| in connection with Travelers Casualty and Surety Company of America is hereby extended to December 31, 2018,               |  |  |  |  |  |
| subject to all covenants and conditions of said bond/policy.   |  |  |  |  |  |
|  |  |  |  |  |  |
| This certificate is designed to extend only the term of the bond/policy. It does not increase the amount which may be      |  |  |  |  |  |
| payable thereunder. The aggregate liability of the Company under the said bond/policy together with this certificate shall |  |  |  |  |  |
| be exactly the same as, and no greater than it would have been, if the said bond/policy had originally been written to     |  |  |  |  |  |
| expire on the date to which it is now being extended.  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signed, sealed and datedNovember 13, 2017  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| By: 71 11  |  |  |  |  |  |
| Michael D. Ray, Jr. Attorney-in-Fact   |  |  |  |  |  |

License No.

#### WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Endelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Second Vice President, any Vi

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Vice President, any Serior Vice President Vice President Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys in Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have increunto set my hand and affixed the seals of said Companies this 13th day of November . 2017.

Har E. Hugher. Kevin E. Hughes, Assistant Secretary



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.



2500 25318

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

# APPLICATION FOR ALCOHOLIC LIQUOR

| DATE:   |  |  |  |
|---|--|--|--|
| NAME OF BUSINESS: Hampshire Park District SALES TAXID:  |  |  |  |
| NAME OF APPLICANT: Stephanie Barone   |  |  |  |
| ADDRESS OF BUSINESS: 390 South Ave., Hampshire  |  |  |  |
| BUSINESS PHONE NO.: 847 - 663 - 2690  |  |  |  |
| MAILING ADDRESS: P.O. Box 953, Hampshire, IL 60140  |  |  |  |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois  |  |  |  |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows: |  |  |  |
| 1. License Class and Annual Fee (check one):  |  |  |  |
| Class A-1 - \$1,500.00 Class C-4 - \$1,500.00   |  |  |  |
| Class A-2 - \$1,250.00 Class D - \$1,750.00   |  |  |  |
| Class B-1 - \$1,500.00 Class E - \$1,750.00   |  |  |  |
| Class B-2 - \$1,500.00 Class F - \$1,500.00   |  |  |  |
| Class C-1 - \$1,500.00  |  |  |  |
| Class C-2 - \$1,500.00 Class H- \$ 500.00   |  |  |  |
| Class C-3 - \$1,750.00  |  |  |  |
| 2. License Period:  |  |  |  |
| Commencing on January 1, 2016 and ending December 31, 2016 or Commencing on and ending December 31,   |  |  |  |
| 3. Type of Business Entity (check one):   |  |  |  |
| Individual Corporation  |  |  |  |
| Partnership Other (specify) government  |  |  |  |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: Stephanie A. Barone  |   |  |
|--|---|--|
| Name: Stephanic A. Barone BIRTHDAY: 04/01/1984   |   |  |
| HOME ADDRESS: 2140 Orchard Ln., Ca   | impentersuille, IL 60110  |  |
| DRIVERS LICENSE# 8650 - 7818 - 4694  | HOME PHONE# 815-167-167-  |  |
| BUSINESS STATUS: N/A   |   |  |
| PERCENTAGE OF STOCK HELD: NA   |   |  |
| Name:  |   |  |
| BIRTHDAY:  |   |  |
| HOME ADDRESS:  |   |  |
| DRIVERS LICENSE#   |   |  |
| BUSINESS STATUS:   |   |  |
| PERCENTAGE OF STOCK HELD:(If additional space is required, please atta   |   |  |
| 5. Is the applicant a citizen of the United States? If naturalized, state date and place of naturalization   |   |  |
| If an Illinois corporation, state date of corporation: _ If a foreign corporation, state date qualified to trans Business Corporation Act          | eact business in Illinois pursuant to the Illinois  |  |
| . State the character of the applicant's business, and in case of a corporation, the objects for which it was formed                               |   |  |
| 7. State the location and physical description of the pr<br>license and the nature of the business at such locat<br>Hampshird, IL WOIHO (park even | remises which is to be operated under such ion. 400 E. Jefferson Avenue, to at Scyller park + Recreation building |  |
| 8. State whether the applicant has ever had a liquor lice  | ense issued by the Federal government, any  |  |
| State government or any municipality.  |   |  |
| If answer is in the affirmative, state the name of the where said of license was issued.   | licensing unit of government, when and quor commission  |  |

| €.  | Has the applicant ever had any previous liquor license revoked? 100  If answer is in the affirmative, state the date and reason for such revocation.  |
|-----|---|
| ١٥. | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?                                  |
| 1.  | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date  |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 2.  | State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Stephanic A. Banke  |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. $N \not\models$   |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 3.  | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  Surety Bond attached, Oct Insurance to this application or already furnished it to the Village?  |
|     | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?  |
|     | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 6.  | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
|     | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 8.  | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 9.  | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? |

| 20. Does the applicant understand and agree that or State or Village laws and ordinances will be refethat such violation may result in the suspension  | erred to the Local Liquor Control Commission and   |
|--|--|
| 21. Does the applicant understand and agree that is and/or Hampshire Police Department shall have premises licensed hereunder to determine who have been or are being violated, and at such tire connection therewith? | re the authority to enter at any time upon the ether any State or Village laws and ordinances  |
| 22. Does the applicant understand and agree that a shall not constitute property, nor shall it be sub nor shall it be alienable or transferable, volunta encumbered or hypothecated?                                   | oject to attachment, garnishment or execution,   |
| · · · · · · · · · · · · · · · · · · ·  | please list and briefly describe, any and all ment during the period of this license. (If any period of this license being the Hampshire Liquor Commission prior to being  |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES  | INDIVIDUAL OR PARTNERSHIP SIGNATURES   |
| Pres<br>Sec  |  |
| STATE OF <u>Illinois</u> )  County of <u>Kane</u> )  |  |
| The undersigned swears that all statements are tr  |  |
| CORPORATE SEAL Subscribed and sworn to before me this  | PATRICIA L PRILL MOTARY PUBLIC STATE OF ALMOSS January 09, 2021  |
| 13 day of Monasher, 2017   | - Original & Original  |
|  | WILLIAM TO THE STATE OF THE STA |

Notary Public



#### LICENSE AND PERMIT BOND

#### **Know All Men By These Presents:**

| mi   |   | 0.1 *****  |
|--|---|--|
|  | ampshire Park District  | , of the Village   |
|  |   | , as Principal, and the PARK DISTRICT  |
|  |   | organized under the statutes of the State of   |
|  |   | ent pool, are held and firmly bound unto the   |
| Village of Hampshire,  |   | , Obligee, in the penal sum of   |
|  | -   | DOLLARS (\$1,500.00) lawful money of the   |
|  | <b>Q</b> ,  | ch payment well and truly to be made, we bind  |
| ourselves and our legal  | representatives, jointly and so   | everally by these presents.  |
| THE COMPITION OF T   | FUE ABOVE OBLIGATION I  | 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|  |   | S SUCH, that whereas, the said Principal has   |
| been licensed  | for Liquor License  | by the said Obligee.   |
| NAME THE PROPERTY  | a (176) - 1 1 1 10 10 10 10   |  |
|  | _   | ally perform the duties and in all things comply   |
|  |   | ments thereto, appertaining to the license or  |
|  |   | herwise to remain in full force and effect until   |
| January 30, 2019 unle  | ess renewed by Continuation (   | Certificate.   |
| mail, to the clerk of the<br>addressed to them at the<br>days from the mailing | e Political Subdivision with verbolitical Subdivision named of said notice, this bond sha | ty upon sending notice in writing; by certified whom this bond is filed and to the Principal, herein, and at the expiration of thirty-five (35) all ipso facto terminate and the surety shall romissions of the Principal subsequent to said |
| Dated this 14th day of ?   | November, 2017.   |  |
|  |   | Hampshire Park District  |
|  | A A A A A A A A A A A A A A A A A A A   | Principal  PARK DISTRICT RISK MANAGEMENT AGENCY  |
|  |   |  |

#### **BASSET Card**

STEPHANIE BARONE 390 SOUTH AVE.

HAMPSHIRE IL 60140



May 22, 2017

T DER HÁN ERF NÍN ER HAF ENRE HAND TOLK HAND TOLK HAND FRANK FRANK FRANK FRANK FRANK FRANK FRANK FRANK FRANK F

Letter ID: L1058973072

License No.:

5A-0110606

Expiration Date: License Type:

5/9/2020 Basset Card

Your "Student ID number" is: 11000380

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

# DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

#### IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at <u>ILCC.illinois.gov</u> (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

#### ILLINOIS LIQUOR CONTROL COMMISSION

100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 5/9/2017 Expires: 5/9/2020
Trainer's IL Liquor License Number: 5A-0110606

STEPHANIE BARONE.
390 SOUTH AVE.
HAMPSHIRE IL 60140

\*\*Card is not transferrable\*\*

### CERTIFICATE OF COVERAGE

#### Name and Address of Agency

Park District Risk Management Agency 2033 Burlington Avenue Lisle, Illinois 60532-1646 630-769-0332

#### Name and Address of Member

Hampshire Township Park District P.O. Box 953 Hampshire, IL 60140

#### SCOPE OF COVERAGE

The Park District Risk Management Agency (PDRMA) is an intergovernmental self-insurance and risk management pool established under the constitution and the statutes of the State of Illinois to provide coverage for its members against certain claims and losses. Each member of PDRMA is entitled to the scope and amounts of coverage set forth below. In addition, PDRMA may extend the same scope of coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, and amendments that are applicable to the members.

The above named entity is a member in good standing of the Park District Risk Management Agency. The scope of coverage provided by the agency may, however, be revised at any time by the actions of PDRMA's governing body. As of the date this certificate is issued, the information set out below accurately reflects the scope of coverage established for the current coverage year.

| Scope of Coverage  | Coverage Document | Coverage Dates          | Limits Each Occurrence                        | In millions (000,000) |
|--|-------------------|-------------------------|---|-----------------------|
| General Liability  * Commercial general liability                              | L010118           | 01/01/2018 - 12/31/2018 | Bodily Injury and Property  Damage combined   | \$1,000,000           |
| * Occurrence   |                   |                         |   |                       |
| * Liquor liability   |                   |                         | Personal Injury                               | \$1,000,000           |
| Automobile Liability * any auto  | L010118           | 01/01/2018 - 12/31/2018 | Bodily Injury and Property<br>Damage combined | \$1,000,000           |
| Workers' Compensation  | WC010118          | 01/01/2018 - 12/31/2018 |   | Statutory             |
| Employer's Liability   | WC010118          | 01/01/2018 - 12/31/2018 |   | \$3,000,000           |
| Property   | P0700118          | 01/01/2018 - 12/31/2018 |   |                       |
| Other<br>Liquor liability coverage<br>included in General<br>Liability policy. |                   | 01/01/2018 - 12/31/2018 |   |                       |

#### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Village of Hampshire is/are additionally insured for Hampshire Park District's liquor service at 400 E. Jefferson Avenue in Hampshire, Illinois.

Coverage is for general liability with respect to the operations of the Hampshire Township Park District. Additional insured coverage shall not apply to any liability resulting from the certificate holder's own negligence or the negligence of its servants agents or employees.

Cancellation: Should any of the above described coverages be cancelled before the expiration date thereof, PDRMA will endeavor to mail 30 days written notice to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon PDRMA, its members, agents or representatives.

| Certificate Holder  | Date Issued: 12/1/2017    |
|---|---------------------------|
| Village of Hampshire<br>234 South State Street<br>Hampshire, IL 60140 | Brett Sain                |
|   | Authorized Representative |

### CERTIFICATE OF COVERAGE

#### Name and Address of Agency

Park District Risk Management Agency 2033 Burlington Avenue Lisle, Illinois 60532-1646 630-769-0332

#### Name and Address of Member

Hampshire Township Park District P.O. Box 953 Hampshire, JL 60140

#### SCOPE OF COVERAGE

The Park District Risk Management Agency (PDRMA) is an intergovernmental self-insurance and risk management pool established under the constitution and the statutes of the State of Illinois to provide coverage for its members against certain claims and losses. Each member of PDRMA is entitled to the scope and amounts of coverage set forth below. In addition, PDRMA may extend the same scope of coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, and amendments that are applicable to the members.

The above named entity is a member in good standing of the Park District Risk Management Agency. The scope of coverage provided by the agency may, however, be revised at any time by the actions of PDRMA's governing body. As of the date this certificate is issued, the information set out below accurately reflects the scope of coverage established for the current coverage year.

| Scope of Coverage                                    | Coverage Document | Coverage Dates          | Limits Each Occurrence     | In millions (000,000) |  |
|--|-------------------|-------------------------|----------------------------|-----------------------|--|
| General Liability                                    | L010118           | 01/01/2018 - 12/31/2018 | Bodily Injury and Property | \$1,000,000           |  |
| <ul> <li>Commercial general<br/>liability</li> </ul> |                   |                         | Damage combined            | \$1,000,000           |  |
| * Occurrence   |                   |                         |                            |                       |  |
| * Liquor liability                                   |                   |                         | Personal Injury            | \$1,000,000           |  |
| Automobile Liability                                 | L010118           | 01/01/2018 - 12/31/2018 | Bodily Injury and Property | \$1,000,000           |  |
| * any auto   |                   |                         | Damage combined            |                       |  |
| Workers' Compensation                                | WC010118          | 01/01/2018 - 12/31/2018 |                            | Statutory             |  |
| Employer's Liability                                 | WC010118          | 01/01/2018 - 12/31/2018 |                            | \$3,000,000           |  |
| Property   | P0700118          | 01/01/2018 - 12/31/2018 |                            |                       |  |
|  |                   |                         |                            |                       |  |
| Other  |                   | 01/01/2018 - 12/31/2018 |                            |                       |  |
|  |                   |                         |                            |                       |  |

#### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Village of Hampshire is/are additionally insured for Hampshire Park District's use of roads for the Coon Creek Classic Race.

Coverage is for general liability with respect to the operations of the Hampshire Township Park District. Additional insured coverage shall not apply to any liability resulting from the certificate holder's own negligence or the negligence of its servants agents or employees.

Certificate Holder

Village of Hampshire 234 S. State Street Hampshire, IL 60140 Date Issued: 12/1/2017

Authorized Representative



Phone: (847)683-2181
Fax: (847) 683-4915
www.hampshireil.org

#### 234 S. State Street Hampshire, IL 60140

#### APPLICATION FOR ALCOHOLIC LIQUOR

| DATE: (2-41-17  |
|---|
| NAME OF BUSINESS: Rose Garden Restarant SALES TAXID: 3433-5218  |
| NAME OF APPLICANT: Tony Flzici  |
| ADDRESS OF BUSINESS: 199. 5. State St   |
| BUSINESS PHONE NO.: 847 683- 7336   |
| MAILING ADDRESS: P.U. BOX 906 Humpshike IL WIYO   |
| TO: Local Liquor Control Commission Village of Hampshire, Illinois  |
| Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:   |
| 1. License Class and Annual Fee (check one):  |
| Class A-1 - \$1,500.00       Class C-4 - \$1,500.00         Class A-2 - \$1,250.00       Class D - \$1,750.00         Class B-1 - \$1,500.00       Class E - \$1,750.00         Class B-2 - \$1,500.00       Class F - \$1,500.00         Class C-1 - \$1,500.00       Class G - \$ 75.00         Class C-2 - \$1,500.00       Class H- \$ 500.00         Class C-3 - \$1,750.00       Class I- \$ 500.00 |
| 2. License Period:  |
| Commencing on January 1, 2018 and ending December 31, 2018 or Commencing on and ending December 31, or 3. Type of Business Entity (check one):  |
| Individual Corporation  |
| Partnership Other (specify)   |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: Tony Azizi   |
|--|
| BIRTHDAY: 8-31-1977  |
| HOME ADDRESS: 716 Vine St Hampshire IL 60140  DRIVERS LICENSE# A 220- HOME PHONE# 847 951-3783   |
| DRIVERS LICENSE# 1+220- HOME PHONE# 847 951-3783   |
| BUSINESS STATUS:   |
| PERCENTAGE OF STOCK HELD: 50%  |
| Name: SAM AZIZI  |
| BIRTHDAY: 5 - 14 - 1954  |
| HOME ADDRESS: 714 Line St Humpilini FL 66140   |
| BIRTHDAY: 5-14-1954  HOME ADDRESS: 714 Line St Humps his FL 60140  DRIVERS LICENSE# A 270 - 7805 4138 HOME PHONE# 847 951-3788           |
| PHENESS STATUS: UDEN   |
| PERCENTAGE OF STOCK HELD:  |
|  |
| 5. Is the applicant a citizen of the United States?  |
| If naturalized, state date and place of naturalization:  |
| If an Illinois corporation, state date of corporation:   |
| If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois                                 |
| Business Corporation Act   |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for  |
| which it was formed. Sit closer restaurant   |
| 7. State the location and physical description of the premises which is to be operated under such  |
| license and the nature of the business at such location. 199. 5. 5 Fake 54   |
| MUMPINE TO COLL  |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any                                       |
| State government or any municipality\\P\f\ If answer is in the affirmative, state the name of the licensing unit of government, when and |
| where said of license was issued. Tate of Fline, + Hampshire   |

| 9   | Has the applicant ever had any previous liquor license revoked? $\mathcal{N}\mathcal{O}$  |
|-----|---|
| ٠.  | If answer is in the affirmative, state the date and reason for such revocation.   |
| 10. | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? $\sqrt{e}$                       |
| 11. | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.   |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises  |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof  |
|     | Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.   |
| 13. | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  Already Fuinified  |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?  |
|     | If the answer is in the affirmative, attach a copy of said lease to the application.  |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
|     | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 18. | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? |

| 0. Does the applicant understand and agree that during the license period, any violation of Feder State or Village laws and ordinances will be referred to the Local Liquor Control Commission at that such violation may result in the suspension or revocation of said license?  |   |  |  |  |
|--|---|--|--|--|
| 1. Does the applicant understand and agree that members of the Local Liquor Control Commissi and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? |   |  |  |  |
| shall not constitute property, nor sha   | gree that a license shall be purely a personal privilege, and II it be subject to attachment, garnishment or execution, le, voluntarily or involuntarily, or subject to being ${2}$   |  |  |  |
| acceptability of all entertainment sha<br>Commission?On the attached addendum for Enter<br>entertainment to be provided in your<br>additional entertainment is planned of<br>be listed and described for, and appro-   | class B-1 and B-2): Does the applicant understand that the all be subject to review by the Local Liquor Control tainment, please list and briefly describe, any and all restablishment during the period of this license. (If any during the period of this license, such entertainment must oved by, the Hampshire Liquor Commission prior to being entertainment forms are available at the Office of the |  |  |  |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES  Pres.   | INDIVIDUAL OR PARTNERSHIP SIGNATURES  |  |  |  |
| STATE OF   | is  |  |  |  |
| CORPORATE SEAL   | <del></del>   |  |  |  |
| Subscribed and sworn to before me this day of,   |   |  |  |  |
|  | Notary Public   |  |  |  |



SECTION SUPERY CONTACT . ONE OF AMERICA'S DEDIES BORDING, EURPANIES &

#### **CONTINUATION CERTIFICATE**

| Western Surety Company hereby continues in for          | ce Bond No         | 61892709             | briefly  |
|---|--------------------|----------------------|--|
| described as LIQUOR VILLAGE OF HAMPSHIRE                |                    |                      |  |
|   |                    |                      | ······································           |
| for SA-TA INCORPORATED DBA: THE ROSE GARDEN             | FAMILY RESTA       | URANT                |  |
|   |                    |                      | , as Principal,                                  |
| in the sum of \$ ONE THOUSAND FIVE HUNDRED AND          | NO/100             | Dollars, for the     | he term beginning                                |
|   | Decem              | ber 19 , 2018        | , subject to all                                 |
| the covenants and conditions of the original bond refer | rred to above.     |                      |  |
| This continuation is issued upon the express con        | ndition that the   | liability of Western | Surety Company                                   |
| under said Bond and this and all continuations thereo   | f shall not be cur | mulative and shall   | in no event exceed                               |
| the total sum above written.                            |                    |                      |  |
| Dated this 16 day of November,                          | 2017               |                      |  |
|   | WESTERI<br>By      | SURETY Paul T. Bru   | COMPANY  And |

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

CONTRACTOR STATES CONTRACT - ONE OF AMERICAN CONTRACT HOROTHS COMPANIES

Form 90-A-8-2012



#### CERTIFICATE OF LIABILITY INSURANCE

CALL WITH DIRALLAS

11/0/2017 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE CHRISTICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERUS), AUTHORISED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. BIFORTANT: If the certificate holder is an ADDITIONAL BUBLISHED, the policythal result have ADDITIONAL MISURED previous or be endurant. If BUERGBARON IS WAYED, underst in the terms and conditions of the policy, certain policies may require an endorsement. A statement on this cortificate does not confer rights to the certificate holder in New of such andorsement(s). Webs Insurance Agency Inc. 31W680 Army Trail Road Wayne, IL 60154 Wallet. Rives Lewendowald Me Her 630-262-5942 630-587-8408 mon.quorgalw@blawbnawen STEEMERS APPRIXING COVERAGE HAIGE www.walsalns.com 23643 MACHER A: Liberty Michael Institution Company SA-TA Incorporated
The Rose Garden Family Restaurant
199 S. State St
PO Box 906 MEURERAL RELIBERGE GOLDENS : DOMEST L Hampshire IL 60140 estations # : COVILLAGES CERTIFICATE NUMBER: 38770906 REVIALOR NUMBER: THE ETD CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHIETANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIAM, THE HISURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLASSES. POLET STE SOCIETY SEE TYPE OF RESUMANCE POSSY 6540000 BACK 1455531566 LIMITE 7/28/2017 7/26/2016 ATRICOCU A \$1,000,000 CLAMB WADE / OCCUR \$300,000 Man Start St \$15,000 LEUTICIERT & WASHINGA \$1,000,000 GENT. AGGREGATE LINET APPLIES PEX: CONSTANT ACCRECATE 12,000,000 V source Line MODUCTE - COSHVOF AGG 12,000,000 OTHER The state of the s AUTONORILELINERITY . OTUA YAL PRODUCY REALIST DAY DESIGNATION . CHEDIA ED CHANES ONLY HISESS ONLY AUTOS ONLY BODILY BLEJRY PHI . PER AND PERSONS TOS ONLY \* UNITED LIA LIAM **GCOOLIN** BAON OCCUR STORES LIES ACCREGATE BETENTIONS 7/25/2017 PORKERS COMPONIATION AND EMPLOYERS LAMEAUTY AND ROPING TOWNS THEORY WCE468058 7/25/2018 / Whome | Pin Sem Attel Vice-Pres-Excl Control of the Contro EL EACH ACCIDENT 8500,000 Y Tony Asizi Fres. -Excl EL RIBEAUX- GA ENPLOYED #500,000 EL DIBEASE - POLICY LINET | \$500,000 BK31456531595 Limit: \$1,000,000 7/28/2017 7/20/2018 DEED ONLY THE STREET WAS A TOTAL OF THE STREET OF THE STRE Proof of Insurance CANCELLATION CERTIFICATE HOLDER Village of Harmpshire 23-1 8 State 9t Flampshire IL 60140

ACORG 25 (2) H6/05)

ENOULD ANY OF THE ABOVE DESCRIBED POLICIES WE CANCELLED BEFORE
THE EXPRANCES EATE THEREOF, NOTICE WILL BE IDELEVENDO BE
ACCOMMANDED THE POLICY PROVISIONS.

AUTHORIZEG BOFR REEN CATIVE

John Wales

62 1868-2016 ACORD CORPORATION, All fights reserved.

The ACCIRD name and togo are registered marks of ACIGRO 16779 506 | 17-16 Museer 1761a | Fore Considerati | 15/8/2011 1-45-68 M (2011 | 1465 | 65 1

Jun. 1/ 2004 02.00rm

FAX NO. : 18476837793

FROM : TONY\_A

#### Lease and Sale of Personal Property

This agreement (Agreement or lease) made and entered into\_1st day of April\_, 2003 by between Dan Ramadani whose address is 199 south state st. P.O. box 271 Hampshire, Illinois, hereinafter referred to as "Landlord" and Jeton Azizi of 1216 Ridgway, Elgin, Illinois, 60123, as the tenant...

- 1. Description of Premises. Landlord leases to tenant and tenant leases from landlord the premises located at 199 south state st. Hampshire, Illinois, 60140. (First floor only). Landlord sells to tenant-and tenant purchases from landlord-all the equipment, furniture, fixtures, and appliances therein(collectively, personal property). The terms of the sale of the personal property sale shall be listed on page 6. The list-of-personal properties is on the attached-exhibit-A.
- 2.Term. The term of the lease is 5 years, with possession and rent to commence April 1st 2003 and to end March3 1st 2008. Rent is do on the 1st of each month. At the mutual agreement of both the landlord and tenant, this lease shall have the option of renewal of three(3) additional five(5) year terms with rental increases as shown on the attached lease payment schedule(exhibit B). Written notice by the tenant must be presented to the Landlord not less than ninety(90) days prior to the expiration of each lease term.
- 3. Quiet Enjoyment Landlord covenants, warrants and represents that upon the commencement of the lease term. Landlord has full right and power to execute and perform this lease, and to grant estate demises herein; and that tenant, upon payment of the rent herein reserved performance of the covenants and easements, covenants, and privileges belonging or in anyway appertaining thereof, during the term of this lease.
- 4. Rent The base initial monthly rent (base rent) for said premises shall be Two Thousand Five Hundred dollars (2500) and shall be subject to automatic adjustments as provided herein and In exhibit B. Rent is do on the 1st of each month.
- 5. Use of Premises. The premises shall be used for the restaurant business and in no event for any purpose will endanger the property, or surrounding properties, including environmentally sensitive uses, i.e. contaminants, storage sale use etc.

with a written consent of landlord which consent shall not be unreasonably withheld, provided that the remaining balance due to landlord for personal property is paid in full. The new tenant wil be responsible for half of property taxes and half of building insurance before such assignment or sublease.

16.Entire Agreement. This less contains all the agreements between the parties hereto and may not be modified in any manner other than by agreement in writing singed by all the parties hereto or there successors in interest. The lease may not be changed or terminated orally. The terms and conditions contained herein shall inure to the benefit and be binding upon landlord and tenant and there respective successors and assigns, except as may be otherwise expressly provided in the lease. In WITNESS, the parties have executed and delivered this lease as of the date first written above.

April-1-03

Landlord:

Dan Ramadani

Date

Tenant:

Teton Azizi

Date



VILLAST ST FIRST SITE

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

#### APPLICATION FOR ALCOHOLIC LIQUOR

| DATE: _    | (                   | 9c+ 12. 2017   |                  |                                  |                                  |
|------------|---------------------|--|------------------|----------------------------------|----------------------------------|
| NAME C     | F BUSI              | NESS: Minnihans  | , 4              | 1<br>Z                           | SALES TAX ID: 4265-312           |
|            |                     | ICANT: Thomas S.F.   |                  | nihan Ol                         | Michael R. Minnil                |
| ADDRES     | S OF B              | usiness : <i>A - 1000</i>  | St               | ate St                           | Hamphuc TI                       |
| BUSINES    | SS PHO              | NE NO.: <u>/ - &amp;/5 · 494</u>   | .54              | 45/                              |                                  |
| MAILING    | G ADDI              | RESS: 6342 C-1   | 10               | nbine !                          | BLVP                             |
|            | •                   | or Control Commission<br>Hampshire, Illinois   | ŕ                | lock ford                        | Il 6/108                         |
| of Hamp    | oshire,<br>ndeđ, tl | e provisions of Chapter IIIV, Ald<br>Illinois, as amended, and pursible undersigned hereby makes aboves:   | uant to          | Chapter 43 of the                | elllinois Revised Statutes,      |
| 1. Licer   | nse Cla             | ss and Annual Fee (check one):   |                  |                                  |                                  |
|            | <u>}`</u>           | Class A-1 - \$1,500.00<br>Class A-2 - \$1,250.00<br>Class B-1 - \$1,500.00<br>Class B-2 - \$1,500.00<br>Class C-1 - \$1,500.00<br>Class C-2 - \$1,500.00<br>Class C-3 - \$1,750.00 |                  |                                  | 1,750.00<br>1,750.00<br>1,500.00 |
| 2. Licer   | nse Per             | riod:  |                  |                                  |                                  |
| Com<br>Com | menci               | ng on January 1, <u>2018</u> and on and o  | ending<br>ending | December 31, 🔏<br>3 December 31, | . <u>01\$</u> or                 |
| 3. Type    | of Bu               | siness Entity (check one):   |                  |                                  |                                  |
|            |                     | Individual   | A                | Corporation                      |                                  |
|            |                     | Partnership  |                  | Other (specify)                  |                                  |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: Thomas J. Minnihan  |
|---|
| BIRTHDAY: 10-9-1958   |
| HOME ADDRESS: 6342 Columbine Blud Lock Ford II Col188   |
| DRIVERS LICENSE# 11550 8305 5288 HOME PHONE# 1-815 494-5948   |
| BUSINESS STATUS:  |
| PERCENTAGE OF STOCK HELD: 50 %  |
| Name: Michael & Minnihan  |
| BIRTHDAY: 6-28-1991   |
| HOME ADDRESS: 6342 Columbine blud Rat Fand I) 61108   |
| DRIVERS LICENSE# W1550 5569 1183 HOME PHONE# 1815 558 4827  |
| BUSINESS STATUS: Quener Manger  |
| PERCENTAGE OF STOCK HELD: 50 % (If additional space is required, please attach a separate sheet of paper)   |
| 5. Is the applicant a citizen of the United States?   |
| If an Illinois corporation, state date of corporation: If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act  |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. BAK - Gamming (Steent) 90 07 Partneship and incase of Death licenses in Place  |
| 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 1000 - A State Head Hampshine Il Collo 1500 SQ F4 Ban Gamming Lacronny   |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality.  If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. |

Cla Cicenses

| g  | Has the applicant ever had any previous liquor license revoked?  |
|----|--|
| 1  | .0. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?   |
| 1  | 1. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Thomas Manhad Yes - To depain Commission Verna, 2015 Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.  |
| 1  | 2. State the name of the person who will generally be managing the ongoing affairs of this business at these premises.  State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof.  When whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof.  Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative. |
|    | 3. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?  (NOT OS OF YEL) Bedger Motoal Zns.  4. If the applicant does not own the premises for which the license is sought, does the applicant  |
| À  | have a lease for the full period for which the license is to be issued?  |
| 1  | 5. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 1  | 6. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  |
| 1  | 7. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  Stock?  If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 1  | 8. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19 | 9. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?   |

| 20. Does the applicant understand and agree that<br>State or Village laws and ordinances will be ref<br>that such violation may result in the suspensio   | erred to the Local Liquor Control Commission and  |
|---|---|
| 21. Does the applicant understand and agree that and/or Hampshire Police Department shall have premises licensed hereunder to determine wh have been or are being violated, and at such the connection therewith? | ve the authority to enter at any time upon the ether any State or Village laws and ordinances   |
| 22. Does the applicant understand and agree that  | bject to attachment, garnishment or execution, arily or involuntarily, or subject to being  |
| be listed and described for, and approved by, t conducted or performed. Additional entertains   | ect to review by the Local Liquor Control  please list and briefly describe, any and all ment during the period of this license. (If any e period of this license, such entertainment must the Hampshire Liquor Commission prior to being |
| SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES  Pres. (C.) (C.) (C.) (C.) (C.) (C.) (C.) (C.   | INDIVIDUAL OR PARTNERSHIP SIGNATURES  |
| STATE OF <u>Ilinois</u> ) STATE OF <u>Canc</u> )  |   |
| The undersigned swears that all statements are to   | Jeonafalmniha   |
| Subscribed and sworn to before me this 2017  day of 001   | Notary Public  Notary Public  Notary Public  Notary Public  Notary Public  Notary Public  NARY BRANCES  |
|   | INVAILY DEATHURES   |



#### LICENSE AND PERMIT BOND

| KNOW ALL PERSONS BY THESE PRESENTS:   | Bond No. <u>63</u>  | 440715  |
|---|---|---|
| That we, TMM/Minnihan's Inc DBA Minnihan's  | Sports Bar  |   |
| of Hampshire and WESTERN SURETY COMPANY, a corporation Illinois   |   |   |
|   | State of Illinois   |   |
| sum of One Thousand Five Hundred and 00/10 lawful money of the United States, to be paid to the we bind ourselves and our legal representatives, firm THE CONDITION OF THE ABOVE OBLIGAT  | Obligee, for which payment v<br>ly by these presents.   | (\$1,500.00 ), well and truly to be made,   |
| licensed Sports Bar Village of Hampshire  |   |   |
|   |   | by the Obligee.   |
| NOW THEREFORE, if the Principal shall fai with the laws and ordinances, including all amer applied for, then this obligation to be void, or December 1st 2018, unless.  This bond may be terminated at any time by the U.S. Mail, to the Obligee and to the Principal at the of thirty (35) days from the mailing of said notion. | adments thereto, pertaining otherwise to remain in ful renewed by Continuation Ceres Surety upon sending notice address last known to the Sur | to the license or permit ll force and effect until tificate.  in writing, by First Class ety, and at the expiration |
| shall the eupon to elieved from any liability for an date. A grandless of the number of years this bone against his bone in the number of premiums who liability for all claims exceed the amount set forth cumulative.  Determine the day of December  | d shall continue in force, the ich shall be payable or paid, to period, and in no eve above. Any revision of the b                            | number of claims made<br>the Surety's total limit of<br>ent shall the Surety's total                                |
| Dated this 4th day of December  |   |   |
|   | Trans/Minnihan's Inc D Bar  WESTERN SUR  By  Latt.  | Principal Principal   |
|   | Ps  | aul T Braffat, Vice President   |

Form 532-12-2015

## Western Surety Company

#### **POWER OF ATTORNEY**

#### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

|                   | Paul T. Bruflat  | of                                   | Sioux Falls  |
|-------------------|--|--------------------------------------|--|
| State of          | South Dakota   | , its regularly elected              | Sioux Falls Vice President   |
| •                 | •  |                                      | sign, execute, acknowledge and deliver for and or  |
| its behalf as Su  | rety and as its act and deed, the  | following bond:                      |  |
| 0 0               | and the second second  | 100                                  |  |
| One Spor          | ts Bar Village of Hampsi.  | ire                                  |  |
| bond with bond    | number63440715   |                                      |  |
|                   |  |                                      |  |
|                   |  |                                      |  |
| as Principal in t | he penalty amount not to exceed  | \$ 1,500 <u>.00</u>                  |  |
| duly adopted and  | now in force, to-wit:  |                                      | of Section 7 of the by-laws of Western Surety Company  |
|                   |  |                                      | ns of the corporation shall be executed in the corporate   |
|                   |  |                                      | or any Vice President, or by such other officers as the<br>Assistant Secretary, or the Treasurer may appoint   |
| Attomeys-in-Fact  | or agents who shall have authority   | o issue bonds, policies, or undertak | ings in the name of the Company. The corporate seal is   |
|                   | rthe validity of any bonds, policies, u<br>he corporate seal may be printed by |                                      | other obligations of the corporation. The signature of any   |
|                   |  |                                      |  |
| Vi.c              |  |                                      | aused these presents to be executed by its  4th day of December  |
| 2017              |  |                                      |  |
| ATTEST            |  | WE                                   | STERN SURETY COMPANY   |
|                   | In a   |                                      | 1150114  |
|                   | J. nelson  | Ву                                   | and 1. Bright  |
|                   | L. Nelson, Assista   | nt Secretary                         | Paul T Bruffat, Vice President   |
|                   |  |                                      | AND THE PARTY OF T |
|                   |  |                                      | S. STATE CA  |
|                   |  |                                      | \$ \$ _ \$ 0 RA \ \$ \$  |
|                   |  |                                      | 16.0   |
|                   |  |                                      |  |
| STATE OF SO       | UTH DAKOTA   |                                      | \$2\ \$ a 4 / 23   |
| COUNTY OF M       | IINNEHAHA  |                                      | 40 - 108   |
|                   | ,  |                                      | The Carried State of the Carri |
| On this           | 4th day of Dec   | ember 2017                           | _, before me, a Notary Public, personally appeared   |
|                   | Paul T. Bruflat  | and                                  | L. Nelson  |
| who, being by r   |  |                                      | of Attorney as <u>Vice President</u>   |
|                   |  |                                      | ANY, and acknowledged said instrument to be the  |
| voluntary act ar  | nd deed of said Corporation.   |                                      |  |
| + 65 65 64 64 64  | ه دی تب دن دن دن هم دن هم دن دن هم دن هم هم         |                                      |  |
| ; _               | J. MOHR 💹 💈  |                                      | 0. 0.  |
| SEAL              | NOTARY PUBLIC SEAL   |                                      | J Wohr   |
| 1000              | SOUTH DAKOTA ST  | Commission Expires June              | 23. 2021 Notary Public   |
|                   |  |                                      | Ibligge Services > Validate Bond Coverage  |

To validate bond authenticity, go to <u>www.cnasuretv.com</u> > Owner/Obligee Services > Validate Bond Coverage.

MINSPORT-0

ABURBACH

## ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

0ATE (MM/DD/YYYY) 12/04/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement/s).

| NSURER STATE STREET Hampshire, IL 60140  TMM MINNIHAN'S INC DBA MINNIHAN'S SPORTS PUB 1000 S STATE STREET Hampshire, IL 60140  SERVISION NUMBER:  CERTIFICATE NUMBER:  CERTIFICATE NUMBER:  NSURER E:   | LOP        | certificate does not conter rights to  | Jule          | CEILL                  | itcate noider in ned or s  |                                     |                                       | •  |   |       |            |
|---|------------|--|---------------|------------------------|--|-------------------------------------|---------------------------------------|--|---|-------|------------|
| 27 W. State St. Use 150 (Control of the policy of the poli  | PRODI      | JCER   |               |                        |  | NAME:                               | :T                                    |  |   |       |            |
| INSURES 100 STORY THAT THE POLICES OF RESIDENCE LISTS OF REVENUE AND FOLICES FOR THE POLICY PERSON OF THE POLICY P  |            |  |               |                        |  |                                     | Eve): (815) 9                         | 65-6700                                    | FAX                                     | 815)  | 965-6703   |
| NOCKFORD, IL \$1101  NINGERS A BADGER MUTUAL INSURANCE 13420  NINGERS A BADGER MUTUAL INSURANCE 13420  NINGERS BETTER STREET  THAN IMMNRHAN'S INC DBA MINNIHAN'S SPORTS PUB 1000 S STATE STREET  Hampahire, IL \$0149  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. MOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR CITIER DOCUMENT MERCED TO WHICH HIS PROCESS OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. MOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR CITIER DOCUMENT MERCED TO WHICH HIS PERIOD SECURITY OF ANY EXPORT OF THE POLICY PERIOD INDICATED. MOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR CITIER DOCUMENT MERCED TO WHICH HIS PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD SECURITY OF THE POLICY PERI  |            |  |               |                        |  | E-MAJL                              | Cl @bros                              | admoorage                                  | ncy com                                 | (0.0) |            |
| THIN MINNIHAN'S INC DBA MINNIHAN'S SPORTS PUB  INSURER 1.  INSURER 2.  INSURER 3.  INSURER  |            |  |               |                        |  | ADDRES                              |                                       |  |   |       | F 474.655  |
| TAMI MINNIHAN'S INC DBA MINNHAN'S SPORTS PUB  THAT MINNIHAN'S INC DBA MINNHAN'S SPORTS PUB  THAT MINNIHAN'S INC DBA MINNHAN'S SPORTS PUB  THAT MINNHAN'S INC DBA MINNHAN'S SPORTS PUB  MININER E:  MIN  |            |  |               |                        |  |                                     |                                       |  |   |       |            |
| TAMM MINIMIANS INC DBA MINNIHAN'S SPORTS PUB  1000 S STATE STRACE STATE STATE AND STATE   |            |  | _             | _                      |  | INSURER A : BADGER MUTUAL INSURANCE |                                       |  |   |       | 13420      |
| MARKER D.  Hampshire, IL 60140  MARKER S.  COVERAGES  THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. AND INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. AND INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. AND CONDITIONS OF SOUTH POLICIES LIMITS SHOWN MAY PAVE BEEN REDUCED BY PAD CLARING DIRECT TO WHICH THE FEMS.  EXCUSIONS AND CONDITIONS OF SOUTH POLICIES LIMITS SHOWN MAY PAVE BEEN REDUCED BY PAD CLARING DIRECT TO WHICH THE FEMS.  A X COMMERCIAL SERBALL LIBITITY  CAMBRIAGE S.  A X COMMERCIAL SERBALL LIBITITY  O0763541  11/10/2017  11/10/2018  CERTIFICATE HIT APPLIES PER PRODUCT NUMBER  POLICY FOR THE BEST OF THE PARTY OF T  | NSUR       | ED   |               |                        |  | INSURE                              | RB:                                   |  |   |       |            |
| MARKER D.  Hampshire, IL 60140  MARKER S.  COVERAGES  THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. AND INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. AND INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. AND CONDITIONS OF SOUTH POLICIES LIMITS SHOWN MAY PAVE BEEN REDUCED BY PAD CLARING DIRECT TO WHICH THE FEMS.  EXCUSIONS AND CONDITIONS OF SOUTH POLICIES LIMITS SHOWN MAY PAVE BEEN REDUCED BY PAD CLARING DIRECT TO WHICH THE FEMS.  A X COMMERCIAL SERBALL LIBITITY  CAMBRIAGE S.  A X COMMERCIAL SERBALL LIBITITY  O0763541  11/10/2017  11/10/2018  CERTIFICATE HIT APPLIES PER PRODUCT NUMBER  POLICY FOR THE BEST OF THE PARTY OF T  |            | TMM/ MINNIHAN'S INC OBA  | MINE          | IHAI                   | V'S SPORTS PUB   | INSURE                              |                                       |  |   |       |            |
| Hampshire, IL 60140    MOURER E     MOURE E     M  |            |  |               |                        |  |                                     |                                       |  |   |       |            |
| COVERAGES  CERTIFICATE NUMBER:  Notice of the policy that the Policies of Insurance Listed Belowhave Been issued to the Noute Name Dagove for the Policy Period Indicated. Notivithis famous Any Reculter Ment, term on Condition of Any Configuration And Name of the Policy Period Indicated. Notivithis famous Any Reculter Ment, term on Condition of Any Configuration And Name of the Policy Period Indicated. Notivithis famous Any Reculter Ment, term on Condition of Any Configuration And Name of the Policy Period Indicated. Name of the Policy Period Name of the Poli  |            | Hampshire, IL 60140  |               |                        |  |                                     |                                       |  |   | _     |            |
| TOKER OF CERTIFY THAT THE POLICES OF ROSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED MEAN ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CHIEF DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE SISUED OR MAY PERFORM OR MAY PAY BE BEEN REDUCED BY PAID CLAIMS.  A COMMERCIAL GENERAL LUBBURY  OUT 63541  11/10/2017  11/10/2017  11/10/2018  ACCUMENTAL LIMIT APPLES PER LOC.  OTHER  AUTOMOBILE LUBBLITY  ANY AUTO  OTHER  AUTOMOBILE LUBBLITY  ANY AUTO  OTHER  AUTOMOBILE LUBBLITY  ANY AUTOMOBILE LUBBLITY  ANY AUTO  OTHER  AUTOMOBILE LUBBLITY  ANY AUTO  OTHER  AUTOMOBILE LUBBLITY  ANY AUTO  OTHER  AUTOMOBILE LUBBLITY  ANY AUTOMO  |            |  |               |                        |  |                                     |                                       |  |   |       |            |
| THIS IS O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTIFICATIONS ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCLUSIONS AND CONTINUENCE ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCLUSIONS AND CONTRACTOR SHOWN AND ANY HAVE BEEN REQUIRED TO A SHOWN AND ANY HAVE BEEN REQUIRED TO ALL THE TERMS, EXCLUSIONS AND ADDRESS AND CONTRACT GENERAL LIBRURY OF THE POLICY NUMBER OF THE  |            |  |               |                        |  | INSURE                              | RF:                                   |  |   |       |            |
| INDICATED NOTWITSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERFAN. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED FOR THE POLICE DESCRIPTION OF OPERATIONS JUDICIDES BETWEEN THE POLICE OF THE POLICE   | COV        | ERAGES <u>CER</u>  | TIFIC         | ATE                    | NUMBER:  |                                     |                                       |  | REVISION NUMBER:                        |       |            |
| A COMMERCIAL CREMERAL LIABULTY  CLAIMS-MADE COCUR 00763541  11/10/2017  11/10/2018    CLAIMS-MADE COCURRENCE   \$ 1,000,000   | IND<br>CEI | ICATED. NOTWITHSTANDING ANY R<br>RTIFICATE MAY BE ISSUED OR MAY  | PERT<br>POLIC | REME<br>TAIN,<br>CIES. | INT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | ON OF A                             | NY CONTRAC<br>THE POLICE<br>EDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE                   | CT TO | WHICH THIS |
| A COMMERCIAL CREMERAL LIABULTY  CLAIMS-MADE COCUR 00763541  11/10/2017  11/10/2018    CLAIMS-MADE COCURRENCE   \$ 1,000,000   | NSR        | TYPE OF INSURANCE  | ADDL          | SUBR                   | POLICY NUMBER  | 1.0                                 | POLICY EFF                            | POLICY EXP                                 | LIMIT                                   | S     |            |
| CLAIMS-MADE X OCCUR  OD763541  11/10/2017  11/10/2018  PARAGE TO SEMPED PRODUCT SECON A DOWNLAND \$ 1,000,000 PERSONAL ADVINABLY \$ 5,000,000 PERSONAL ADVINABLY \$ 1,000,000 PERSONAL ADVINA |            | X COMMERCIAL GENERAL LIABILITY   |               |                        |  |                                     |                                       |  | FACH OCCURPENCE                         |       | 1,000,000  |
| MED EXP (Any own better) \$ 5,000.00  GENT LAGGREATE LIMIT APPLIES PER POLEY   SEC   LOC   OTHER  AUTOMOBILE LABRITY   LOC   OTHER   SEC   LOC   OT   | 1          |  |               |                        | D0763541   | 9                                   | 11/10/2017                            | 11/10/2019                                 |   | -     | 172.10     |
| GENT AGGREGATE LIMIT APPLES PER POLICY FROM LOC OTHER AUTOMOBILE LIABILITY ANY PAUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY AUTOS AUTOS ONLY A  | 1          |  |               |                        | VO. 400-T 1  | - 1                                 | THIOLOTT                              | . 1/10/2010                                |   |       |            |
| GENERAL AGGREGATE S. 2,000,000 POLCY SECT LOC OTHER AUTOMOBILE LIABILITY ANY AUTO OWNED OBLY AUTOS ONLY AUTOS AUTOS ONLY   | -          |  |               |                        |  |                                     |                                       |  | MED EXP (Any one person)                | \$    |            |
| POLICY SECT LOC OTHER AUTOMOBILE LABRITY ANY AUTO SWEED AUTOMOBILE LABRITY ANY AUTO SWEED AUTOMOBILE LABRITY ANY AUTO SWEED AUTOS ONLY AUTOS ON  |            |  |               |                        |  |                                     |                                       |  | PERSONAL & ADV INJURY                   | \$    |            |
| PROLET COMPRISE LOC OTHER  AUTOMOBILE LURBELTY ANY AUTO OWNED OWNE  | - 1        | GEN'L AGGREGATE LIMIT APPLIES PER:   |               |                        |  |                                     |                                       |  | GENERAL AGGREGATE                       | 8     | 2,000,000  |
| OTHER AUTOMOBILE LABRITY  ANY AUTO OWSED OWSED AUTOS ONLY AUTOS ON  |            | POLICY PRO-  |               |                        |  | - 0                                 |                                       |  | PRODUCTS - COMP/OP AGG                  |       | 2,000,000  |
| AUTOMOBILE LIABRITY  ANY AUTO  OVER ONLY  ANY AUTO  OVER ONLY  AUTOS ONLY  AUT  |            |  |               |                        |  | 11                                  |                                       |  |   | •     |            |
| ANY NUTO  MOST SCHEDULD  AUTOS ONLY  AUTOS  | -          | VI TO THE REAL PROPERTY OF THE PERSON OF THE |               | -                      |  |                                     |                                       |  |   | 3     |            |
| OWNED AUTOS ONLY AUTOS  WIFES ONLY AUTOS  WORKERS COMPENSATION  AND EMPLOYERS LIABILITY  AND EMPLOYERS LIABILITY  WORKERS COMPENSATION  AND EMPLOYERS LIABILITY  AND EMPLOYERS LIABILITY  WIFES ONLY DATE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN AUTHORIZED REPRESENTATIVE  WORKERS COMPENSATION  WORKERS COMPENSATION  AND EMPLOYERS LIABILITY  AND EMPLOYERS LIABILITY  WIFES ONLY DATE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  | ŀ          |  |               |                        |  | - 1                                 |                                       |  |   | 2     |            |
| AUTOS ONLY AUTOS  WINDERLA LIAB OCCUR  UMBRELLA LIAB OCCUR  DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRETEORPART MERCECUTIVE (MILE AND ADDRESS LABBULTY) ANY DESCRIPTION OF OPERATIONS below  A Liquor Liability  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | -          |  |               |                        |  |                                     |                                       |  | BODICY INJURY (Per partion)             | 5     | _          |
| UMBRELLA LIAB OCCUR  EXCESS LIAB CLAMME-MADE  DED RETENTIONS  WORKERS COMPENSATION AND SMILDVERS LIABILITY ANY PROPRIET OR PARTIMETER EXCUTIVE OF FICKING MERE PICLUSED UNDER  I VIS. DESCRIPTION OF OPERATIONS below  A LIQUOT LIABILITY  OTHER MAN MERE PICLUSED UNDER  I VIS. DISEASE - POLICY LIMIT S  L. DISEASE - POLICY LIMIT S  AL LOUGH LIABILITY  OTHER MAN MERE PICLUSED UNDER  I VIS. DISEASE - POLICY LIMIT S  AL LOUGH LIABILITY  OTHER MAN MERE PICLUSED UNDER  I VIS. DISEASE - POLICY LIMIT S  AL LOUGH LIABILITY  OTHER MAN MERE PICLUSED  S  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | 1          | AUTOS ONLY AUTOS   |               |                        |  |                                     |                                       |  | BODILY INJURY (Per socident)            | 5     |            |
| UMBRELLA LIAB OCCUR  CEXCESS LIAB CLAMME-AADE  DED RETENTIONS  WORKER SCOMPENSATION AND PROPERS LIABILITY ANY PROPERS COMPENSATION AND PROPERS COM  |            | HIRED NON-OWNED AUTOS ONLY   | k I           |                        |  |                                     |                                       |  | PROPERTY DAMAGE<br>(Per accident)       | 5     |            |
| UMBRELLA LIAB OCCUR  EXCESS LAB CLAMS AND E  DED D RETENTIONS  WORKERS COMPENSATION AND REMINDERS COMPENSATION BY AND REMINDERS COMPENSATION   |            |  |               |                        |  |                                     |                                       |  |   | s     |            |
| EXCESS LIAB CLAMISANDE    DED   RETENTION S   S   | _          | DINDREI) ALIAB OCCUR   |               |                        |  | T I                                 |                                       |  | EACH OCCUPBENCE                         |       |            |
| DED RETENTIONS  WORKERS COMPRISATION AND EMPLOYERS LIBBILITY ANY PROPRISTION PART YELE ACCUSED?  IN AND EMPLOYERS LIBBILITY ANY PROPRISTION PART YELE ACCUSED?  If yee, disconderunder DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  CHARGE ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | - 1        | The state of the s |               |                        |  | - 4                                 |                                       |  |   |       |            |
| WORKERS COMPRISATION AND EMPLOYERS LABELITY AND PROPERTION OF DEPARTMENDENCE CUTIVE VIA AND EMPLOYERS LABELITY AND PROPERTION OF DEPARTMENDENCE CUTIVE VIA AND EMPLOYERS LABELITY AND PROPERTION OF DEPARTMENDENCE CUTIVE VIA BY PROPERTION OF DEPARTMENDENCE CUTIVE VIA BY PROPERTION OF DEPARTMEND below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | F          | <del></del>  | 1             |                        |  | 10                                  | • ]                                   |  | AGGREGATE                               | S     |            |
| AND EMPLOYERS LIABILITY ANY PROPERTOURANT SERVICUSED?  OF FICERMEMBER EXCLUSED?  (Mandatory in ki) I) lyes, describe under DESCRIPTION OF OPERATIONS below  A Liquor Liability  O0763541  11/10/2017: 11/10/2018  Liquor  Liquor  1,000,000  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Authorized Representative  | -1         |  |               | -                      | <u> </u>   | -                                   |                                       | -  | DED OTH                                 | \$    |            |
| ANY PROPRETION OF OPERATIONS JUDGE?  Wandstory in NH  If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  CHARACTER S L. DISEASE - RAEMPLOYE S L. DISEASE - POLICY LMIT S 1,000,000  1,000,000  CONTROL OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Authorized Representative   |            | VORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                        |  | - 1                                 | 1                                     |  | STATUTE LER"                            |       |            |
| Uses describe under   E.L. DISEASE - POLICY LIMIT   \$   DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   CERTIFICATE HOLDER   | - le       | NY PROPRIETOR/PARTNER/EXECUTIVE  | NIA           |                        |  | - 1                                 |                                       |  | E.L. EACH ACCIDENT                      | 2     |            |
| Uses describe under   E.L. DISEASE - POLICY LIMIT   \$   DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   CERTIFICATE HOLDER   | li         | Mandatory in NH)   | N I M         |                        |  |                                     |                                       |  | E L. DISEASE - EA EMPLOYEE              | s     |            |
| A Liquor Liability 00763541 11/10/2017: 11/10/2018 Liquor 1,000,000  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  Village of Hampshire 234 S State St Hampshire, IL 60140  AUTHORIZED REPRESENTATIVE   |            | yes, describe under  |               |                        |  |                                     |                                       |  |   | •     |            |
| CERTIFICATE HOLDER  Village of Hampshire 234 S State S1 Hampshire, IL 60140  CANCELLATION  CANCELLATION  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Authorized representative  |            |  |               |                        | 00763541   | - 1                                 | 11/10/2017                            | 11/10/2018                                 |   | 4     | 1.000.000  |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   |            | 4  |               |                        |  |                                     |                                       |  |   |       |            |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | - 1        |  |               |                        |  |                                     |                                       |  |   |       |            |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   |            |  |               |                        |  |                                     |                                       |  | [ ] .                                   |       |            |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Hampshire, IL 60140  Authorized Representative  | DESCI      | RIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A        | CORD                   | 101, Additional Remarks Schet                                    | dule, may b                         | e attached if moi                     | re space is requir                         | red)                                    |       |            |
| Village of Hampshire  234 S State St  Hampshire, IL 60140  ACCORDANCE WITH THE POLICY PROVISIONS.  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   |            | TIFICATE HOLDER  |               |                        |  | CANC                                | ELLATION                              |  | -                                       |       |            |
|   |            | 234 S State St   |               |                        |  | ACC                                 | EXPIRATION<br>ORDANCE WI              | N DATE TH<br>THE POLICE                    | EREOF, NOTICE WILL I                    |       |            |
|   |            |  | _             |                        |  | AUTHO                               |                                       |  | 000000000000000000000000000000000000000 |       |            |



1A-1131910 107

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

#### APPLICATION FOR ALCOHOLIC LIQUOR

| DATE             | : <u> </u>           | 26/2017  |                 |  |
|------------------|----------------------|--|-----------------|--|
| NAM              | E OF BUSI            | NESS: T- Ricks LTD   | dbo             | - / POSATYS SALES TAX ID: 3220-5279  |
| NAM              | IE OF APPL           | ICANT: ANTHONY PA  | ATZ             | P  |
| ADDI             | RESS OF B            | USINESS: 826 Capter  | JUT A           | L DA, Hampstine  |
| BUSI             | NESS PHO             | NE NO.: 847 683  | 11              | 1-7  |
| MAIL             | ING ADDR             | ESS: 826 Centennal D   | N,              | Happshire, 11 60140  |
|                  | •                    | r Control Commission<br>Jampshire, Illinois  |                 |  |
| of Ha            | mpshire,             | Illinois, as amended, and pursune undersigned hereby makes a   | ant to          | Liquor Regulations, of the Municipal Code<br>o Chapter 43 of the Illinois Revised Statutes,<br>ation for an Alcoholic Liquor                         |
| 1. Li            | icense Cla           | ss and Annual Fee (check one):   |                 |  |
| -<br>-<br>-<br>- | X                    | Class A-1 - \$1,500.00<br>Class A-2 - \$1,250.00<br>Class B-1 - \$1,500.00<br>Class B-2 - \$1,500.00<br>Class C-1 - \$1,500.00<br>Class C-2 - \$1,500.00<br>Class C-3 - \$1,750.00 |                 | Class C-4 - \$1,500.00  Class D - \$1,750.00  Class E - \$1,750.00  Class F - \$1,500.00  Class G - \$ 75.00  Class H- \$ 500.00  Class I- \$ 500.00 |
| 2. Li            | icense Per           | iod:   |                 |  |
| C                | ommencir<br>ommencir | ng on January 1, <u>2018</u> and en  | nding<br>ending | December 31, <u>2018</u> or 31,  |
| 3. T             | ype of Bus           | iness Entity (check one):  |                 |  |
|                  |                      | Individual   | X               | Corporation  |
|                  |                      | Partnership  |                 | Other (specify)  |

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

| Name: ANTHONY PATTE / BARBARA Patte   |
|---|
| BIRTHDAY: 08/10/1949 01/26/1952   |
| HOME ADDRESS: 28052 W. NIALARA STREET   |
| DRIVERS LICENSE# 7300 0134 9227 HOME PHONE# 815578 4575   |
| BUSINESS STATUS: DECKET / MANAGER   |
| PERCENTAGE OF STOCK HELD: 250/0 250/0   |
| Name: Richard Cicele / MANIANA GIGELE   |
| BIRTHDAY: 04/11/1959 07/22/1959   |
| HOME ADDRESS: 1411 Wast BONEAUE PARKWAY   |
| DRIVERS LICENSE# G 240 - 7425 - 9104 HOME PHONE# 897 4580446  |
| BUSINESS STATUS: OWNER /MANAGER.  |
| PERCENTAGE OF STOCK HELD: 25 % 25 % (If additional space is required, please attach a separate sheet of paper)  |
| 5. Is the applicant a citizen of the United States?   |
| If an Illinois corporation, state date of corporation:  If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act   |
| 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. PIZZA RESTAYRANT, TAKE OUT 1 DOLLLEY   |
| 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 8.16 Contempor daile Harps Airce Sarviula ITALIAN Food, and Preed For Dive in ITALIAN Food, and Preed For Dive in ITALIAN Food.                        |
| 8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. YES  If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Whate of Lakemore State of Illinois |
| If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Whate of Late Mood State of Minsis  LACH YEAR FROM 2005 TO PROSENT 289 48 W IL ROTE 120, Cabrust, 11  COST  |

| 9.  | If answer is in the affirmative, state the date and reason for such revocation.   |
|-----|---|
| 10. | Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?                                  |
| 11. | State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. PLL OWNERS FINGER PRINTED MEDICAL POLICE PRINTED                          |
|     | Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.   |
| 12. | State the name of the person who will generally be managing the ongoing affairs of this business at these premises.   |
|     | State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES, ACCURATE BIOMETRICS 11/26/2016  Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.    |
|     | Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?   |
| 14. | If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?  |
| 15. | State whether the applicant has ever been convicted of a felony offense under any Federal or State law?   |
| 16. | State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? $\frac{\lambda/\emptyset}{}$   |
|     | State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? $\boxed{\mathbb{N}_{\mathcal{O}}}$   |
|     | If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  |
| 18. | Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?   |
| 19. | Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? |

| State  |   | linances will be ref  | erred to the Local L  | eriod, any violation of Federal iquor Control Commission and aid license?  |
|--|---|---|---|--|
| and/o<br>premi<br>have b   | r Hampshire Police De<br>ses licensed hereunde  | partment shall have<br>r to determine wh<br>ted, and at such ti                                 | ve the authority to e<br>ether any State or V   | cal Liquor Control Commission<br>enter at any time upon the<br>fillage laws and ordinances<br>premises of said licensee in   |
| shall r<br>nor sh  | • •   | , nor shall it be sul<br>ansferable, volunt   | bject to attachment   | rely a personal privilege, and garnishment or execution, y, or subject to being  |
| accept<br>Comm<br>On the<br>entert<br>addition<br>be list<br>condu | tability of all entertainr<br>nission? <u>yes</u><br>e attached addendum f<br>ainment to be provide<br>onal entertainment is p<br>ed and described for, a | ment shall be subj  for Entertainment d in your establish planned during the and approved by, t | ect to review by the<br>, please list and brie<br>ment during the pe<br>e period of this licen<br>the Hampshire Liquo | eplicant understand that the Local Liquor Control  Ifly describe, any and all priod of this license. (If any se, such entertainment must or Commission prior to being lable at the Office of the |
|  | REOFAPPLICANT (S) TION SIGNATURES  Selve July  Richard Comments   | elo<br>Falto.   | INDIVIDUAL OR PA  | ARTNERSHIP SIGNATURES  |
| STATE OF County of   | Sakersigned swears that all   | → ) SS  → ) I statements are t  | rue and correct.  |  |
|  | TE SEAL<br>d and sworn to before<br>lay of <u>Novembe</u>   |   | NOTARY PUBLIC STATE OF LIKHOUS  | BARBARA C PATTI "OFFICIAL SEAL" My Commission Expires January 6, 2019  |
|  |   | New Year  | Jan Kar XX  | =1413  |

**Notary Public** 

3YF

6.46

12 XH6108-05

001 3YF

#### AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

#### **COMMON DECLARATIONS**

POLICY NUMBER 11 XE6108-05

**COMPANY CODE** 0000-BLBK-IL CUSTOMER BILLING ACCOUNT 021-141-467 11

NAME:

I RICKS LTD

DBA ROSATIS PIZZA OF HAMPSHIRE

MSUPED

MAKLING

826 CENTENNIAL DR

ACCEESS

HAMPSHIRE IL 60140-8352

POLCY PERIOD

FROM 08/02/2016 TO 08/02/2017

12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

CORPORATION

BUSINESS DESCRIPTION:

PIZZA RESTAURANT

The fact the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in THE EL IN

This 30 Cy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

**PREMIUM** 

LITTUR LIABILITY COVERAGE PART

\$573.00

TOTAL PREMIUM

\$573.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

EF. 00 00 05 93

July Sabourde President

COUNTERSIGNED LICENSED RESIDENT AGENT

ASENT 076-809 HARTY WALSH 790 W BARTLETT RD BARTLETT

IL 60103-4482

PAGE BRANCH 01

3YF

01 - 12

ENTRY DATE 08/23/2016

AF DS 60 04 06

A PHILIPPINE WAS ARRESTED BY

INSURED

Stock No. 05975

## Western Surety Company

#### **POWER OF ATTORNEY**

#### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

|                  | Paul I. Bruffat   | of   | Sloux Falls             |                                    |
|------------------|---|--|-------------------------|------------------------------------|
| State of         | South Dakota  | , its regularly elected  | Vice President          | ,                                  |
|                  |   | thority hereby conferred upon hi   |                         | acknowledge and deliver for        |
| and on its beha  | alf as Surety and as its act ar                                       | nd deed, the following bond:   |                         | -                                  |
|                  |   |  |                         |                                    |
| One <u>LIQ</u>   | <u>UOR LICENSE VILLAGE</u>  | OF HAMPSHIRE   |                         |                                    |
|                  |   |  |                         |                                    |
| bond with bond   | d number <u>62893474</u>  |  |                         |                                    |
|                  | O TEN DRA DOCAMILO  | DIESA OF HAMBUITE  |                         |                                    |
|                  |   | PIZZA OF HAMPSHIRE   |                         |                                    |
| as Principai in  | the penalty amount not to ex  | ceed: \$1,500.00   |                         |                                    |
| Western St       | rety Company further certifies  | hat the following is a true and exact  | ct conv. of Section 7   | of the by-laws of Western Surety   |
| Company duly a   | dopted and now in force, to-wit:                                      | •  |                         | ,                                  |
|                  |   | Powers of Attorney, or other obligation  |                         |                                    |
|                  |   | ry, any Assistant Secretary, Treasure<br>ent, any Vice President, Secretary, a |                         |                                    |
| Attorneys-in-Fac | t or agents who shall have auth                                       | ority to issue bonds, policies, or und   | dertakings in the name  | e of the Company. The corporate    |
| seal is not nece | ssary for the validity of any bon<br>such officer and the corporate s | ds, policies, undertakings, Powers o   | of Attorney or other ob | oligations of the corporation. The |
| ,                | •   | ERN SURETY COMPANY has   | caused these are        | sents to be executed by its        |
|                  |   | rate seal affixed this10   |                         |                                    |
|                  | with the output   | ate deal allines the   | - 42,01                 | ,                                  |
| ATTEST           |   | WE   | STERN SUE               | ETS COMPANY                        |
| ,, <u></u>       | In a  |  | 1-1-                    | 7/ 1/4                             |
|                  | J. Nelson   | By/  | all.                    | Brift                              |
|                  | L. Neison, As   | sistant Secretary  |                         | Paul T. Bruflat, Vice President    |
|                  | •   |  |                         | 112624121142114                    |
|                  |   |  |                         | an essential years                 |
|                  |   |  |                         |                                    |
|                  |   |  |                         |                                    |
|                  |   |  |                         |                                    |
| STATE OF SC      | OUTH DAKOTA   |  |                         | 13 On 17 1                         |
|                  | \ s <sub>2</sub>  |  |                         |                                    |
| COUNTY OF N      | MINNEHAHA   |  |                         |                                    |
|                  | ,   |  |                         | Contraction (1)                    |
| On this          |   | July , 2017  | , before me, a Notai    | ry Public, personally appeared     |
|                  | Paul T. Bruflat   |  | L. Nelson               |                                    |
|                  |   | ed that they signed the above Po   |                         |                                    |
|                  |   | ne said WESTERN SURETY CO  | DMPANY, and ackn        | lowledged said instrument to       |
| be the voluntar  | ry act and deed of said Corpo   | oration.   |                         |                                    |
| S                | J. MOHR   | j<br>S   |                         |                                    |
| \$               |   | Š  | (1)                     | hr                                 |
| SEAL             | NOTARY PUBLIC SEAL  | )  | 7 / /0                  | Notary Public                      |
| S                |   | Mv Commission Expires Jur  | ne 23, 2021             | riotaly i dollo                    |

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage. Form F1975-1-2016



#### CONTINUATION CERTIFICATE

| Western Surety Company hereby continues in force Bond No. 62893474 briefly                                  |
|---|
| described as LIQUOR LICENSE VILLAGE OF HAMPSHIRE  |
|   |
| for T RICKS LTD DBA ROSATI'S PIZZA OF HAMPSHIRE   |
| , as Principal,   |
| in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning                       |
| August 26, 2017, and endingAugust 26, 2018, subject to all  |
| the covenants and conditions of the original bond referred to above.  |
| This continuation is issued upon the express condition that the liability of Western Surety Company         |
| under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed |
| the total sum above written.  |
| Dated this day of, 2017   |
| WESTERN SURETY COMPANY  By  |

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

SM WELTERN EURETT CEPPANY . ONE OF AMERICA'S CLOSEST HONDING COMPANIE

Form 90-A-8-2012