

**AGENDA**  
**HAMPSHIRE LIQUOR COMMISSION MEETING**  
**April 18, 2019**  
**6:30 P.M.**

- 1. Call to Order.**
- 2. Establish Quorum.**
- 3. Approve Meeting Minutes of February 7, 2019.**
- 4. Review Application for alcoholic liquor, for Love's Travel Stops & Country Stores, Inc. 201A Love's Crossing, Hampshire, IL 60140**
- 5. Other Business**
- 8. Adjournment.**

## HAMPSHIRE LIQUOR COMMISSION

February 7, 2019

Jeff Magnussen, Chairman, called the meeting to order at 6:01 p.m.

Present: Trustee Klein, Kraus

Absent: None

Also present: Mary Ann & Dana Bollman.

Trustee Klein moved, to approve the minutes for December 6, 2018.

Seconded by Kraus

Motion carried by voice vote

Ayes: Klein, Kraus, Magnussen

Nays: None

Absent: None

Reviewed liquor application for a C-2 Classification for Mary Ann & Dana Bollman at 113 W. Oak Knoll Dr. Unit 115. As of this time no name has been established but will be a tavern and restaurant.

The liquor commission will approve the C-2 Class Liquor license contingent upon the following:

Surety Bond

Certificate of Liability

Copy of the lease

Check for a C-2 license \$1,500

Name for the new establishment

Trustee Kraus made the motion.

Seconded by Klein

Motion carried by roll call vote

Ayes: Klein, Kraus, Magnussen

Nays: None

Absent:

Trustee Kraus moved to create a new C-2 classification for a liquor license.

Seconded by Klein

Motion carried by roll call vote

Ayes: Klein, Kraus, Magnussen

Nays: None

Absent: None

### Adjournment

Trustee Kraus moved, to adjourn the Liquor Commission meeting at 6:39 p.m.

Seconded by Klein

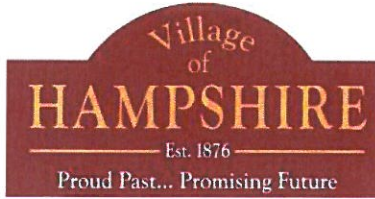
Motion carried by voice vote

Ayes: Klein, Kraus, Magnussen

Nays: None  
Absent: None

---

Jeff Magnussen, Village President



*Dd.*  
*1,500.00*

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: April 9, 2019

NAME OF BUSINESS: Love's Travel Stops & Country Stores, Inc. SALES TAX ID: 3383-8836

NAME OF APPLICANT: Love's Travel Stop #763

ADDRESS OF BUSINESS : 201A Love's Crossing, Hampshire, IL 60140

BUSINESS PHONE NO.: Not Yet Assigned; Corporate Office 405-463-8891

MAILING ADDRESS: Attn: Licensing, PO Box 26210, Oklahoma City, OK 73126

TO: Local Liquor Control Commission  
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIIV, 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input checked="" type="checkbox"/> Class B-2 - \$1,500.00 | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> Class I- \$ 500.00     |

2. License Period:

Commencing on January 1, \_\_\_\_\_ and ending December 31, \_\_\_\_\_ or  
Commencing on May 1, 2019 and ending December 31, 2019

3. Type of Business Entity (check one):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: Please See Attached List

BIRTHDAY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

BUSINESS STATUS: \_\_\_\_\_

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? Yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: N/A

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. 04/16/2002

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Convenience Store w/ Gasoline, Fast Food, Tire Sales/Repair, Garage Repair and Roadside Assistance.

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. I-90, Exit 42 Towards Route 20

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. Please See Attached

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. NO

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. Thomas A. Wallace

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. February 18, 2019

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? N/A  
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? 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? No

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? 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? N/A

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?  
No

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

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

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]  
Executive Vice President – CFO: Shane Wharton

Sec. [Signature]  
Assistant Secretary : Kristine Rogers

STATE OF OKLAHOMA )  
 ) SS  
County of OKLAHOMA )

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this

29 day of March, 2019



[Signature]  
Notary Public

OFFICE OF THE ILLINOIS SECRETARY OF STATE

JESSE WHITE  
SECRETARY OF STATE



CORPORATION FILE DETAIL REPORT

File Number	62164182		
Entity Name	LOVE'S TRAVEL STOPS & COUNTRY STORES, INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	FOREIGN BCA
Qualification Date (Foreign)	04/16/2002	State	OKLAHOMA
Agent Name	C T CORPORATION SYSTEM	Agent Change Date	04/16/2002
Agent Street Address	208 SO LASALLE ST, SUITE 814	President Name & Address	THOMAS E LOVE 10601 N PENNSYLVANIA OKLAHOMA CITY OK 73120
Agent City	CHICAGO	Secretary Name & Address	JUDITH M LOVE SAME
Agent Zip	60604	Duration Date	PERPETUAL
Annual Report Filing Date	00/00/0000	For Year	2019
Assumed Name	ACTIVE - LOVE'S TRAVEL STOPS		

[Return to the Search Screen](#)

Select Certificate of Good Standing for Purchase

(One Certificate per Transaction)

BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE



# Certificate of Completion

\_\_\_\_\_ AWARDED TO \_\_\_\_\_

**Thomas Wallace**

has successfully completed the course

**BASSET Illinois**

Date: January 4, 2019



[www.bassetillinois.com](http://www.bassetillinois.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/14/2019

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).

<b>PRODUCER</b> Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Love's Travel Stops & Country Stores Inc 10601 N Pennsylvania Ave Oklahoma City OK 73120 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: ACE American Insurance Company		22667
	INSURER B: ACE Fire Underwriters Insurance Co.		20702
	INSURER C: Indemnity Insurance Co of North America		43575
	INSURER D: Westchester Fire Insurance Company		10030
	INSURER E: Ironshore Specialty Insurance Company		25445
INSURER F: North American Elite Insurance Company		29700	

**COVERAGES**      **CERTIFICATE NUMBER: 570075074341**      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		XSLG7121123A SIR applies per policy terms & conditions	12/01/2018	12/01/2019	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$8,000,000
							PRODUCTS - COMP/OP AGG	\$8,000,000
							Liquor Liability	\$1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ISA H25276310	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
							BODILY INJURY ( Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$25,000			UMB200033104	12/01/2018	12/01/2019	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	WLRC65432286	12/01/2018	12/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
A		N/A	Y	WLRC65432328	12/01/2018	12/01/2019	E.L. EACH ACCIDENT	\$1,000,000
B			Y	SCFC65432365	12/01/2018	12/01/2019	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
E	Env Site Liab			002568601	12/01/2018	12/01/2021	Aggregate	\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 MCS90 and CA9948 are included on the above referenced Automobile Liability policy. RE: Love's Travel Stop #763. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies.

### CERTIFICATE HOLDER

### CANCELLATION

Village of Hampshire 234 S. State Street Hampshire IL 60140 USA	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  <i>Aon Risk Services Southwest, Inc.</i>
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# Fidelity and Deposit Company of Maryland

Bond No. LPM9259649

## License and/or Permit Bond

KNOW ALL MEN BY THESE PRESENTS:

That we, Love's Travel Stops & Country Stores, Inc., as Principal, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, incorporated under the laws of the State of Maryland, with principal office 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196-1056, as Surety, are held and firmly bound unto Village of Hampshire, IL as Obligee, in the penal sum of One Thousand, Five Hundred and No/100-----DOLLARS (\$1,500.00), lawful money of the United States, 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 above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for Village of Hampshire Liquor License; and the term of said license or permit is as indicated opposite the block checked below:

Beginning the 1st day of March, 20 19, and ending the 1st day of March, 20 20.

Continuous, beginning the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WHEREAS, the Principal is required by law to file with Village of Hampshire, IL a bond for the above indicated term and conditioned as hereinafter set forth.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such licensee or permittee shall indemnify said Obligee against all loss, costs, expenses or damage to it caused by said Principal's noncompliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit issued to the Principal, which said breach or noncompliance shall occur during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that if this bond is for a fixed term, it may be continued by Certificate executed by the Surety hereon; and

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond and

PROVIDED FURTHER, that if this is a continuous bond and the Surety shall so elect, this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated the 14th day of February, 20 19.



Love's Travel Stops & Country Stores, Inc. PRINCIPAL

By: Shane Wharton, Executive VP-CFO

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robbi Morales, Attorney-In-Fact

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **BRIAN M. HODGES, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Ricardo J. REYNA, Don E. CORNELL, Joshua SAUNDERS, Robbi MORALES, Sophie HUNTER, Kelly A. WESTBROOK and Tina MCEWAN, all of Dallas, Texas, EACH** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings, EXCEPT bonds on behalf of Independent Executors, Community Survivors and Community Guardians.** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.


IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 15th day of January, A.D. 2019.

**ATTEST:**

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**



By:   
Assistant Secretary  
Joshua Lecker

  
Vice President  
Brian M. Hodges

State of Maryland  
County of Baltimore

On this 15th day of January, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **BRIAN M. HODGES, Vice President, and JOSHUA LECKER, Assistant Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.





Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2019



## Texas Important Notice

### IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Zurich North America's toll-free telephone number for information or to make a complaint at:

**1-800-382-2150**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 490-1007

Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)

E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

### AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Zurich North America's para obtener información o para presentar una queja al:

**1-800-382-2150**

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 490-1007

Sitio web: [www.tdi.texas.gov](http://www.tdi.texas.gov)

E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:** Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

**HFA**  
 HARRISON FRENCH ARCHITECTS, L.L.C.  
 1776 S. Wilshire Blvd., Suite 3  
 Chicago, IL 60606  
 Phone: 312.467.1111  
 Fax: 312.467.1112  
 www.hfa.com

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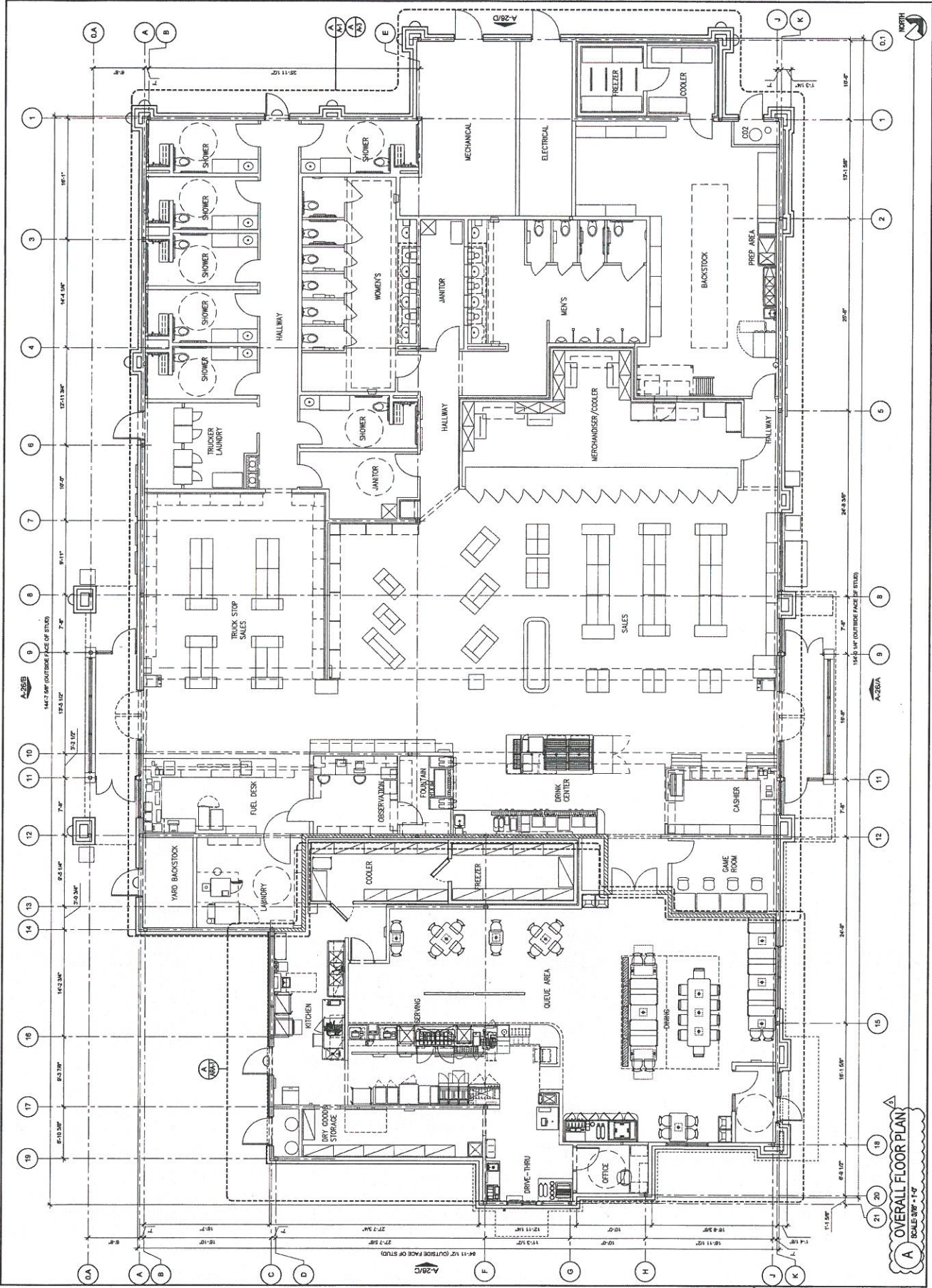
**Love's**  
 Travel Stops  
 NEW TRAVEL STOP  
 STORE NO 763  
 US 28 & I-90  
 HAMPSHIRE, IL  
 PROJECT NUMBER: 03-16-2006

REGISTERED PROFESSIONAL ARCHITECT  
 STATE OF ILLINOIS  
 AUGUST 01, 2018  
 LICENSE NUMBER: 110204  
 DESIGN FIRM # 04-00000

ISSUE BLOCK	ADD #1
DATE	REV #

TWO	DATE: 04-11-18
DESIGNED BY:	CLK
CHECKED BY:	CLK
DRAWN BY:	
PROJECT:	TR011-180

OVERALL FLOOR PLAN  
 SHEET: A-0



**A OVERALL FLOOR PLAN**  
 SCALE: 3/8" = 1'-0"

1/2018-10-2021 (REV) - HARRISON FRENCH ARCHITECTS, L.L.C. © 2018 HARRISON FRENCH ARCHITECTS, L.L.C. ALL RIGHTS RESERVED.

**ILLINOIS STATE POLICE  
BUREAU OF IDENTIFICATION  
260 NORTH CHICAGO STREET  
JOLIET, ILLINOIS 60432-4075**

HAMPSHIRE LIQUOR CONTROL COMM.  
P.O. BOX 457  
HAMPSHIRE, IL 60140

A SEARCH OF THE FILES OF THIS BUREAU MADE PURSUANT TO THE FEE APPLICANT FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, FAILED TO REVEAL ANY CRIMINAL CONVICTION RECORD FOR THE SUBJECT OF YOUR INQUIRY.

THE APPLICANT FINGERPRINT CARD WILL BE RETAINED IN THE FILES OF THE ILLINOIS STATE POLICE TO FACILITATE FUTURE DISSEMINATION TO YOUR AGENCY OF ANY CONVICTION INFORMATION PERTAINING TO THIS SUBJECT.

THE ILLINOIS STATE POLICE IS PERMITTED TO DISSEMINATE CRIMINAL HISTORY RECORD INFORMATION AS AUTHORIZED BY STATE LAW. ATTEMPTS ARE MADE TO MAKE RECORDS AS COMPLETE AS POSSIBLE BY OBTAINING MISSING DISPOSITIONS FROM VARIOUS SOURCES. IN SOME CASES HOWEVER, DISPOSITION INFORMATION IS UNAVAILABLE.

THE SEARCH ROUTINE USED TO PROCESS YOUR SUBMISSION DID NOT INCLUDE AN INQUIRY INTO THE ILLINOIS STATE POLICE SEX OFFENDER REGISTRATION FILE. TO DETERMINE IF THE SUBJECT OF YOUR INQUIRY IS A REGISTERED SEX OFFENDER, PLEASE CHECK THE ILLINOIS STATE POLICE REGISTERED SEX OFFENDER INFORMATION WEB SITE AT "WWW.ISP.STATE.IL.US".

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE CONTACT THE BUREAU OF IDENTIFICATION AT BOI\_CUSTOMER\_Support@ISP.STATE.IL.US OR (815) 740-5160.

\*\*\*\*\* NOTICE \*\*\*\*\*

THE CURRENT OPTION OF HAVING A CRIMINAL HISTORY RECORD RESPONSE PRINTED AND MAILED BY THE ILLINOIS STATE POLICE WILL SOON BE UNAVAILABLE. IF YOU HAVE NOT DONE SO ALREADY, PLEASE REGISTER AND BEGIN UTILIZING THE CRIMINAL HISTORY INFORMATION RESPONSE PROCESS (CHIRP) AS SOON AS POSSIBLE IN ORDER TO AVOID ANY FUTURE DISRUPTION IN DELIVERY OF RESPONSES. CHIRP MAY BE ACCESSED BY THE FOLLOWING LINK: <https://chirp.isp.state.il.us/CHIRP/login.action>

**IDENTIFIERS**

<b>DCN:</b>	L50399129	<b>TCN:</b>	LS10391L50399129	<b>PURPOSE:</b>	LIQ
<b>SUBMISSION TYPE:</b>	FEAPP	<b>RESULT:</b>	NO RECORD ON FILE		
<b>Name:</b>	WALLACE, THOMAS A	<b>Employer #:</b>	IL045080L	<b>SSN #:</b>	330580707
<b>Sex Code:</b>	MALE	<b>Race Code:</b>	WHITE	<b>DOB:</b>	03/23/1962

**STATE USE ONLY**

**WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW  
TITLE 42 USC 3789G PERTAINING TO CRIMINAL HISTORY INFORMATION**