



AGENDA
HAMPSHIRE LIQUOR COMMISSION MEETING
December 14, 2022
6:00 P.M.

1. Call to Order.
2. Establish Quorum.
3. Approve Meeting Minutes of October 6, 2022.
4. Review & Approve Renewal of Liquor Licenses for 2023.
5. Review Liquor License Application Class J - Meli's Gaming Café
6. Other Business
7. Adjournment.

**MEETING OF THE LIQUOR COMMISSION
MINUTES
October 6, 2022**

The meeting of the Village of Hampshire Liquor Commission was called to order by Chairman Michael J. Reid, Jr. at 6:25 p.m. in the Village of Hampshire Village Board Room, 234 S. State Street, on Thursday, October 6, 2022.

A quorum was established.

Present: Lionel Mott, Toby Koth, Mike Reid, Jr.

Absent: None

In addition, present in-person were Village Clerk Linda Vasquez, Village Administer Assistant Josh Wray.

PUBLIC COMMENTS

None

MINUTES

Commissioner Mott moved to approve the minutes of August 4, 2022.

Seconded by Commissioner Koth

Motion carried by roll call vote.

Ayes: Koth, Reid, Mott

Nays: None

Absent: None

LIQUOR LICENSES

A Motion to Approve the Liquor License application Class C-3 to Hampshire Social

Commissioner Koth moved to approve the Liquor License application Class C-3 to Hampshire Social

Seconded by Chairperson Reid

Motion carried by roll call vote.

Ayes: Koth, Reid, Mott

Nays: None

Absent: None

Commissioner Koth moved to approve pro rating the liquor license fee for Hampshire Social.

Seconded by Chairperson Mott

Motion carried by roll call vote.

Ayes: Koth, Reid, Mott

Nays: None

Absent: None

ADJOURNMENT

Commissioner Mott moved to adjourn the Liquor Commission meeting at 6:30 p.m.

Seconded by Commissioner Koth

Motion carried by roll call vote.

Ayes: Koth, Reid, Mott

Nays: None

Absent: None

Mike Reid, Jr., Liquor Commission Chairman



PAID

Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

NOV 22 2022

Village of Hampshire

**APPLICATION FOR LIQUOR LICENSE
(Not Special Event)**

DATE: 11/10/22

NAME OF APPLICANT: Block's Fresh Market (Mital R Patel)

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Block's Fresh market

SALES TAX ID: 4298-0607 BUSINESS PHONE: 847-683-2531

ADDRESS OF BUSINESS: 199 Maple Place

MAILING ADDRESS: Hampshire, IL, 60140

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):

<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 checked="" type="checkbox"/> Class B-1 - \$1,500.00	<input type="checkbox"/> Class E - \$1,750.00
<input 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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on Jan 01 23 and ending December 31, 2023
Month, Day, Year Year

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: Mital R Pali

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: Grocery + Liquor, (Retail)

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: SD-Sioux Falls 8/2/1996

If an Illinois corporation, state date of corporation: Paramguru 9 LLC 9/24/2018

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. for operation of Block's Fresh Market

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 Maple Place,
Hampshire, IL, 60140.
Grocery Store

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. N/A

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? 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. yes - 9/26/2018 Village of Hampshire

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. Sandip Patel.

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

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? owned

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? _____

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?

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? _____

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. [Signature]

Sec. _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF Illinois)
County of McHenry) SS

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this 16 day of November 2022.

[Signature]
Notary Public





Serving Alcohol

is proud to present this certificate to

Daxeshkumar Patel

for successful completion of the online course

Illinois Basset On-Premise Seller Server Course

STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training

LICENSE NUMBER: 5A-0105593

Persons completing this course acknowledge that it is illegal to sell, give or deliver alcoholic liquor to any person under the age of 21 years of age or to any intoxicated person. 625 ILCS 5/6-16(a)(i)

Persons completing this course acknowledge that it is illegal to sell, buy for, distribute samples of or furnish any cigar, cigarette, smokeless tobacco or tobacco in any of its forms to any minor under 21 years of age. 720 ILCS 675/680



Verify online at
servingalcohol.com

Verification Code
642Hivu0QG

Date Issued
Nov 17th, 2022

VALID FOR 3 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Illinois BASSET On-Premise Course

Name: Daxeshkumar Patel

Certification Date: Nov 17th, 2022

Certificate Code: 642Hivu0QG

BASSET TRAINER: 5A-0105593

SERVING ALCOHOL . COM

VALID FOR 3 YEARS

Student ID: 296152 Date of Birth: 05/30/1978

After 30 days print your official BASSET card here: <https://mytax.illinois.gov/?Link=Basset>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2022

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).

PRODUCER KWIK INSUREU INC. 2815 FORBS AVE. SUITE 107 HOFFMAN ESTATES, ILLINOIS 60192	CONTACT NAME: DIVYESH PATEL PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED] INSURER(S) AFFORDING COVERAGE INSURER A: GUARD INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED PARAMGURU 9 LLC DBA BLOCKS FRESH MARKET 199 SOUTH MAPLE PLACE HAMPSHIRE, IL 60140	NAIC #

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PABP303271	11/29/2022	11/29/2023	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
		MED EXP (Any one person) \$ 5,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY		PABP303271	11/29/2022	11/29/2023	AGGERGATE 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

VILLAGE OF HAMPSHIRE

234 S STATE ST

HAMPSHIRE, IL 60140

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

DIVYESH PATEL 11/01/2022



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 64438665 briefly described as LIQUOR VILLAGE OF HAMPSHIRE
for PARAMGURU 9, LLC DBA BLOCK'S FRESH MARKET, as Principal,
in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 03, 2022, and ending December 03, 2023, 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 25th day of October, 2022.



WESTERN SURETY COMPANY

By

Paul T. Brumat, Vice President

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

Certificate of Completion

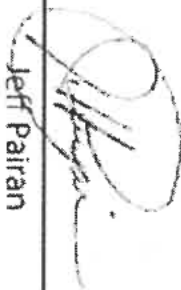
**American
Safety Council**

CYNTHIA CAMRON

Has diligently and with merit completed the

Off-Premise BASSET Alcohol Certification on 11/22/2022

from the American Safety Council.



Jeff Pairan

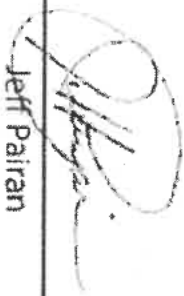
Certificate of Completion

**American
Safety Council**

SANDIP PATEL

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 11/21/2022

from the American Safety Council.


Jeff Pairan



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID

NOV 22 2022

Village of Hampshire

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11/15/2022

NAME OF APPLICANT: CASEY'S RETAIL COMPANY

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: CASEY'S #3066

SALES TAX ID: 3519-3395 BUSINESS PHONE: 847-683-9110

ADDRESS OF BUSINESS: 820 WARNER ST, P.O. BOX 443, HAMPSHIRE, IL 60140

MAILING ADDRESS: CASEY'S RETAIL COMPANY: ONE SE CONVENIENCE BLVD, P.O. BOX 3001, ANKENY, IA 50021

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):

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Class B-1 - \$1,500.00 | <input type="checkbox"/> Class E - \$1,750.00 |
| <input 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on JANUARY 1, 2023 and ending December 31, 2023
Month, Day, Year Year

If answer is in the affirmative, state the date and reason for such revocation.

N/A

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 PERSONS INDIVIDUALLY OR AN AGGREGATE OWN 5% OF CORP STOCK.

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. KIMBERLY CARROLL - STORE MANAGER

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

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
BOND TO BE PROVIDED DIRECTLY TO THE VILLAGE FROM OUR BONDING COMPANY.

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? WE HAVE HAD SUSPENSIONS, PLEASE SEE ATTACHED.

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

CASEY'S RETAIL COMPANY

Federal Tax ID # 20-1025921

Date of Incorporation: April 14, 2004

Effective 10/8/21

Officers

Stephen P. Bramlage, Jr., President
One SE Convenience Blvd.
Ankeny, IA 50021
Home: 1613 NW Seasons Drive
Ankeny, IA 50023

DOB: 10/17/70
Phone: 515/381-5705
DL# 272-69-151, PA

Kory R. Ross, Vice President
One SE Convenience Blvd.
Ankeny, IA 50021
Home: 809 80th St
West Des Moines, IA 50266

DOB: 10/14/86
Phone: 515/446-6431
DL# 969AA2268, IA

Scott A. Faber, Secretary
One SE Convenience Blvd.
Ankeny, IA 50021
Home: 6749 Cardiff Court
Johnston, IA 50131

DOB: 01/29/79
Phone: 515/963-3802
DL# 769YY2248, IA

Douglas M. Beech, Asst. Secretary
One SE Convenience Blvd.
Ankeny, IA 50021
Home: 729 NE Brook Haven Drive
Ankeny, IA 50021

DOB: 12/21/62
Phone: 515/446-6284
DL# 470UU5178, IA

Eric M. Larsen, Treasurer
One SE Convenience Blvd.
Ankeny, IA 50021
Home: 4407 NW 5th Street
Ankeny, IA 50023

DOB: 06/24/67
Phone: 515/446-6803
DL# 042AA9373, IA

Board of Directors

Stephen P. Bramlage, Jr. Chairman
One SE Convenience Boulevard
Ankeny, IA 50021

Eric Larsen
One SE Convenience Boulevard
Ankeny, IA 50021

Scott Faber
One SE Convenience Boulevard
Ankeny, IA 50021

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2022

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.

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PRODUCER AssuredPartners Great Plains, LLC 4200 University Ave., Suite 200 West Des Moines IA 50266-5945	CONTACT NAME: Lori Godbey PHONE (A/C No. Ext): 515-237-0114 FAX (A/C No): 515-237-0114 E-MAIL ADDRESS: lori.godbey@AssuredPartners.com
INSURED Casey's General Stores, Inc. P O Box 3001 One Convenience Blvd Ankeny IA 50021	INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Indemnity Insurance Company of North America INSURER C: ACE Fire Underwriters Insurance Company INSURER D: ACE Property & Casualty Ins Co INSURER E: INSURER F:
CASEGEN-01	NAIC # 22667 43575 20702 20699

COVERAGES**CERTIFICATE NUMBER:** 1425435526**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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	XSLG47350712	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ISAH10758555	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 2,000,000
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		XEUG72528207002	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> Y N/A	WLRC50728900 SCFC5072895A	7/1/2022 7/1/2022	7/1/2023 7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability		XSLG47350712	7/1/2022	7/1/2023	Each Occurrence Aggregate 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured Includes: Casey's Retail Company, Casey's Services Company, Casey's Marketing Company, Casey's Services Company, CGS Stores, LLC, Buck's, Inc., Buck's, LLC; Chicago SPE (N), LLC, Buchanan Energy (N), LLC, Buchanan Energy (S), LLC, Buck's LLC of Collinsville, C. T. Jewell Company, Inc., Buck's Intermediate Holdings LLC and Buck's Holdco, Inc.

RE: #3066 liquor permit

Certificate holder is an Additional Insured - Designated Person or Organization with respects to the General Liability policy per for XS-6W25b (04/13)

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

Anne MacFarland

MERCHANTS BONDING COMPANY™

MERCHANTS BONDING COMPANY (MUTUAL)

CONTINUATION CERTIFICATE

(to be filed with the obligee)

IL 57104 \$1,500 Liquor Retailer
BOND NO. AMOUNT DESCRIPTION

OBLIGEE Village of Hampshire

MERCHANTS BONDING COMPANY (MUTUAL) hereby continues in force Bond for:

PRINCIPAL CASEY'S RETAIL COMPANY

DBA

All liability under this Continuation Certificate is effective 12/01/2022 and terminates midnight 12/01/2023
This continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.
Witness the signature of its President under the corporate seal on August 28, 2022

Attest:

William Warner Jr.
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)

Larry Taylor
President

CERTIFICATION

I hereby certify that the following is a true and correct copy of Section 1(b) and Section 1(d) of Article VI of the Bylaws of Merchants Bonding Company (Mutual) duly adopted and recorded to-wit: Section 1(b) "The President, Secretary, or Treasurer or any Assistant Treasurer or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof," and Section 1(d) "The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."
I further certify that the following are duly elected officers of the Company: Larry Taylor, President; and William Warner, Jr., Secretary.

IN TESTIMONY WHEREOF, I have hereunto set my hand as President and affix the Corporate Seal of the MERCHANTS BONDING COMPANY (MUTUAL)

this 28th day of August 2022
Attest:

William Warner Jr.
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)

Larry Taylor
President

On this 28th day of August 2022 before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

Witnessed to and subscribed by me on August 28, 2022

Polly Mason
Notary Public



POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID

NOV 1 2022

Village of Hampshire

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11-15-22

NAME OF APPLICANT: Copper Barrel on State

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Copper Barrel Inc.

SALES TAX ID: 4284-8814 BUSINESS PHONE: 224-218-1300

ADDRESS OF BUSINESS: 172 S. State St.

MAILING ADDRESS: P.O. Box 365, Hampshire IL 60140

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 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input checked="" type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on Jan, 01, 2023 and ending December 31, 2023
Month, Day, Year Year

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: Michelle A. Bunkowske

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: Active

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? yes

If naturalized, state date and place of naturalization: n/a

If an Illinois corporation, state date of corporation: 08/17

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

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. 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.

172 S. State St
Hampshire IL 60140

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. Illinois Liquor License

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. 05/2022

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. 05/2018

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. Michelle Bunkowske

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 05/2018

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? _____

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? _____

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?

yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. Michelle Bunkowske
Sec. Kristie Perez

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Michelle Bunkowske
KRISTIE PEREZ

STATE OF Illinois)
County of Kane) SS

The undersigned swears that all statements are true and correct.

Michelle Bunkowske

CORPORATE SEAL

Subscribed and sworn to before me this 9th day of NOVEMBER 2022

M Brandes

Notary Public





Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 64887997 briefly described as LIQUOR SALES VILLAGE OF HAMPSHIRE,
for COPPER BARREL INC, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning November 30, 2022, and ending November 30, 2023, 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 28th day of October, 2022.

WESTERN SURETY COMPANY

By Paul T. Brumat
Paul T. Brumat, Vice President



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

Liquor License



May 19, 2022



COPPER BARREL INC
COPPER BARREL ON STATE
PO BOX 365
HAMPSHIRE IL 60140-0365

Letter ID: L1649603848

License No.: 1A-1139156
Expiration Date: 05/31/23
License Type: RETAILER
Account ID: 42848814

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

Letter ID: L1649603848



STATE OF ILLINOIS LIQUOR CONTROL COMMISSION Governor JB Pritzker

1A-1139156

License Number

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

COPPER BARREL INC
COPPER BARREL ON STATE
172 S STATE ST
HAMPSHIRE IL 60140-7000

Kane

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

RETAILER
ON-PREMISES

ISSUE DATE:

05/19/22

Effective:

06/01/22

THIS LICENSE
EXPIRES ON:

05/31/23

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

Warehouse: N/A

Sales Tax Acct # 42848814

THIS LICENSE NOT TRANSFERABLE
AS TO PRINCIPAL

BASSET Card

November 23, 2021



Letter ID: L1032751344

MICHELLE BUNKOWSKE
806 ELM STREET
HAMPSHIRE IL 60140

License No.: 5A-0110606
Expiration Date: 11/21/2024
License Type: Basset Card

Your "Student ID number" is: 20180352

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 ILCC.illinois.gov
(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: 11/21/2021 Expires: 11/21/2024
Trainer's IL Liquor License Number: 5A-0110606
MICHELLE BUNKOWSKE
[REDACTED]
HAMPSHIRE IL 60140

Certificate of Completion

**American
Safety Council**

TERESE HOFFMAN

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 11/10/2022

from the American Safety Council.



Jeff Pairan

Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: Tracey Miller

Certificate #: 000027150409

Date of Completion: 11/09/2022

School Name:
360training.com dba Learn2Serve

I, Tracey Miller

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

learn2
serve

Corporate Headquarters
5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235



CERTIFICATE OF COMPLETION BASSET TRAINING

THIS IS TO CERTIFY THAT

lindsay zdroik

has successfully met all the requirements and completed
the appropriate training administered by the issuer.
This certificate serves as proof of the successful
completion of BASSET training in the state of
Illinois. Your state issued certificate and license
number is being processed.

www.illinoisbasetofficial.com

November 10, 2022

Date Issued



Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: William Lococo

Certificate #: 000027159563

Date of Completion: 11/10/2022

School Name:

360training.com dba Learn2Serve

I, Smith McFarland

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Corporate Headquarters
5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Certificate of Completion

**American
Safety Council.**

AERIANNA REYES

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 11/11/2022
from the American Safety Council.


Jeff Pairan

Certificate of Completion

**American
Safety Council**

OLIVIA MAGNUSSEN

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 6/21/2021

from the American Safety Council.


Jeff Paitan

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Tomi L Vavrik

Certificate #: 000021030071

Date of Completion: 09/09/2022

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**Learn2
Serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Mayra Mendoza

Certificate #: 000020517962

Date of Completion: 06/07/2022

School Name:

360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**Learn2
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.801.2235

Illinois BASSET


SELLER / SERVER CERTIFICATION

Trainee Name: Terese Hoffman

Certificate #: 000016607955

Date of Completion: 11/11/2019

School Name:
360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

Corporate Headquarters

6802 N. Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
Phone: 877.881.2235



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: 4/28/2022 Expires: 4/28/2025
Trainer's IL Liquor License Number: 5A-0110606
SHAWNNA PALAZZOLO
[REDACTED]
MARENGO IL 60152
****Card is not transferrable****

Certificate of Completion

**American
Safety Council**

SOPHIA MAGNUSSEN

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 6/8/2022

from the American Safety Council.


Jeff Palian



Illinois BASSET Training

This card certifies that:

SOPHIA MAGNUSSEN

has completed the
On-Premise BASSET Alcohol Certification


Jeff Fahren

7/8/2022

Exp. Date:

ILLINOIS LIQUOR CONTROL COMMISSION
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING (BASSETY) CARD
Date of Certification: 4/19/2024
Trainer's IL Liquor License Number: 5A-0110606
KAYTE TREMINSKI
CHICAGO IL 60178
Card is not transferrable

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Jake Louis

School Name:

Certificate #: 000018896998

360training.com dba Lear

Date of Completion: 05/25/2021

I, *Santhi Megaraj*

**certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.**

This course provides neces
knowledge and techniques for
responsible serving of alco


This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com

**learn2
serve**

Corporate Headquarters
6801 N. Capital of Texas Hwy, Suite 250, Austin, TX 78701
Phone: 877.881.1111

Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: Susan Zdrok
Certificate #: 000027130959
Date of Completion: 11/06/2022
School Name:
360training.com dba Learn2Serve


I, _____
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

The course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com



Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: Sarah Carlson

Certificate #: 000027142522

Date of Completion: 11/08/2022

School Name:

360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Corporate Headquarters
5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235



Illinois BASSET Training

This card certifies that:

FALLON CURRIE

has completed the
On-Premise BASSET Alcohol Certification

A handwritten signature in black ink, appearing to read "Jeff Parran".

Jeff Parran

12/11/2022

Exp. Date:



Illinois BASSET Training

This card certifies that:

CARLI FELLOWS

has completed the
On-Premise BASSET Alcohol Certification

A handwritten signature in black ink, appearing to read "Jeff Barran", written over a horizontal line.

12/12/2022

Exp. Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2022

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).

PRODUCER
CHUCK P QUICK (04624)
822 CENTENNIAL
HAMPSHIRE, IL 60140-0000

CONTACT NAME: CHUCK P QUICK

PHONE
(A/C, No, Ext):FAX
(A/C, No):E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: COUNTRY Mutual Insurance Company

20990

INSURED 4564483
COPPER BARREL INC
PO BOX 365
HAMPSHIRE, IL 60140

INSURER B:

INSURER C:

INSURER D:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	AM9287363	8/10/2022	8/10/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		AV9300679	8/10/2022	8/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<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 \$ 10,000		AU9288070	8/10/2022	8/10/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	LIQUOR LIABILITY		AM9287363	8/10/2022	8/10/2023	Each Person Bl Limit \$ 0 AGGREGATE \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

POLICY INFORMATION:

Each Person Property Damage Limit and Loss Of Means of Support or Loss of Society Limit are included in Liquor Liability Coverage and subject to Illinois Statute
(CONTINUED)

CERTIFICATE HOLDER

VILLAGE OF HAMPSHIRE
234 S STATE
HAMPSHIRE, IL 60140

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

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY		NAMED INSURED	
POLICY NUMBER AM9287363		COPPER BARREL INC PO BOX 365 HAMPSHIRE, IL 60140	
CARRIER COUNTRY Mutual Insurance Company	NAIC CODE 20990	EFFECTIVE DATE: 11/14/2022	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE**WAIVERS:**

THE INSURING COMPANY WAIVES ITS RIGHTS OF SUBROGATION (RIGHTS TO RECOVER) AGAINST THE CERTIFICATE HOLDER NAMED BELOW WITH RESPECT TO ANY PAYMENTS MADE FOR LIABILITY COVERAGE(S) UNDER THE POLICY(IES) SHOWN IN THE GENERAL LIABILITY SECTION OF THIS CERTIFICATE. THE INSURANCE AFFORDED BY THIS POLICY FOR THE ADDITIONAL INSURED(S) IS PRIMARY INSURANCE AND ANY OTHER INSURANCE MAINTAINED BY OR AVAILABLE TO THE ADDITIONAL INSURED(S) IS NON-CONTRIBUTORY.



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID

DEC 06 2022

Village of Hampshire

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: _____
NAME OF APPLICANT: Hitesh Patel
NAME OF APPLICANT: Hampshire Gasoline Inc
APPLICANT'S PHONE: _____
APPLICANT'S EMAIL: _____
NAME OF BUSINESS: Hampshire Gasoline Inc
SALES TAX ID: 4020-3718 BUSINESS PHONE: 847-683-7180
ADDRESS OF BUSINESS: 1000 S. State Street, Hampshire
MAILING ADDRESS: Same As Business

IL
60140

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):

<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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on Jan 01, 2023 and ending December 31, 2023
Month, Day, Year Year

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: Hitesh Patel

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

BUSINESS STATUS: Current

PERCENTAGE OF STOCK HELD: 100%

(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: Jan 05, 2011

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 Convenience store

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 Hampshire

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Hampshire

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? _____

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

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. Narinder Chitkara

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? 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? yes

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? _____

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? yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. [Signature]

Sec. _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

[Signature]

STATE OF ILLINOIS)
County of DuPage) SS

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this
6 day of December, 2022.

[Signature]
Notary Public





P.O. BOX 3967 PEORIA, IL 61612-3967
P: (800) 645-2402 E: asksurety@rlicorp.com
RLISURETY.COM

CONTINUATION CERTIFICATE

RLI Insurance Company hereby continues in force Bond No. LSM1131456
briefly described as Liquor Liability For Retail Sales
bound unto the Village Of Hampshire
on behalf of Hampshire Gasoline Inc

Location Name & Address:	Bill To Name & Address (if different):
<u>Hampshire Gasoline Inc</u>	
<u>1000 S. State Street</u>	
<u>Hampshire, IL 60140</u>	

in the sum of \$ 10,000.00 Dollars, for the term beginning June 19, 2022 and
ending June 19, 2023 subject to all the covenants and conditions of the original bond referred to above.

This Continuation Certificate is executed upon the express condition that the Undersigned company's liability under said bond and under this and all Continuation Certificates issued in connection therewith shall not be cumulative and shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 2nd day of April, 2022.



RLI Insurance Company

By B. W. Davis
Barton W. Davis Vice President

THIS MUST BE FILED WITH THE OBLIGEE.



HAMPGAS-03

GCHICO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

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).

PRODUCER Downers Grove, IL-Cooper & Allison-Hub International Midwest West 1411 Opus PI Suite #450 Downers Grove, IL 60515	CONTACT NAME: Georgie Chico PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]																					
INSURED Hampshire Gasoline, Inc. 1000 S State Street Hampshire, IL 60140	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>ACUITY, A Mutual Insurance Company</td><td>14184</td></tr><tr><td>INSURER B:</td><td>Employers Mutual Casualty Company</td><td>21415</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ACUITY, A Mutual Insurance Company	14184	INSURER B:	Employers Mutual Casualty Company	21415	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
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.		

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"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Liquor Liability			Z63529	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Aggregate Limit \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Z63529	2/1/2022	2/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EIG263848204	7/1/2022	7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Building			Z63529	2/1/2022	2/1/2023	RC \$1,000 DED 1,440,731
A	BPP			Z63529	2/1/2022	2/1/2023	RC \$1,000 DED 162,240

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Loc: 1000 S State St, Hampshire, IL 60140
Building Limit Breakdown:
Bld 1: C-Store- \$1,003,668
Bld 2: Canopy, Tanks, Pumps- \$437,063
Storage Tank Pollution Liability:
Crum & Forster Specialty Insurance
Policy # STP-417914, Policy Period 4-18-22 to 4-18-23
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Village of Hampshire
234 S. State St.
Hampshire, IL 60140

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

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Downers Grove, IL-Cooper & Allison-Hub International Midwest West		NAMED INSURED Hampshire Gasoline, Inc. 1000 S State Street Hampshire, IL 60140
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**Description of Operations/Locations/Vehicles:****Limits: \$2,000,000 Policy Aggregate, \$1,000,000 Each Confirmed Release, \$250,000 Defense Aggregate, \$5,000 per incident
Deductible/Self Retention.****Evidence of Coverage**



Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Narinder Chitkara

Certificate #: 000016426947

Date of Completion: 10/18/2019

School Name:

360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.



Village of Hampshire
 234 S. State Street, Hampshire, IL 60140
 Phone: 847-683-2181 • www.hampshireil.org

PAID

DEC 01 2022

Village of Hampshire

**APPLICATION FOR LIQUOR LICENSE
 (Not Special Event)**

DATE: 12/1/2022

NAME OF APPLICANT: Amanda Jones & Danielle Roberts

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Hampshire Social, LLC

SALES TAX ID: 4462-8821 BUSINESS PHONE: 224-218-1098

ADDRESS OF BUSINESS: 124 S State Street Hampshire IL 60140

MAILING ADDRESS: PO BOX 842

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):

<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 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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input checked="" type="checkbox"/> Class C-3 - \$1,750.00	*Use Special Event License Application for Class G Liquor Licenses

2. License Period:

Commencing on January 1, 2023 and ending December 31, 2023
 Month, Day, Year Year

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: Amanda JonesBIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]HOME ADDRESS: [REDACTED]DRIVERS LICENSE NUMBER: [REDACTED]BUSINESS STATUS: Vice PresidentPERCENTAGE 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? Yes

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. _____

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.

124 S State St. Hampshire IL 60140. Coffee, wine, Beer, and whiskey along with food options8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. yesIf answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Hampshire, IL 9/7/20229. 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. Yes

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. Amanda Jones

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

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? Yes

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? _____

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? Yes _____

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. Sec. 

INDIVIDUAL OR PARTNERSHIP SIGNATURES


STATE OF ILLINOIS)
) SS
County of DEKALB)

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this
2 day of December, 2022.




Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/19/2022

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).

PRODUCER Crum-Halsted Agency Inc 407 E Congress Parkway Unit C Crystal Lake IL 60014	CONTACT NAME: Michelle Sulek PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 15261
INSURED Hampshire Social LLC 124 S State St Hampshire IL 60140	

COVERAGES**CERTIFICATE NUMBER:** Master 2022**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.

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: <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BP18045584	08/18/2022	08/18/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			UM18045587	08/18/2022	08/18/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			BP18045584	08/18/2022	08/18/2023	Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Village of Hampshire
234 S. State Street

Hampshire

IL 60140

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

Yhodon A. Rouman

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WB Index: 2526477

CUSTOMER No.:

D

REINSTATEMENT NOTICE

Village of Hampshire

234 S State St
Hampshire, IL 60140-7001

PRINCIPAL:

Hampshire Social LLC
124 S State St
Hampshire, IL 60140-7000

BOND NUMBER: 2526477

BOND DESCRIPTION: License & Permit Compliance Bond

BOND TERM: 08/18/2022 TO 08/18/2023

BOND PENALTY: \$ 1,500.00

WEST BEND MUTUAL INSURANCE COMPANY hereby reinstates and continues in force the bond referenced above, subject to all of the covenants and conditions of the original bond.

THIS reinstatement and continuation is issued upon the express condition that the liability of WEST BEND MUTUAL INSURANCE COMPANY under said bond and this and all reinstatements and continuations thereof shall not be cumulative in any term, calendar year, or licensing period unless specifically required by law, statute, ordinance, or regulation of the obligee, and shall in no event exceed the total bond penalty written or any amendments, endorsements, or riders attached thereto.

OBLIGEE Village of Hampshire

234 S State St
Hampshire, IL 60140-7001

AGENT 12093

CRUM-HALSTED AGENCY INC
407 E Congress Pkwy Ste C
Crystal Lake, IL 60014-6238

***TELEPHONE (779) 220-6560

Dated this 29th day of September, 2022.

OBLIGEE COPY

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

NB 1410 04 22

1900 S 18th Avenue | West Bend, WI 53095 | Phone: (800) 236-5010 | Fax: (877) 674-2663 | www.thesilverlining.com



Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

1,250 11-30-22

**APPLICATION FOR LIQUOR LICENSE
(Not Special Event)**

DATE: 11-30-22

NAME OF APPLICANT: Garrod Fannon Harps Lounge

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Harps Lounge

SALES TAX ID: 85-1552294 BUSINESS PHONE: 815-757-5977

ADDRESS OF BUSINESS: 125 W Oak Knoll Dr Hampshire IL 60140

MAILING ADDRESS: 125 W. Oak Knoll Dr Hampshire IL 60140

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):

- | | |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input checked="" 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 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on 01-01 2023 and ending December 31, 2023
Month, Day, Year Year

3. Type of Business Entity (check one):

☐ Individual

☐ Corporation

☐ Partnership

☒ Other (specify): 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.

NAME: Garrod R.W. Fannen

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: Open

PERCENTAGE OF STOCK HELD: 100

(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: _____

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. Bar

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.

Harps Lounge 125 W. Oak Knoll Drive Hampshire IL 60140

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. ILLINOIS

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. ILLINOIS

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. yes 07-22

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. Garrod Fannon

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 07-22

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? yes

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? yes 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? yes
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? yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]

Sec. _____

STATE OF Illinois)

County of Kane) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 30th day of Nov, 2022.

[Signature]

Notary Public



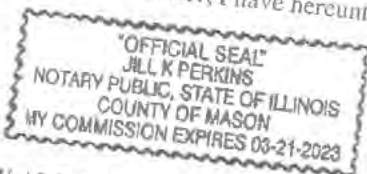


ACKNOWLEDGMENT OF SURETY (Corporate Officer)

STATE OF ILLINOIS }
COUNTY OF TAZEWELL } ss

On this 7th day of July, 2022, before me, the undersigned officer, personally appeared Joel Jackson, Senior Vice President & Chief Operating Officer who acknowledged himself to be the aforesaid officer of the Pekin Insurance Company, a corporation 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.

In witness whereof, I have hereunto set my hand and official seal.



Jill K Perkins
Notary Public, State of Illinois

KNOW ALL PERSONS BY THESE PRESENTS:

POWER OF ATTORNEY

That the PEKIN INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and authorized and licensed to do business in the State of Illinois, does hereby make, constitute and appoint each of the following officers as Attorney in Fact, with full power and authority hereby conferred upon him or her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed. Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, and surety and fidelity bonds; Indemnity in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company:

Daniel V. Connell, President & Chief Executive Officer
Joel Jackson, Senior Vice President & Chief Operating Officer

The PEKIN INSURANCE COMPANY further certifies that the following is a true and exact copy of Article V, Section 5 of the By-laws of the PEKIN INSURANCE COMPANY duly adopted and now in force, to-wit:
Article V, Section 5: "All bonds of the corporation shall be executed in the corporate name of the Company by the Chairman of the Board, President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The Chairman of the Board, President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds in the name of the Company. The corporate seal is not necessary for the validity of any bonds of the corporation."
In Witness Whereof, the said PEKIN INSURANCE COMPANY has caused these presents to be executed by its President with the corporate seal affixed this 7th day of July, 2022.

ATTEST

Joel Jackson

Joel Jackson
Senior Vice President & Chief Operating Officer

STATE OF ILLINOIS }
COUNTY OF TAZEWELL } ss

PEKIN INSURANCE COMPANY

Daniel V. Connell
Daniel V. Connell
President & Chief Executive Officer

On this 7th day of July, 2022, before me, a Notary Public personally appeared Daniel V. Connell, President & Chief Executive Officer and Joel Jackson, Senior Vice President & Chief Operating Officer who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as President and Senior Vice President respectively, of the said PEKIN INSURANCE COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



Jill K Perkins
Notary Public, State of Illinois

INDEMNITY

The applicant hereby certifies that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing the Pekin Insurance Company, a corporation, (herein referred to as Company), to become Surety on a certain bond or undertaking herein applied for, and in consideration of the Company executing said bond does undertake and agree as follows:

To pay the Company the usual premium in advance.

To indemnify and keep indemnified the Company, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, which the Company shall or may at any time sustain or incur by reason or in consequence of having executed said bond.

That the vouchers or other evidence of payments made by the said Company under its obligation of suretyship shall be conclusive evidence against the applicant of the fact and extent of their liability to the said Company under said obligation of the applicant, whether said payments were made to discharge a penalty thereunder, incurred in the investigation of a claim made thereon or adjusting a loss or claim in connection therewith, or in completing the work covered thereby, and whether voluntarily made or paid after suit and judgment against said Company.

If the Company shall set up a reserve to cover any claim, suit or judgment under any such bond, the applicant will, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security on such bond, and such sum and any other money or property which shall have been, or shall hereafter be, pledged as collateral security on any such bond shall, unless otherwise agreed in writing by the Company, be available, in the discretion of the Company, as collateral security on any other bonds coming within the scope of the Agreement.

The Company, at its discretion shall reserve the right to withdraw or cancel the bond according to the terms outlined in the agreement.

The Company is hereby authorized to confirm and verify all items.

☒ The applicant accepts the Indemnity agreement.

Date 07/07/2022

Certificate of Completion

**American
Safety Council**

SHAINA MALINOWSKI

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 9/24/2022

from the American Safety Council.


Jeff Pairan



Illinois BASSET Training

This card certifies that:

SHAINA MALINOWSKI

has completed the
On-Premise BASSET Alcohol Certification

A handwritten signature in black ink, appearing to read "Jeff Poirier", written over a horizontal line.

Jeff Poirier

10/24/2022

Exp. Date

Certificate of Completion

**American
Safety Council**

KATHRYN STIRBER

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 3/25/2022

from the American Safety Council.


Jeff Palran

Liquor Commission,

Throughout the year we like to Run Karaoke Once a week for Entertainment.

A few times a year we have tried outdoor Concerts. Which we have worked directly with this department and police dept and many more departments.

We would like to start a few acoustical singers inside the bar. We have done that once and it turned out pretty well.

Thank you -



Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID
NOV 29 2022
Village of Hampshire
3882

**APPLICATION FOR LIQUOR LICENSE
(Not Special Event)**

DATE: 11-17-22

NAME OF APPLICANT: David Ruth

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Corner Spot Inc DBA The Kave

SALES TAX ID: 26-1674337 BUSINESS PHONE: 847-287-5651

ADDRESS OF BUSINESS: 123 Washington Ave., Hampshire, IL

MAILING ADDRESS: P.O. Box 484

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):

- | | |
|--|---|
| <input checked="" 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 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on 12/31/2022 and ending December 31, 2023
Month, Day, Year Year

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 Ruth

BIRTHDAY: _____

HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

BUSINESS STATUS: S-Corp.

PERCENTAGE OF STOCK HELD: 100%

(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: 1-9-2012

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. BAR

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.

CORNER SPOT INC. DBA The Kave 123 Washington Ave. Hampshire.
we run a bar. serving alcoholic drinks. we also
offer gambling machines.

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. ILLINOIS, 2022

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. 2021

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. Gina Pearson

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 2021

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? Yes

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? _____

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?

yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

X Pres. [Signature] [Signature]

Sec. _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF IL)

County of KANE) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 29th day of NOV, 2022.

[Signature]

Notary Public

OFFICIAL SEAL
M BRANDES
PUBLIC - STATE OF ILLINOIS
COMMISSION EXPIRES: 10/18/23

Certificate of Completion

**American
Safety Council**

BRIANNA DOYLE

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 2/16/2021

from the American Safety Council.



Jeff Pairan



CORNPO-01

JPORTZEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2022

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).

PRODUCER

GIS Cornerstone, LLC DBA Cornerstone Risk Management
28160 W. Northwest Highway Suite 203
Lake Barrington, IL 60010

CONTACT

NAME:

PHONE

(A/C, No, Ext)

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **Society Insurance**

15261

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Corner Spot, Inc. dba The Kave
David Ruth
320 Jake Lane
Hampshire, IL 60140

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BP18043124	1/14/2022	1/14/2023	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						MED EXP (Any one person) \$ 1,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<input checked="" type="checkbox"/> OTHER: Liquor Liability					
A	AUTOMOBILE LIABILITY		CA18043144	1/14/2022	1/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INSURED PREMISE: 123 WASHINGTON AVE., HAMPSHIRE, IL COVERAGE INCLUDES BODILY INJURY, PROPERTY DAMAGE & INJURY TO MEANS OF SUPPORT.

THE VILLAGE OF HAMPSHIRE IS NAMED ADDITIONAL INSURED.

CERTIFICATE HOLDER

VILLAGE OF HAMPSHIRE
PO BOX 461
HAMPSHIRE, IL 60140

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



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 64732586 briefly
described as LIQUOR LICENSE VILLAGE OF HAMPSHIRE

for CORNER SPOT

_____, as Principal,
in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning
July 24, 2022, and ending July 24, 2023, 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 9th day of June, 2022.



WESTERN SURETY COMPANY

By

Paul T. Brunat, Vice President

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

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. Bruffat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One LIQUOR LICENSE VILLAGE OF HAMPSHIRE

bond with bond number 64732586

for CORNER SPOT

as Principal in the penalty amount not to exceed \$1,500.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7 All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President Paul T. Bruffat with the corporate seal affixed this 9th day of June, 2022.

ATTEST

P. Leitheiser
P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Bruffat
Paul T. Bruffat, Vice President

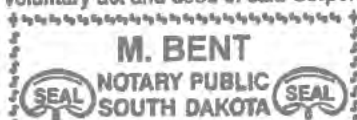
STATE OF SOUTH DAKOTA

COUNTY OF MINNEHAHA

} SS

On this 9th day of June, 2022, before me, a Notary Public, personally appeared
Paul T. Bruffat and P. Leitheiser

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to
be the voluntary act and deed of said Corporation.



M. Bent
Notary Public

My Commission Expires March 2, 2026

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

Form F1975-5-2021

Serving Alcohol

is proud to present this certificate to

Karl Schumacher

for successful completion of the online course

Illinois Basset On-Premise Seller Server Course

STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training

LICENSE NUMBER: 5A-0105593

Persons completing this course acknowledge that it is illegal to sell, give or deliver alcoholic liquor to any person under the age of 21 years of age or to any intoxicated person. 625 ILCS 5/6-16(a)(i)

Persons completing this course acknowledge that it is illegal to sell, buy for, distribute samples of or furnish any cigar, cigarette, smokeless tobacco or tobacco in any of its forms to any minor under 21 years of age. 720 ILCS 675-680



Verify online at
servingalcohol.com

Verification Code
ROxBKKTJ96

Date Issued
Nov 24th, 2022

VALID FOR 3 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

BASSET Card



November 26, 2019



Letter ID: L1286493936

License No.: 5A-0105312
Expiration Date: 11/22/2022
License Type: Basset Card

DAVID RUTH
115 W JACKSON
HAMPSHIRE IL 60140

Your "Student ID number" is: 4813932

Your "Trainer's ID number" is: 5A-0105312

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 ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>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: 11/22/2019 Expires: 11/22/2022 Trainer's IL Liquor License Number: 5A-0105312 DAVID RUTH [REDACTED] HAMPSHIRE IL 60140</p> <p>**Card is not transferrable**</p>

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Rachel Smith

Certificate #: 000017036974

Date of Completion: 05/31/2020

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com

**I am²
serve**

Corporate Headquarters

6801 N. Capital of Texas Hwy, Bldg. 1,
Suite 250, Austin, TX 78731
Phone: 877.881.2235

Certificate of Completion

**American
Safety Council**

BRIANNA DOYLE

Has diligently and with merit completed the
Off-Premise BASSET Alcohol Certification on 2/17/2021

from the American Safety Council.


Jeff Palran



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

Rel. 11-18-22
1500
1001576367

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: _____

NAME OF APPLICANT: Love's Travel Stops & Country Stores, Inc.

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Love's Travel Stop #763

SALES TAX ID: 3383-8836 BUSINESS PHONE: 847-683-7433

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

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

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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on January 1, 2023 and ending December 31, 2023
Month, Day, Year Year

☐ 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: See Attached List

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

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: N/A

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/fuel, fast food, tire sales/repair, light mechanical & 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. Love's has 600 Stores nationwide. Only 81 of those locations do not have an liquor license.

9. Has the applicant ever had any previous liquor license revoked? No

Love's Travel Stops & Country Stores, Inc.

FEIN: 73-1220756

10601 N Pennsylvania Ave

PO Box 26210

Oklahoma City, OK 73126

OFFICERS & OWNERS

First Middle Last			Position Held	Home Address	Driver's License	Date of Birth	% Owned
Gregory	Michael	Love	Co-CEO	[REDACTED]	[REDACTED]	[REDACTED]	25.00%
Frank	Criner	Love IV	Co-CEO				25.00%
Jennifer	Love	Meyer	Executive Vice President - Chief Culture Officer				25.00%
Shane		Wharton	President				0.00%
Spencer	Wesley	Haines	Executive Vice President & CFO / Treasurer				0.00%
Amy	Elizabeth	Guzzy	Secretary				0.00%
Timothy	John	Doty II	Assistant Secretary				0.00%
Laura	Anne	Love	Owner				25.00%

Beneficial ownership attributed to individuals may be in various forms, such as in parent companies or trusts.

CONFIDENTIAL DOCUMENT – DO NOT COPY OR DISTRIBUTE

If answer is in the affirmative, state the date and reason for such revocation.

N/A

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. Nil Patel

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. August 2020

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

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

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

DocuSigned by:
Pres. Shane Wharton Shane Wharton, President
DocuSigned by:
Sec. Amy Guzy Amy E. Guzy, Secretary
720A6F5AE294466...

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF OKLAHOMA)
) SS
County of Oklahoma)

The undersigned swears that all statements are true and correct.

DocuSigned by:

Amy Guzy

- Amy E. Guzy, Secretary

720A6F5AE294466...

CORPORATE SEAL

Subscribed and sworn to before me this 11 day of NOV, 2022



[Signature]
Notary Public



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
03/16/2022

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).

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C. No. Ext): XXXXXXXXXX FAX (A/C. No.): XXXXXXXXXX E-MAIL ADDRESS:																					
INSURED Loves Travel Stops & Country Stores, Inc PO Box 26210 Oklahoma City OK 73126 USA	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A:</td><td>Texas Insurance Company</td><td>16543</td></tr> <tr> <td>INSURER B:</td><td>ACE American Insurance Company</td><td>22667</td></tr> <tr> <td>INSURER C:</td><td>Indemnity Insurance Co of North America</td><td>43575</td></tr> <tr> <td>INSURER D:</td><td>ACE Fire Underwriters Insurance Co.</td><td>20702</td></tr> <tr> <td>INSURER E:</td><td>Ironshore Specialty Insurance Company</td><td>25445</td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Texas Insurance Company	16543	INSURER B:	ACE American Insurance Company	22667	INSURER C:	Indemnity Insurance Co of North America	43575	INSURER D:	ACE Fire Underwriters Insurance Co.	20702	INSURER E:	Ironshore Specialty Insurance Company	25445	INSURER F:		
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INSURER F:																						

COVERAGES
CERTIFICATE NUMBER: 570092033648

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	XSLG72489019 SIR applies per policy terms & conditions	04/01/2022	04/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H25564315	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			TCOK20347a	12/01/2020	12/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR68924686 WLR68924728 SCFC68924765	04/01/2022	04/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
E	Env Site Liab			ISPILLSCHJOA001	04/01/2022	04/01/2025	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 Shop #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 
---	--

Holder Identifier : 763

Certificate No : 570092033648

Certificate of Completion

**American
Safety Council**

ELLEN KADUK

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 11/6/2022

from the American Safety Council.



Jeff Pairan



Fidelity and Deposit Company of Maryland

Home Office: P.O. Box 1227, Baltimore, MD 21203-1227

CONTINUATION CERTIFICATE for Miscellaneous Term Bonds

Bond No. LPM9259649

LOVE'S TRAVEL STOPS & COUNTRY STORES, INC.

as Principal, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, as Surety, in a certain

Bond No. LPM9259649 dated the, 1st day of March,

2019 in the penalty of

One Thousand Five Hundred and 00/100

Dollars (\$ 1,500.00), in favor of

VILLAGE OF HAMPSHIRE, do hereby continue said bond in force for the further

term of one year beginning on the 1st day of March, 2023

Provided, however, that said bond, as continued hereby, shall be subject to all its terms and conditions, except as herein modified, and that the liability of the said FIDELITY AND DEPOSIT COMPANY OF MARYLAND under said bond and any and all continuations thereof shall in no event exceed in the aggregate the above named penalty, and that this certificate shall not be valid unless signed by said Principal.

Signed, sealed and dated this 3rd day of November

Witness:

Destiny Minnifield

LOVE'S TRAVEL STOPS & COUNTRY STORES, INC.

Amy E. Gorman

Principal

Principal

Principal

(SEAL)

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By:

Tonie Petranek

Tonie Petranek, 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 Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, 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, Tina MCEWAN, Don E. CORNELL, Joshua SAUNDERS, Robbi MORALES, Sophie HUNTER, Kelly A. WESTBROOK, Tonie PETRANEK, Mikaela PEPPERS 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**, 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 11th day of May, A.D. 2021.



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

By: *Robert D. Murray*
Vice President

By: *Dawn E. Brown*
Secretary

**State of Maryland
County of Baltimore**

On this 11th day of May, A.D. 2021, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, 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, depose 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, 2023

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 3rd day of November, 2022.



Brian M. Hodges

By: Brian M. Hodges
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfelaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID

NOV 30 2022

Village of Hampshire

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11/27/2022

NAME OF APPLICANT: Jeff Nawrocki

APPLICANT'S PHONE: [REDACTED]

APPLICANT'S EMAIL: [REDACTED]

NAME OF BUSINESS: Turn-Minnigans Inc dba Newmans Corner Pub

SALES TAX ID: 4265-3126 BUSINESS PHONE: 224-218-1111

ADDRESS OF BUSINESS: 1000 S. State St Ste A Hampshire, IL 60140

MAILING ADDRESS: Same as Above

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):

- | | |
|--|---|
| <input checked="" 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 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on Jan 1 2023 and ending December 31, 2023
Month, Day, Year Year

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: Jeffrey P Nawrocki

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: Vice President

PERCENTAGE OF STOCK HELD: 33%

(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: 10/30/2019

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. Bar

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.
Southwest corner of Oak Knoll Rd and State St. Attached to Mobil Gas station

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. Belvidere, State of Illinois 7/16/2021

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. Yes

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. Jeff Nawrocki

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

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? Yes

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? _____

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? YES

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. [Signature]
Sec. _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF IL)
County of KANE) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 30th day of NOV, 2022

[Signature]

Notary Public



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 Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Brew Pub

bond with bond number 66465659

for Tmm Minnihan's Inc. dba Newman's Corner Pub

as Principal in the penalty amount not to exceed: \$ 1,500.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President with the corporate seal affixed this 29th day of November,
2022.

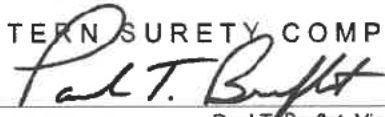
ATTEST



P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY

By



Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 29th day of November, 2022, before me, a Notary Public, personally appeared
Paul T. Bruflat and P. Leitheiser
who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.



My Commission Expires March 2, 2026



Notary Public

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



Name: Michael J Gallo Ph. 847-208-9314

DOB:

Address:

DL #:

Status: President

% of stock: 67%

M. Chaffin
Jeffrey Nennick

FIRST AMENDMENT TO LEASE

THIS FIRST AMENDMENT TO LEASE (this "Amendment") is made effective as of the ____ day of May, 2022, by and between BLACKSTONE REAL ESTATE VENTURE LLC, an Illinois limited liability company ("Landlord"), and THOMAS MINNIHAN and MICHAEL MINNIHAN, both individuals (collectively, as "Tenant") (Landlord and Tenant may individually be referred to herein as a "Party" and collectively as the "Parties").

RECITALS

WHEREAS, Landlord and Tenant are parties to that certain Lease dated October 15, 2017, together with all modifications and amendments thereto (collectively, the "Lease"), for the rental of certain premises at the real property located at 1000 S. State Street, Hampshire, IL 60140 as described in the Lease (the "Premises"); and

WHEREAS, the term of the Lease is scheduled to expire on ~~December 31, 2022~~ ^{JUNE 30 2027} and Tenant desires to exercise its option to renew said Lease for the first (1st) Renewal Term (as defined in the Lease);

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Landlord and Tenant agree to amend the Lease as follows:

1. **Recitals.** The above Recitals are hereby incorporated by this reference into this Amendment as if first herein written.
2. **Defined Terms.** All capitalized terms in this Amendment, unless otherwise defined herein, shall have the meaning attributed thereto in the Lease.
3. **Term.** Pursuant to Tenant's option to renew the initial term contained in Section 2.7 of the Lease, the term of the Lease is hereby renewed for the first (1st) Renewal Term of five (5) years. The first (1st) Renewal Term shall commence on January 1, 2023 and shall terminate on December 31, 2027, which shall hereafter be the new Lease Expiration Date of the Lease. All of the terms and conditions of the Lease shall apply during the Renewal Term except as provided herein.
4. **Rent.** Tenant acknowledges and agrees that the Base Rent during the first (1st) Renewal Term shall be as set forth in Section 4.2(a) of the Lease as provided below:

<u>Period</u>	<u>Annual Base Rent</u>	<u>Monthly Base Rent</u>
1/1/2023 Through 12/31/2023	\$25,044.00	\$2,087.00
1/1/2024 Through 12/31/2024	\$25,788.00	\$2,149.00
1/1/2025 Through 12/31/2025	\$26,568.00	\$2,214.00
1/1/2026 Through 12/31/2026	\$27,360.00	\$2,280.00
1/1/2027 Through 12/31/2027	\$28,188.00	\$2,349.00

5. plus A Five Year ^{Page 1 of 2} Option After 2027

5. **Miscellaneous.**

- A. This Amendment sets forth the entire agreement between the parties with respect to the matters set forth herein. There have been no additional oral or written representations or agreements.
- B. Except as herein modified or amended, the provisions, conditions and terms of the Lease shall remain unchanged and in full force and effect, and are hereby ratified and confirmed by the Landlord and Tenant.
- C. In the case of any inconsistency between the provisions of the Lease and this Amendment, the provisions of this Amendment shall govern and control.
- D. Each signatory of this Amendment represents hereby that he or she has the authority to execute and deliver the same on behalf of the party hereto for which such signatory is acting.

IN WITNESS WHEREOF, Landlord and Tenant have duly executed this Amendment as of the day and year first above written.

LANDLORD

TENANT

**BLACKSTONE REAL ESTATE
VENTURE LLC**

By: [Signature]
Name: Hitesh Patel
Its: _____

[Signature]
THOMAS MINNIHAN
Michael Gailo
[Signature]
MICHAEL MINNIHAN,
Jeffrey Nawrocki



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2022

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).

PRODUCER King-Forman Insurance Agency, Inc. 2604 E. Dempster S-501 Park Ridge IL 60068		CONTACT NAME: Salvatore A. Marino PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]	
INSURED Tmm Minnihan Inc DBA: Newman's Comer Bar 1000 S State St Hampshire IL 60140		INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2211752933

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.

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:			BP21037515	12/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA21039341	12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			UM21037551	12/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC21037550	12/01/2022	12/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			BP21037515	12/01/2022	12/01/2023	Liquor Liability 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

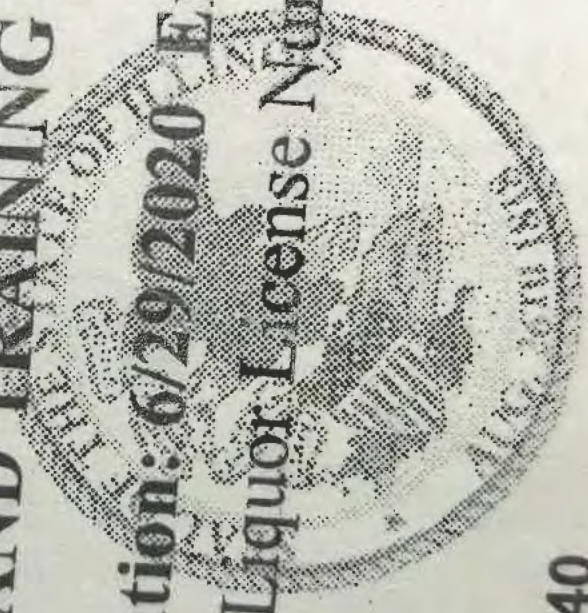
CERTIFICATE HOLDER

Village of Hampshire 234 S State St. Hampshire IL 60140	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
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ILLINOIS LIQUOR CONTROL COMMISSION
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVER
EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 6/29/2020 Expires: 6/29/2023
Trainer's IL Liquor License Number: 5A-0110606
PATRICIA GREVE



HAMPSHIRE IL 60140

****Card is not transferrable - OFF-PREMISE ONI V****

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: susan castle

Certificate #: 000018921853

Date of Completion: 06/01/2021

School Name:

360training.com dba Learn2Serve

I, 

**certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.**

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Corporate Headquarters
5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235



CERTIFICATE OF COMPLETION BASSET TRAINING

THIS IS TO CERTIFY THAT

Laurie Van Dorin

has successfully met all the requirements and completed
the appropriate training administered by the trainer.
This certificate serves as proof of the successful
completion of BASSET training in the state of
Illinois. Your state issued certificate and license
number is being processed.

www.illinoisbassetofficial.com

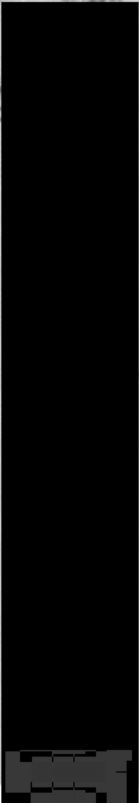
September 4, 2022

Date Issued



ILLINOIS LIQUOR CONTROL COMMISSION
W. Randolph Street, Suite 7-801 - Chicago, IL 60601
AVERAGE ALCOHOL SELLERS AND SERVICE
EDUCATION AND TRAINING [BASSET] CARD

State of Certification: 5/10/2021 Expires: 5/10/2024
Trainer's IL Liquor License Number: 5A-0110600
ANNON JOHNSON



IN IL 60124

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



Certificate of Completion

American
Safety Council

JENNIFER JONES

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 10/21/2020

from the American Safety Council.


Jeff Pairan

Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: Heidi Kinney

Certificate #: 000016619387

Date of Completion: 06/24/2020

School Name:
360training.com dba Learn2Serve

I, Heidi Kinney

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Corporate Headquarters
6801 N. Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
Phone: 877.681.2235

Certificate of Completion

**American
Safety Council**

VIVIAN KNEEL

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 10/25/2020

from the American Safety Council.


Jeff Poiran

Financial Responsibility Bond

Part 1: Financial responsibility bond type and number

a Bond type: Brew Pub

b Financial responsibility bond number: 66465659

Part 2: Taxpayer and financial institution information

We, Tom Minnihan's Inc. dba Newman's Corner Pub 1000 S State St., Hampshire, IL 60140 (as principal)
Taxpayer's name and address

and WESTERN SURETY COMPANY, P.O. Box 5077, Sioux Falls, SD 57117-5077 (as surety)
Name and address of surety

are bound to the people of the State of Illinois in the penal sum of \$ 1,500.00. We hereby bind ourselves, our heirs, executors, administrators, successors, and assigns to the payment of this amount.

The condition of this bond is that if the principal (taxpayer) identified above, who has applied for the tax responsibility (bond type) identified above, in Part 1, pays to the Illinois Department of Revenue (IDOR) all amounts becoming due from the principal (taxpayer) under this law, then the bond will become void; otherwise, the bond will remain in full force.

The surety identified above may conditionally cancel this bond at any time by filing a written notice with IDOR by registered or certified mail within **90** days. However, cancellation does not discharge the surety from any liability previously accrued under this bond or that may accrue before the **90** days expire.

Part 3: Financial responsibility bond signatures and seal requirements

We have signed and sealed this bond on 11 / 29 / 2022, to be effective 12 / 01 / 2022.

You must attach a power of attorney.

(Principal's seal)

(Surety's sea



WESTERN SURETY COMPANY

Principal's (taxpayer) signature

Second principal's signature, if applicable

President's or co-partner's signature

Corporate secretary's signature

Surety company attorney-in-fact's signature

Paul T. Bruflat, Vice President

Attorney-in-fact's printed name

Countersigned by NOT NEEDED

Kamm Insurance Group

Agent for surety

2604 E. Dempster, Ste. 501

Number and street

Park Ridge, IL 60068

City

State

ZIP

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____

CNA SURETY

Billing Questions (888) 866-2666
Email info@cnasurety.com

Notice of Premium Due 11/29/2022

Premium \$100.00

Tmm Minnihan's Inc. dba Newman's Corner Pub
1000 S State St.
Hampshire, IL 60140

Amount Due	\$100.00
------------	----------

Bond Detail

Bond #	66465659
Company	Western Surety Company
Effective Date	12/01/2022
Anniversary Date	12/01/2023
Bond Amount	\$1,500.00
Description	Brew Pub

Agent Information

Messages

Kamm Insurance Group
2604 E. Dempster, Ste. 501
Park Ridge, IL 60068
(847)298-0100

Payment Instructions



- Pay Online at ONLINEPAY.CNASURETY.COM
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
Make check payable to CNA Surety
Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment

Tmm Minnihan's Inc. dba Newman's Corner Pub
Bond # 66465659
Company 0601
Agency 12-18666
Kamm Insurance Group

Payment Due	12/01/2022	Amount Due	\$100.00
-------------	------------	------------	----------

CNA Surety Direct Bill
PO Box 957312
St Louis, MO 63195-7312

0003001 01218666000012012022 00601006646565900 00000001000006



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

Pd.
500
12-2-22
33590

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 12/1/2022

NAME OF APPLICANT: Stephanie Barone

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Hampshire Township Park District

SALES TAX ID: _____ BUSINESS PHONE: 847-683-2690

ADDRESS OF BUSINESS: 390 South Avenue, Hampshire, IL 60140

MAILING ADDRESS: P.O. Box 953, Hampshire, IL 60140

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 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input checked="" type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on January 1, 2023 and ending December 31, 2023
Month, Day, Year Year

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.

A.
NAME: Stephanie Barone

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: None

(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. _____

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Parks & Recreation

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.

Community Room / Schiller Park. We offer programs + events throughout the year where we serve alcohol or offer it for purchase.

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. State

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. State of Illinois for numerous special events

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. Stephanie Barone

State whether said manager has 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 #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? not at this time. will return to village when received.
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? no

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? _____

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?

yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. _____

J. Barone

Sec. _____

STATE OF Illinois)
) SS
County of Kane)

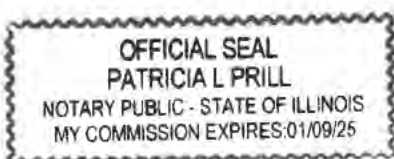
The undersigned swears that all statements are true and correct.

J. Barone

CORPORATE SEAL

Subscribed and sworn to before me this

2 day of December, 2022.



Patricia L. Prill
Notary Public

Certificate of Coverage

Name and Address of Agency

Park District Risk Management Agency
2033 Burlington Avenue
Lisle, IL 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 which 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	
General Liability x commercial general liability x occurrence x liquor liability	L010122	01/01/2022 - 12/31/2022	Bodily Injury and Property Damage Combined	\$1,000,000
			Personal Injury	\$1,000,000
Automobile Liability x any auto	L010122	01/01/2022 - 12/31/2022	Bodily Injury and Property Damage Combined	\$1,000,000
Workers' Compensation	WC010122	01/01/2022 - 12/31/2022		Statutory
Employer's Liability	WC010122	01/01/2022 - 12/31/2022		\$3,000,000
Property	P0700122	01/01/2022 - 12/31/2022		
Other Liquor liability coverage included in General Liability policy.		01/01/2022 - 12/31/2022		

Description of Operations/Locations/Vehicles/Special Items

The Village of Hampshire is/are additionally insured for Hampshire Park District's liquor service at 390 South 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.

Certificate Holder

Village of Hampshire
234 South State Street
Hampshire, IL 60140

Date Issued: 12/01/2021



Authorized Representative

LICENSE AND PERMIT BOND

Know All Men By These Presents:

That we, Hampshire Park District, of the Village of Hampshire, State of Illinois, as Principal, and the PARK DISTRICT RISK MANAGEMENT AGENCY, an entity duly organized under the statutes of the State of Illinois, as an intergovernmental risk management pool, are held and firmly bound unto the Village of Hampshire, State of Illinois, Obligee, in the penal sum of Fifteen Hundred and No/100ths ----- DOLLARS (\$1,500.00) lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been licensed for Liquor License by the said Obligee.

NOW THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, appertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until January 30, 2023 unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing; by certified mail, to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at the Political Subdivision named herein, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this 11th day of November, 2021.

Hampshire Park District

[Signature]
Principal

PARK DISTRICT RISK MANAGEMENT AGENCY

BY [Signature]
Brett Davis, Chief Executive Officer



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID

DEC 01 2022

Village of Hampshire

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11/30/2022

NAME OF APPLICANT: MARIA & VIKKI INC. d/b/a Red Ox Restaurant & Bar

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Red Ox Restaurant & Bar

SALES TAX ID: 3413-0667 BUSINESS PHONE: 847-683-2300

ADDRESS OF BUSINESS: 129 E. OAK KNOLL, HAMPSHIRE, IL 60140

MAILING ADDRESS: 129 E. OAK KNOLL, HAMPSHIRE, IL 60140.

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 H - \$500.00

☐ Class C-2 - \$1,500.00

☐ Class I - \$500.00

☒ Class C-3 - \$1,750.00

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on 01/01/2023 and ending December 31, 2023
Month, Day, Year Year

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: DIMITRA PANTELIS

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

BUSINESS STATUS: OWNER

PERCENTAGE OF STOCK HELD: 100%

(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: July 23rd, 1985, Chicago IL

If an Illinois corporation, state date of corporation: 11/19/2002

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. 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.

One Story building at 129 E. OAK KNOLL, Hampshire IL, Full Service Restaurant & Lounge.

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. Village of Hampshire, State of Illinois, A.T.F.

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. 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. Dimitra Pantelis

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? Yes, own it.

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? _____

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? Yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. *William P. Patek*

Sec. *William P. Patek*

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF ILLINOIS)
) SS
County of DEKALB)

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this
30th day of November, 2022.



Daniel Krull
Notary Public



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, 2022, and ending November 26, 2023, 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 11th day of October, 2022.



WESTERN SURETY COMPANY

By Paul T. Brufat
Paul T. Brufat, Vice President

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2022

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).

PRODUCER Linda Lee Enterprises Inc DBA: FTS Insurance 14045 W. Petronella Dr., Ste. 2 Libertyville IL 60048	CONTACT NAME: Peter Stavrou PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]
INSURED Maria & Vikki Inc., DBA: Red Ox Restaurant & Bar 129 E. Oak Knoll Drive Hampshire IL 60140	INSURER(S) AFFORDING COVERAGE INSURER A: Badger Mutual Insurance Co NAIC # 13420 INSURER B: Sequoia Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2111716387

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		0070373965	12/01/2022	12/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Liquor Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAE <input type="checkbox"/> OCCUR EXCESS LIAE <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in IL) If yes, describe what: DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	UB6N079046	05/10/2022	05/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 129 E. Oak Knoll Drive, Hampshire, IL 60140

CERTIFICATE HOLDER

CANCELLATION

Village of Hampshire
243 S State Street
PO Box 437
Hampshire

IL 60140-0457

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ILLINOIS LIQUOR CONTROL COMMISSION
50 W. Washington Street, Suite 209 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 11/9/2022 Expires: 11/9/2025

Trainer's IL Liquor License Number: 5A-0110606

PETER KOURLAS

HAMPSHIRE IL 60140

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

ILLINOIS LIQUOR CONTROL COMMISSION
50 W. Washington Street, Suite 209 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 11/8/2022 Expires: 11/8/2025

Trainer's IL Liquor License Number: 5A-0110606

DIMITRA PANTELIS

HAMPSHIRE IL 60140

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

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: 1/26/2022 Expires: 1/26/2025
Trainer's IL Liquor License Number: 5A-1124536
MARIA PANTELIS
[REDACTED]
HAMPSHIRE IL 60140

Card is not transferrable

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: vasiliki pantelis

School Name:

Certificate #: 000027225789

360training.com dba Learn2Serve

Date of Completion: 11/23/2022

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.


**Learn2
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: Amanda Falkenthal

Certificate #: 000027234774

Date of Completion: 11/27/2022

School Name:

360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Certificate of Completion

**American
Safety Council**

SANDY MAZOMENOS

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 11/26/2022

from the American Safety Council.



Jeff Pairan



**Certified Online
TRAINING**

CERTIFICATE OF COMPLETION BASSET TRAINING

THIS IS TO CERTIFY THAT

Sadie Collins

has successfully met all the requirements and completed the appropriate training administered by the issuer. This certificate serves as proof of the successful completion of BASSET training in the state of Illinois. Your state issued certificate and license number is being processed.

www.illinoisbassetofficial.com

October 8, 2022

Date Issued

**Illinois
BASSET
official**

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Trisha Kaye Hunter

School Name:

Certificate #: 000027205007

360training.com dba Learn2Serve

Date of Completion: 11/19/2022

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**Learn2
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.884.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Justine Falkenthal

School Name:

Certificate #: 000027148983

360training.com dba Learn2Serve

Date of Completion: 11/09/2022

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**learn2
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235



STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

Letter ID: L0538642056

1A-0059773

License Number

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

MARIA & VIKKI INC
RED OX RESTAURANT & BAR
129 E OAK KNOLL DR
HAMPSHIRE IL 60140-9095

Kane

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

**RETAILER
ON-PREMISES**

ISSUE DATE:

09/22/22

Effective:

11/01/22

THIS LICENSE
EXPIRES ON:

10/31/23

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

P-000049



No. 2022-8722

LICENSE

\$ 1,750.00

TO SELL ALCOHOLIC LIQUOR AT RETAIL

By Authority of the Village of HAMPSHIRE

License is Hereby Granted to MARIA & VIKKI, INC. D/B/A RED OX RESTAURANT

to Sell Alcoholic Liquor at Retail

CLASS C-3 RESTAURANT/OUTDOOR SEATING
(KIND AND CLASSIFICATION OF LICENSE)

at No. 129 E. OAK KNOLL in said Village until the 31 day
of DECEMBER A.D. 2022, subject to the provisions of all Ordinances
(YEAR)

now in force and that may hereafter be passed by said Village.

Witness the hand of the President of the Board of Trustees and the
Corporate Seal thereof, this 17 day of DECEMBER A.D. 2021
(YEAR)

Attest: [Signature] Deputy Clerk
[Signature] PRESIDENT BOARD OF TRUSTEES





Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

Rd.
1500

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11/17/22

NAME OF APPLICANT: Road Ranger-Lic

APPLICANT'S PHONE: [REDACTED]

APPLICANT'S EMAIL: [REDACTED]

NAME OF BUSINESS: Road Ranger #235

SALES TAX ID: 26380730 BUSINESS PHONE: 815-209-9013

ADDRESS OF BUSINESS: 19 N 1681 US Highway 20 Hampshire, IL

MAILING ADDRESS: 501 E. Woodfield Rd 3005 Schaumburg, IL 60173

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):

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Class B-1 - \$1,500.00 | <input type="checkbox"/> Class E - \$1,750.00 |
| <input 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 H - \$500.00 |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on January 1, 2023 and ending December 31, 2023
Month, Day, Year Year

3. Type of Business Entity (check one):

☐ Individual

☐ Corporation

☐ Partnership

☒ Other (specify): 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.

NAME: see attached

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

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? Illinois LLC

If naturalized, state date and place of naturalization: NA

If an Illinois corporation, state date of corporation: 1-23-95

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. see organizational docs on file w/ village

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.

C-Store w/ motor fuel sales at 19 W 6801
US Highway 20 Hampshire, IL

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. 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 manager has fingerprints on file

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. Steven Rothman

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. yes 11/17/22

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? yes

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? _____

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

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]

Sec. [Signature]

STATE OF Illinois)

) SS

County of COOK)

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this

28th day of NOV, 2020.

[Signature]
Notary Public

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 13075 Manchester Road, Suite 325 Saint Louis, MO 63131 800 969-2399	CONTACT NAME: Angela L Penny
	PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]
INSURED Road Ranger, LLC 1501 E Woodfield Rd., Suite 300S Schaumburg, IL 60173	INSURER(S) AFFORDING COVERAGE
	INSURER A : Everest Premier Insurance Company
	INSURER B : Everest National Insurance Company
	INSURER C : Homesite Insurance Company
	INSURER D : The Cincinnati Insurance Company
	INSURER E : [REDACTED]
INSURER F : [REDACTED]	

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.		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CC8GL00067221	10/28/2022	10/28/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		EPP0364214	10/28/2022	10/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		XC8CU00105221	10/28/2022	10/28/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	CC8WC00076221	10/28/2022	10/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Liquor Liability		CC8GL00067221	10/28/2022	10/28/2023	\$1,000,000 Occurrence \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

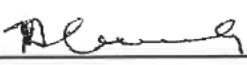
** Excess Liability Information **

C CXS00044301 Eff Date: 10/28/2022 Exp Date: 10/28/2023

Excess Liability Each Occ Limit: \$10,000,000

Excess Liability Aggregate Limit: \$10,000,000

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Village of Hampshire 234 S State Street Hampshire, IL 60140	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 

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DESCRIPTIONS (Continued from Page 1)

Location: Store 235, 19 N 681 US Hwy 20, Hampshire, IL 60140 Certificate

Holder is included as Additional Insured with respect to General

Liability, if required by written contract

Return Documents to:
Ellie Campbell On 1/25/07
Lav Title - National Div.
2000 W. Galena Blvd. #200
Aurora, IL 60506



2007K020545

SANDY WEGMAN
RECORDER - KANE COUNTY, IL

RECORDED: 2/21/2007 3:50 PM
REC FEE: 26.00 RASPS FEE: 10.00
PAGES: 5

THIS INSTRUMENT WAS PREPARED BY:
Timothy Miedona, Esq.
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
450 South Orange Avenue, Suite 250
Orlando, Florida 32801
(407)843-4600

RECORDING REQUESTED BY AND WHEN
RECORDED RETURN TO:
Road Ranger, L.L.C.
4930 East State Street
Rockford, Illinois 61108
Attn: Legal Department
(815)387-1700

Re: Store No.: 235
Tax ID No.: 01-03-200-014 & 01-02-100-009 (not
listed on commitment)

MEMORANDUM OF LEASE

THIS MEMORANDUM OF LEASE is made as of the 12 day of February, 2007 pursuant to Section 3.1 of a certain LAND AND BUILDING LEASE AGREEMENT dated February 12, 2007 (the "Lease"), between the parties identified below.

This Memorandum of Lease is made and entered into by and between NATIONAL RETAIL PROPERTIES, LP, a Delaware limited partnership, ("Landlord") and ROAD RANGER, L.L.C., an Illinois limited liability company ("Tenant") who agree as follows:

1. Terms and Premises. Pursuant to the Lease entered into by and between Landlord and Tenant, Landlord leases to Tenant and Tenant leases from Landlord that certain real property, together with all the improvements thereon and appurtenances thereunto belonging (the "Premises"), which legal description is attached hereto and incorporated herein as Exhibit "A," commonly known as:

ROAD RANGER STORE NO. 235
19 North 681 US Highway 20,
Hampshire, Illinois

0014910\124931\1026993\1
No. 235, Hampshire, Illinois

5

36



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force 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 December 31, 2021, and ending December 31, 2022, 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 17th day of November, 2021.



WESTERN SURETY COMPANY

By

Paul T. Bruhat, Vice President

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

EXHIBIT ROAD RANGER, L.L.C. LIQUOR LICENSE APPLICATIONS

LICENSES ISSUED TO ROAD

Mon-Yr
Issued

Stor	Street Address	City	ST	County	Zip	Mon-Yr Issued
118	3752 Camp Butler Road	Springfield	IL	Sangamon	62707	Dec-06
132	4910 North Market Street	Champaign	IL	Champaign	61821	Jun-08
136	2762 County Highway N	Cottage Grove	WI	Dane	53527	Nov-08
139	1112 East Southline Drive	Tuscola	IL	Douglas	61953	Dec-07
140	2705 - 12th Street	Mendota	IL	La Salle	61342	Apr-07
144	100 Plaza Drive	Elk Run Heights	IA	Black Hawk	50707	Nov-07
145	205 North Highway Drive	Fenton	MO	St Louis	63026	Dec-06
153	1101 N 7th Street	Rochelle	IL	Ogle	61068	Feb-07
157	905 Hen House Road	Okawville	IL	Washington	62271	Aug-07
181	500 Toronto Road	Springfield	IL	Sangamon	62711	Dec-11
185	501 South Main Street	McLean	IL	McLean	61754	Apr-13
186	1311 North Carolyn Drive	Minork	IL	Woodford	61760	Jun-12
203	4980 South Main Street	Rockford	IL	Winnebago	61102	May-07
205	6070 Gardner Street	South Beloit	IL	Winnebago	61080	Jun-08
206	902 North Elida Street	Winnebago	IL	Winnebago	61088	Feb-09
209	102 East Woody Drive	Oakdale	WI	Monroe	54660	Jun-08
210	890 E Hwy 38	Rochelle	IL	Ogle	61068	Oct-18
211	7500 E Riverside Blvd	Loves Park	IL	Winnebago	61111	Apr-07
225	2835 North Main Street	Princeton	IL	Bureau	61356	Apr-08
235	19 North 681 US Highway 20	Hampshire	IL	Kane	60140	Dec-07
236	1946 A Energy Drive	East Troy	WI	Walworth	53120	Jun-08
242	22345 Highway 28	St Robert	MO	Pulaski	65584	May-07
263	3041 N IL Route 71	Ottawa	IL	La Salle	61350	Dec-11
265	1801 South Galena Ave	Dixon	IL	Lee	61021	Sep-11
266	700 King Road	New Berlin	IL	Sangamon	62670	Dec-12
267	10602 South Cage Blvd	Pharr	TX	Hidalgo	78577	Sep-14
268	1776 South Court Street	Grayville	IL	White	62844	Dec-14
269	2003 Illinois Highway 1 (One)	Marshall	IL	Clark	62441	Dec-14
270	9977 North Interstate 35	Moore	TX	Frio	78057	Mar-15
271	10490 W Interstate Hwy 20	Odessa	TX	Ector	79763	May-15
272	45 East Texas State Hwy 44	Encinal	TX	La Salle	78019	Dec-15
273	18337 Templeton Avenue	Combes	TX	Cameron	78535	Dec-15
275	601 Highway 277 North	Sonora	TX	Sutton	76950	Mar-16
276	6615 N Interstate Hwy 35	Lacy Lakeview	TX	McLennan	76705	Oct-16
277	907 N McCoy Blvd	New Boston	TX	Bowie	75570	Jan-20
278	2202 N Main St	Brinkley	AR	Monroe	72021	Jun-20
279	1701 IL Route 148	Marion	IL	Williamson	62959	Oct-20
280	2300 TX 464 Loop Rd.	Monahans	TX	Ward	79756	Aug-21
281	202 I-20 Frontage Road	Cisco	TX	Eastland	76437	Feb-22
282	3707 N. I-35 Frontage Road	Gainesville	TX	Cooke	76240	Jul-22
283	1848 Beckendorff Road	Sealy	TX	Austin	77474	May-22
284	70 S. Aspen Ave.	New Deal	TX	Lubbock	79350	Jul-22
289	776 State Highway 179	Teague	TX	Freestone	75860	Oct-22

BASSET Card



November 17, 2022



Letter ID: L0344491400

ELIZABETH SMALL
7500 E. RIVERSIDE BLVD
LOVES PARK IL 61111

License No.: 5A-0058042

Expiration Date: 8/1/2025

License Type: Basset Card

Your "Student ID number" is: 202208010001

Your "Trainer's ID number" is: 5A-0058042

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 ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>ILLINOIS LIQUOR CONTROL COMMISSION 50 W. Washington Street, Suite 209 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD Date of Certification: 8/1/2022 Expires: 8/1/2025 Trainer's IL Liquor License Number: 5A-0058042 ELIZABETH SMALL [REDACTED] LOVES PARK IL 61111 **Card is not transferrable - OFF-PREMISE ONLY**</p>

BASSET Card



August 9, 2022



Letter ID: L1195025544

MAGID SHAHID
19N681 US HIGHWAY 20
HAMPSHIRE IL 60140

License No.: 5A-0105946

Expiration Date: 7/19/2025

License Type: Basset Card

Your "Student ID number" is: 202207190002

Your "Trainer's ID number" is: 5A-0105946

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 ILCC.illinois.gov
(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: 7/19/2022 Expires: 7/19/2025	
Trainer's IL Liquor License Number: 5A-0105946	
MAGID SHAHID	
[REDACTED]	
HAMPSHIRE IL 60140	
Card is not transferrable - OFF-PREMISE ONLY	

BASSET Card



August 9, 2022



Letter ID: L0121283720

PATINA HINTT
19N681 US HIGHWAY 20
HAMPSHIRE IL 60140

License No.: 5A-0105946
Expiration Date: 7/19/2025
License Type: Basset Card

Your "Student ID number" is: 202207190001

Your "Trainer's ID number" is: 5A-0105946

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 ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>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: 7/19/2022 Expires: 7/19/2025 Trainer's IL Liquor License Number: 5A-0105946 PATINA HINTT HAMPSHIRE IL 60140 **Card is not transferrable - OFF-PREMISE ONLY**</p>
--

BASSET Card



November 17, 2022



Letter ID: L0948471176

VINNIE J. EMRICH
6070 GARDNER ST.
SOUTH BELOIT IL 61080

License No.: 5A-0058042

Expiration Date: 9/16/2025

License Type: Basset Card

Your "Student ID number" is: 202209160001

Your "Trainer's ID number" is: 5A-0058042

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 ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION	
50 W. Washington Street, Suite 209 - Chicago, IL 60601	
BEVERAGE ALCOHOL SELLERS AND SERVERS	
EDUCATION AND TRAINING [BASSET] CARD	
Date of Certification: 9/16/2022 Expires: 9/16/2025	
Trainer's IL Liquor License Number: 5A-0058042	
VINNIE J EMRICH	
[REDACTED]	
SOUTH BELOIT IL 61080	
Card is not transferrable - OFF-PREMISE ONLY	

BASSET Card



November 29, 2022



Letter ID: L0594441608

STEVEN ROTHMAN
19N681 US-20
HAMPSHIRE IL 60140

License No.: 5A-0058042
Expiration Date: 11/23/2025
License Type: Basset Card

Your "Student ID number" is: 202211230002

Your "Trainer's ID number" is: 5A-0058042

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 ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION	
50 W. Washington Street, Suite 209 - Chicago, IL 60601	
BEVERAGE ALCOHOL SELLERS AND SERVERS	
EDUCATION AND TRAINING [BASSET] CARD	
Date of Certification: 11/23/2022 Expires: 11/23/2025	
Trainer's IL Liquor License Number: 5A-0058042	
STEVEN ROTHMAN	
[REDACTED]	
HAMPSHIRE IL 60140	
Card is not transferrable - OFF-PREMISE ONLY	

BASSET Card



November 29, 2022



Letter ID: L1131312520

SAMUEL OVERLIN
19N681 US-20
HAMPSHIRE IL 60140

License No.: 5A-0058042

Expiration Date: 11/23/2025

License Type: Basset Card

Your "Student ID number" is: 202211230001

Your "Trainer's ID number" is: 5A-0058042

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 ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION	
50 W. Washington Street, Suite 209 - Chicago, IL 60601	
BEVERAGE ALCOHOL SELLERS AND SERVERS	
EDUCATION AND TRAINING [BASSET] CARD	
Date of Certification: 11/23/2022 Expires: 11/23/2025	
Trainer's IL Liquor License Number: 5A-0058042	
SAMUEL OVERLIN	
[REDACTED]	
HAMPSHIRE IL 60140	
Card is not transferrable - OFF-PREMISE ONLY	

EXHIBIT A

**ROAD RANGER, L.L.C.
1501 Woodfield Rd. Suite 300S
Schaumburg, IL 60173
EIN – 36-4005006**

OFFICERS

Marko Zaro Moraga DOB: [REDACTED] SS#: [REDACTED] TITLE: Manager
ADDRESS: [REDACTED] DL: [REDACTED]
Email: [REDACTED] Phone: [REDACTED]

Jake W. DeArvil DOB: [REDACTED] SS#: [REDACTED] TITLE: Secretary
ADDRESS: [REDACTED] DL: [REDACTED]
Email: [REDACTED] Phone: [REDACTED]

OWNER

Enex Investments US, Inc. – 1501 Woodfield Road, Suite 300S, Schaumburg, IL 60173
Date of Formation: 07/27/2018 Delaware Ownership % - 100%
EIN: 35-2640590



Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

Ed,
1,500

24678

**APPLICATION FOR LIQUOR LICENSE
(Not Special Event)**

DATE: 11-18-22

NAME OF APPLICANT: MARIANNA Gigete / T-RICKS LTD.

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: ROSATIS of HAMPSHIRE / T-RICKS LTD.

SALES TAX ID: 36-4426203 BUSINESS PHONE: 847-683-1111

ADDRESS OF BUSINESS: 826 Centennial Dr. Hampshire, IL 60140

MAILING ADDRESS: See Above

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):

- | | |
|--|---|
| <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 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 H - \$500.00 |
| <input checked="" type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class I - \$500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | |

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on JAN 1st 2023 and ending December 31, 2023
Month, Day, Year Year

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: Richard & MARIANNA Giglio / ANTHONY PATTI

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: ACTIVE

PERCENTAGE OF STOCK HELD: (25/25%) & (50%)

(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: JUNE 2000

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. RESTAURANT / PIZZERIA DINE IN & TAKE OUT

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.

RESTAURANT / PIZZERIA DINE-IN & TAKE OUT
826 Centennial DR. HAMPSHIRE, 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. VILLAGE of Hampshire

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. YES

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. MARIANNA GIGOLE / ANTHONY PATTI

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

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? YES

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? _____

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?

YES

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres.

[Signature]

Sec.

Marianna K. Giglio

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF IL)

County of KANE)

) SS

ONLY MARIANNA LATONA APPEARED BEFORE ME

The undersigned swears that all statements are true and correct.

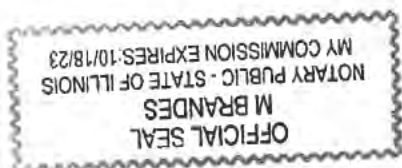
CORPORATE SEAL

Subscribed and sworn to before me this

20th day of Nov, 2022.

[Signature]

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company ☐
 American Family Mutual Insurance Company, S.I. if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Rosalis Of Hampshire DBA as T-Ricks Ltd.
 826 Centennial Dr
 Hampshire, IL 60140

Agent's Name, Address and Phone Number (Agt./Dist.)
 Martin W Walsh
 790 W BARTLETT RD
 BARTLETT, IL 60103
 (630) 893-1451 (076/809)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that 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				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †	12-XH5105-03	08/02/2022	08/02/2023	Statutory Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000
General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$,000 Each Occurrence \$,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$,000
Businessowners Liability	12-XH5105-04	08/02/2022	08/02/2023	Each Occurrence†† \$ 1,000,000 Aggregate†† \$ 2,000,000
Liquor Liability	12-XH5105-05	08/02/2022	08/02/2023	Common Cause Limit \$ 1,000,000 Aggregate Limit \$ 2,000,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages)				
<div style="display: flex; justify-content: space-between;"> <div>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS</div> <div style="font-size: x-small;"> †The individual or partners shown as insured elected to be covered under this policy. <input type="checkbox"/> Have ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate. <input type="checkbox"/> Have not </div> </div>				
CERTIFICATE HOLDER'S NAME AND ADDRESS		CANCELLATION		
VILLAGE OF HAMPSHIRE ATTN: LINDA VASQUEZ 234 S STATE ST HAMPSHIRE, IL 60140 847-683-2181		<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * (30 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.		
		DATE ISSUED 08/02/2022	AUTHORIZED REPRESENTATIVE MARTIN WALSH	



Western Surety Company

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, 2022, and ending August 26, 2023, 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 14th day of July, 2022.



WESTERN SURETY COMPANY

By Paul T. Bruffat
Paul T. Bruffat, Vice President

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

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 Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One LIQUOR LICENSE VILLAGE OF HAMPSHIRE

bond with bond number 62893474

for T RICKS LTD DBA ROSATI'S PIZZA OF HAMPSHIRE
as Principal in the penalty amount not to exceed: \$1,500.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President Paul T. Bruflat with the corporate seal affixed this 14th day of July, 2022

ATTEST

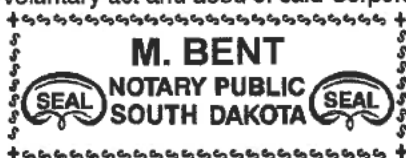
P. Leitheiser
P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 14th day of July, 2022, before me, a Notary Public, personally appeared
Paul T. Bruflat and P. Leitheiser

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to
be the voluntary act and deed of said Corporation.



My Commission Expires March 2, 2026

M. Bent
Notary Public

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





Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

PAID

DEC 07 2022

Village of Hampshire

**APPLICATION FOR LIQUOR LICENSE
(Not Special Event)**

DATE: DEC 07 2022

NAME OF APPLICANT: Kimberly K Duncan

APPLICATN'S PHONE: [REDACTED]

APPLICATNS EMAIL: [REDACTED]

NAME OF BUSINESS: Speedway LLC DBA: Speedway 5036

SALES TAX ID: 31-1551430 BUSINESS PHONE: (847)683-9372

ADDRESS OF BUSINESS: 110 Arrowhead Dr Hampshire, IL

MAILING ADDRESS: Attn: Licensing Dept. PO Box 139044 Dallas, TX 75313

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):

<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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on 01-01-2023 and ending December 31, 2023
Month, Day, Year Year

3. Type of Business Entity (check one):

☐ Individual

☐ Corporation

☐ Partnership

☒ Other (specify): 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.

NAME: Please see attached

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: 0%

(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: NA

If an Illinois corporation, state date of corporation: NA

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. 7-18-1997

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Convenience Store/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.

110 Arrowhead Dr, Hampshire, 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. State of Illinois

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.

NA

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. Officers own 0%

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. Jacques LaFond

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

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? Own

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? _____

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? 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

- Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

INDIVIDUAL OR PARTNERSHIP SIGNATURES

The undersigned swears that all statements are true and correct.

Subscribed and sworn to before me this
7th day of December, 2022



Speedway LLC
Alcohol Violations
Illinois

Store No.	State	Date of Violation	Violation Subtype	Action Against Company	Fine
Store 1412 (0001412)	IL	07/13/2021	Alcohol to Underage	NO ACTION	
Store 1416 (0001416)	IL	10/22/2021	Alcohol to Underage	FINE	\$ 100.00
Store 3996 (0003996)	IL	09/30/2021	Alcohol to Underage	FINE & SUSPENSION	\$ 750.00
Store 5004 (0005004)	IL	11/12/2021	Alcohol to Underage	FINE	\$ 845.06
Store 5464 (0005464)	IL	11/18/2020	Alcohol to Underage	NO ACTION	
Store 2120 (0002120)	IL	07/16/2020	Alcohol to Underage	FINE	\$ 250.00
Store 7540 (0007540)	IL	09/30/2020	Alcohol to Underage	NO ACTION	
Store 7113 (0007113)	IL	03/23/2022	Alcohol to Underage	FINE	\$ 200.00
Store 4237 (0004237)	IL	09/08/2021	Failure to Post	FINE	\$ 100.00
Store 5464 (0005464)	IL	01/05/2022	Failure to Post	FINE	\$ 100.00
Store 8883 (0008883)	IL	12/10/2019	Failure to Post	FINE	\$ 200.00
Store 5393 (0005393)	IL	01/02/2020	Failure to Post	FINE	\$ 100.00
Store 1412 (0001412)	IL	02/11/2020	Failure to Post	FINE	\$ 250.00
Store 1425 (0001425)	IL	04/22/2020	Failure to Post	FINE	\$ 100.00
Store 8313 (0008313)	IL	04/29/2020	Failure to Post	FINE	\$ 100.00
Store 7410 (0007410)	IL	04/29/2022	Failure to Post	FINE	\$ 250.00
Store 7461 (0007461)	IL	07/21/2022	Failure to Post	FINE	\$ 250.00
Store 1418 (0001418)	IL	06/15/2020	Signage Issue	FINE	\$ 250.00

Speedway LLC

Speedway

Illinois

Updated Point of Contact Information

Please remit all renewals, correspondence letters, etc. relating to licensing/permits to:

Lori Sawyer, Sr. Licensing Specialist



PO Box 139044

Dallas, TX 75313



**ILLINOIS GAMING BOARD
VIDEO GAMING ESTABLISHMENT LICENSE**

**Speedway LLC - 161002414
d/b/a Speedway #5036
110 Arrowhead Dr
Hampshire, IL 60140**

License No: 161002414
Date Issued: 03/10/2022
Expiration Date: 03/2023

This certifies that the entity listed above is hereby issued a Video Gaming Establishment License as authorized by Illinois Gaming Board Adopted Rules. All Video Gaming Establishment licensees are subject to, and must abide by, all provisions of the Video Gaming Act and Illinois Gaming Board Rules, including but not limited to 11 Illinois Administrative Code Sections 1800.250(e) and 1800.420(b).

A handwritten signature in black ink, appearing to read "Marcus D. Fruchter".

Marcus D. Fruchter
Administrator

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Trinity Chanthalansy

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: *July 13, 2022*

Student ID: *1113102*

IL BASSET License # *5A-1141366*

Certificate ID: 85d79984-f23e-421a-82af-b496218067aa

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com



Illinois Alcohol Seller/Server Training & Food Handler

This Certificate of Completion is to Certify that

Jacques Lafond

has met all training requirements and successfully completed the following course and/or exam.

Illinois BASSET Responsible Beverage Server Training

Date of Completion: August 12, 2020

Expiration Date: August 12, 2023

Illinois Alcohol Seller/Server Training & Food Handler

State Student ID: 305185

Course/Exam Provider Number: 5A-0079696

BASSETpermit.com is approved by the Illinois Liquor Control Commission. Your training information has been submitted to the Illinois Liquor Control Commission. This is a temporary certificate and your official BASSET certification card will be mailed to you directly from them.

Kelly Bailey

Authorized Signature

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613



Illinois Alcohol Seller/Server Training & Food Handler

This Certificate of Completion is to Certify that

Shelley Acker

has met all training requirements and successfully completed the following course and/or exam.

Illinois BASSET Responsible Beverage Server Training

Date of Completion: December 04, 2017

Expiration Date: December 03, 2020

State Student ID: 301785

Course/Exam Provider Number: 5A-0079696

BASSETpermit.com is approved by the Illinois Liquor Control Commission. Your training information has been submitted to the Illinois Liquor Control Commission. This is a temporary certificate and your official BASSET certification card will be mailed to you directly from them.

Authorized Signature

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Shelley Acker

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: *June 9, 2021*
Student ID: *975913*
IL BASSET License # *5A-1141366*

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Khloe Wilson

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: *August 10, 2022*

Student ID: *1122939*

IL BASSET License # *5A-1141366*

Certificate ID: 969bb486-cad3-4a3c-9a40-79b2965ee27e

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Jerrick Weston

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: *June 22, 2021*

Student ID: *975074*

IL BASSET License # *5A-1141366*

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com



Illinois Alcohol Seller/Server Training & Food Handler

This Certificate of Completion is to Certify that

Jacqueline Gibson

has met all training requirements and successfully completed the following course and/or exam.

Illinois BASSET Responsible Beverage Server Training

Date of Completion: August 24, 2020

Expiration Date: August 24, 2023

State Student ID: 42031

Course/Exam Provider Number: 5A-0079696

BASSETpermit.com is approved by the Illinois Liquor Control Commission. Your training information has been submitted to the Illinois Liquor Control Commission. This is a temporary certificate and your official BASSET certification card will be mailed to you directly from them.

Authorized Signature

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Erika Cortes

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: *July 10, 2022*

Student ID: *1111712*

IL BASSET License # *5A-1141366*

Certificate ID: *2dc4df47-50fd-48aa-b18f-63ef2ebce764*

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Debbie Archacki

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: *July 21, 2022*

Student ID: *1115774*

IL BASSET License # *5A-1141366*

Certificate ID: *291eaa04-6626-4ea5-96d7-4f8e449928a5*

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com

MyFoodAndBevTraining.com

BASSET Off-Premise Alcohol Training

This is to certify that

Cynthia Sabin

has successfully completed the

MyFood&BevTRAINING®

BASSET Off-Premise Alcohol Training

This is your course completion certificate, valid for three years from the date of completion below. This certificate also serves as your temporary BASSET permit, valid as such for 30 days from the date of completion below. Your official BASSET card will be mailed to you by the ILCC.

Completed on: **May 28, 2021**

Student ID: **972064**

IL BASSET License # **5A-1141366**

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/06/2022

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).

PRODUCER Aon Risk Services Southwest, Inc. Dallas TX Office 5005 Lyndon B Johnson Freeway Suite 1500 Dallas TX 75244 USA	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No.):
INSURED SEI Speedway Holdings, LLC 3200 Hackberry Road Irving TX 75063 USA	INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Underwriters At Lloyds London INSURER C: INSURER D: INSURER E: INSURER F:	
	NAIC # 22667 15792	

COVERAGES **CERTIFICATE NUMBER:** 570096707877 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				PER STATUTE OTH E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Liquor Liab Cvg			HDOG72484289 Liquor Liab Cvg	01/01/2022	01/01/2023	Occurrence Aggregate \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Loc. 43539 / 110 Arrowhead Dr., Hampshire, IL 60140, Speedway 5036, Liquor License Dates: 1/1/23 thru 12/31/23.

CERTIFICATE HOLDER

Village of Hampshire 234 South State Street PO Box 457 Hampshire IL 60140 USA	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 <i>Aon Risk Services Southwest, Inc.</i>
--	---

Holder Identifier :

Certificate No. : 570096707877



**CONTINUATION CERTIFICATE
FIDELITY OR SURETY BONDS/POLICIES**

License No. _____

Effective Date: 12/31/2021

In consideration of \$ 100.00 dollars renewal premium, the term of Bond/Policy No. 104087486-291 in the
amount of \$ 1,500.00, issued on behalf of SPEEDWAY LLC,
whose address is 3200 Hackberry Road Irving, TX 75063,
in favor of VILLAGE OF HAMPSHIRE,
whose address is 234 S. State Street Hampshire, IL 60140,
in connection with Liquor License Bond - Speedway #Unit #5036 @ 110 Arrowhead Drive,
Hampshire, IL 60140 (Kane Co) is hereby extended to December 31, 2022,
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 dated November 10, 2021

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

By:

Kelly A. Westbrook Attorney-in-Fact

TRAVELERS**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company****POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Kelly A. Westbrook** of **DALLAS, Texas**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.



State of Connecticut

City of Hartford ss.

By: 

Robert L. Raney, Senior Vice President

On this the 21st day of April, 2021, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, 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 Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

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 Senior Vice President or any 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 Assistant Vice President, any Secretary, any Assistant 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 upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or undertaking to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 10th day of November, 2021


Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

#044
Rd.
1500
120825

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11/1/22

NAME OF APPLICANT: Patrick Hyland on behalf of TA Operating LLC

APPLICANT'S PHONE: [REDACTED]

APPLICANT'S EMAIL: [REDACTED]

NAME OF BUSINESS: TA Operating LLC d/b/a TravelCenters of America

SALES TAX ID: 2494-0712

BUSINESS PHONE: 847-683-4550

ADDRESS OF BUSINESS: 19 N. 430 US Highway 20, Hampshire, IL 60140

MAILING ADDRESS: Attn: General Counsel, Two Newton Place, 255 Washington St., Ste. 100, Newton, MA 02458

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):

<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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on January 1, 2023 and ending December 31, 2023
Month, Day, Year Year

3. Type of Business Entity (check one):

☐ Individual

☐ Corporation

☐ Partnership

☒ 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.

BIRTHDAY: _____ HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

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? N/A

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. October 30, 2007

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. TA Operating LLC is a multi-state retail licensee engaged in travel hospitality

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.

19 N 430 US Highway 20, Hampshire, IL 60140 - TravelCenter

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. Please see attached rider.

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.

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 11/16/21

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. Patrick Hyland

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? 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? Yes

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? Yes - please see attached rider.

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? _____

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

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 a wholly owned subsidiary of TravelCenters of America Inc., a publicly traded company which is listed on the Nasdaq (Nasdaq: "TA"). TA through its wholly owned subsidiaries owns and/or operates in excess of 220 travel centers across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by TA, (including 16 in Illinois).

None of the alcoholic beverage licenses described above has ever been revoked or cancelled, but some licenses have been voluntarily surrendered as a result of sale or closure of a licensed business. From time to time, some 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

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES
TA Operating LLC By:

~~XXXX~~

Mark R. Young, EVP & General Counsel

~~XXXX~~

INDIVIDUAL OR PARTNERSHIP SIGNATURES

COMMONWEALTH

STATE OF MASSACHUSETTS)
) **SS**
County of MIDDLESEX)

The undersigned swears that all statements are true and correct.

TA Operating LLC

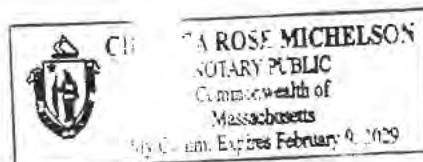
By: Mark R. Young, EVP & General Counsel

CORPORATE SEAL

Subscribed and sworn to before me this

29th day of November, 2022.

Notary Public



CONTINUATION CERTIFICATE

The RLI Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. CMS0277196 in the sum of One Thousand Five Hundred Dollars and 00/100 (\$1,500.00) Dollars, on behalf of TA Operating LLC dba TravelCenters of America in favor of Village of Hampshire, Illinois subject to all the conditions and terms thereof through December 31, 2023 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 2nd day of December, 2022.

RLI Insurance Company
Surety

By:



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



POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

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.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

John E. Genet, Jarrod Hitt, Frank Kinnett, jointly or severally

in the City of Atlanta, State of Georgia its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

RLI Insurance Company and/or **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 2nd day of June, 2020.

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Barton W. Davis Vice President

State of Illinois

County of Peoria

} SS

On this 2nd day of June, 2020, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Catherine D. Glover Notary Public



CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 2nd day of December, 2019.

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Jeffrey D. Dick Corporate Secretary



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
11/16/2022

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).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]																					
INSURED TA Operating LLC 24601 Center Ridge Road Westlake, OH 44145	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Arch Specialty Insurance Company</td><td>21199</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Specialty Insurance Company	21199	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** W26695953**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.

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 <input checked="" type="checkbox"/> SIR: \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			DPC1008715-06	12/01/2022	12/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 19 N 430 US Highway 20, Hampshire, IL 60140 General Liability includes Liquor Liability - \$1,000,000 Aggregate Limit Village of Hampshire is hereby added as an additional insured as required by written contract and/or agreement.

CERTIFICATE HOLDER

Illinois Liquor Control Commission
101 W. Jefferson Street
Suite 3-525
Springfield, IL 62702

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



CONFIDENTIAL

December 1, 2022

Via Federal Express

Ms. Linda Vasquez
Village Clerk
Village of Hampshire
234 S. State Street
Hampshire, IL 60140

Re: 2023 Renewal Application for Alcoholic Liquor License
TA Operating LLC d/b/a TravelCenters of America ("TAO")
19 N. 430 US Highway 20, Hampshire, IL 60140

Dear Ms. Vasquez:

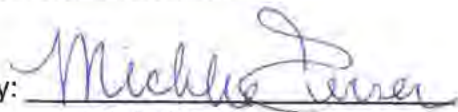
We represent TAO in its alcoholic beverage licensing and regulatory matters. Enclosed please find:

1. Executed License Renewal Application for alcoholic liquor and riders. Note: The officer rider contains personal information and has been marked confidential. We kindly request that the Village of Hampshire maintain it as such.
2. Surety Bond Continuation Certificate. **Note:** The current bond continuation certificate on file expires 12/31/22 (copy enclosed). We will provide an updated continuation certificate upon issue.
3. Certificate of Insurance.
4. Check in the amount of \$1,500.00 made payable to the Village of Hampshire representing the applicable fee.

Upon your review of the foregoing materials, kindly issue a renewed license and provide a copy to me via email at [REDACTED]. Should you have any questions, please contact me via email or via telephone at [REDACTED].

Sincerely,

FOSTER GARVEY PC

By: 
Michelle Turner, Paralegal

Enclosures



Village of Hampshire

234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 11/22/22
NAME OF APPLICANT: Mukesh PATEL
CJMS, Inc. d/b/a Tuscan Sun Wine & Spirits
APPLICANT'S PHONE: [REDACTED]
APPLICANT'S EMAIL: [REDACTED]
NAME OF BUSINESS: CJMS, Inc. d/b/a Tuscan Sun Wine & Spirits
SALES TAX ID: 3939-8439 BUSINESS PHONE: 847-683-7691
ADDRESS OF BUSINESS: 107 W. Oak Knoll Dr. Hampshire, IL, 60140
MAILING ADDRESS: SAME AS ABOVE

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):

<input checked="" 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 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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on JAN, 1, 2023 and ending December 31, 2023
Month, Day, Year Year

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: Mukesh C PATEL

BIRTHDAY: _____

HOME PHONE: _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

BUSINESS STATUS: current

PERCENTAGE OF STOCK HELD: 70%

(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: Chicago - 1986

If an Illinois corporation, state date of corporation: 12/3/2008

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

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Retail SALE of Wine & 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.

167 W. OAK Knoll Dr. Hampshire, 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. State of Illinois July 2022

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. DEC 2008, Nov 2009, Sept 2011, May 2020

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 Patel

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 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? 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? Yes (Same copy in file)

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? No

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?

Yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. Mukesh PATEL

Sec. Mukesh PATEL

INDIVIDUAL OR PARTNERSHIP SIGNATURES

[Signature]

[Signature]

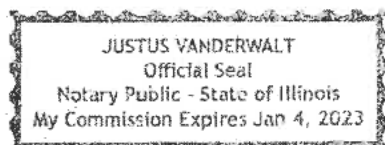
STATE OF Illinois)
County of Kane) SS

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this
25 day of November, 2022.



[Signature]
Notary Public

NAME: Bharini Parekh

BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: Current

PERCENTAGE OF STOCK HELD: 30%

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Mary Poulos

Certificate #: 000027182491

Date of Completion: 11/22/2022

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.


learn²
serve

Corporate Headquarters

5000 Plaza on the Lake, Suite 305

Austin, TX 78746

Phone: 877.881.2235



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/2022

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).

PRODUCER Schatz & Associates, Inc. PO Box 910, 500 Park Ave, Unit 201 Lake Villa, IL 60046 License #: 100295740	CONTACT NAME: Jessica Casarez	
	PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED]	
INSURED CJMS Inc , DBA Tuscan Sun Wine & spirits 107 W Oak Knoll Dr Hampshire, IL 60140	E-MAIL ADDRESS: [REDACTED]	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Liberty Mutual Group	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER: 00087451-122296****REVISION NUMBER: 1**

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.

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			BZS57452300	11/17/2022	11/17/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY			BZS57452300	11/17/2022	11/17/2023	LIQUOR LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate does not affirmatively or negatively guarantee that the terms of any contract between the insured and the certificate holder have been satisfied.

CERTIFICATE HOLDER**CANCELLATION**

Village of Hampshire
234 S State Street
PO Box 457
Hampshire, IL 601400457

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

(JMC)

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Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Melissa Onate

Certificate #: 000027183698

Date of Completion: 11/16/2022

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**learn²
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Illinois BASSET SELLER / SERVER CERTIFICATION

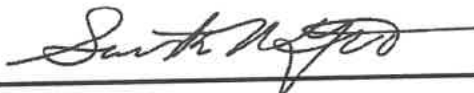
Trainee Name: Tammie Straugh

Certificate #: 000027162207

Date of Completion: 11/15/2022

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.


learn²
serve

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235



THE SILVER LINING®

Continuation Certificate

WB Index: 2450257

D

Village of Hampshire

234 S State St PO Box 457
Hampshire, IL 60140-7001

PRINCIPAL

CJMS Inc., DBA: Tuscan Sun Wine & spirits
107 W Oak Knoll Dr
Hampshire, IL 60140-9720

BOND NUMBER: 2450257

BOND DESCRIPTION: License & Permit Compliance Bond
Liquor License Bond

BOND TERM: 11/17/2022 TO 11/17/2023

BOND PENALTY: \$ 1,500.00

WEST BEND MUTUAL INSURANCE COMPANY hereby continues in force the bond referenced above, subject to all the covenants and conditions of the original bond.

This continuation is issued upon the express condition that the liability of WEST BEND MUTUAL INSURANCE COMPANY under said Bond and this and all continuations thereof shall not be cumulative in any term, calendar year or licensing period unless specifically required by law, statute, ordinance or regulation of the obligee and shall in no event exceed the total sum above written or any amendments, endorsements, or riders attached thereto.

OBLIGEE Village of Hampshire

234 S State St PO Box 457
Hampshire, IL 60140-7001

AGENT **12007**
SCHATZ & ASSOCIATES INC
500 PARK AV UNIT 201
LAKE VILLA, IL 60046

***TELEPHONE 847-356-1520

Dated this 4th day of October, 2022.

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

OBLIGEE COPY

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

NB 0029 11 17

P.O. Box 620976 | Middleton, WI 53562 | Phone: (608) 410-3410 | Fax: (877) 674-2663 | www.thesilverlining.com

POWER OF ATTORNEY

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Kevin A. Steiner

lawful Attorney(s)-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, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: One Thousand Five Hundred Dollars and Zero Cents 1,500.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 17th day of August, 2021.

Attest Christopher C. Zwygart
Christopher C. Zwygart
Secretary



Kevin A. Steiner
Kevin A. Steiner
Chief Executive Officer/President

State of Wisconsin
County of Washington

On the 17th day of August, 2021, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Matthew E. Carlton
Matthew E. Carlton
Senior Corporate Attorney
Notary Public, Washington Co., WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 4th day of October, 2022.



Heather A. Dunn
Heather Dunn
Vice President – Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at West Bend Mutual Insurance Company.



Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

APPLICATION FOR LIQUOR LICENSE (Not Special Event)

DATE: 12/13/2022

NAME OF APPLICANT: Tatjana Rigoni

APPLICANT'S PHONE: [REDACTED]

APPLICANT'S EMAIL: [REDACTED]

NAME OF BUSINESS: LG Brother's, Inc. d/b/a Meli's Gaming Cafe

SALES TAX ID: 88-4369410

BUSINESS PHONE: _____

ADDRESS OF BUSINESS: 129 S State St, Hampshire IL 60140

MAILING ADDRESS: 3 Turnberry Ct, Lake In The Hills, IL 60156

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):

<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 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 H - \$500.00
<input type="checkbox"/> Class C-2 - \$1,500.00	<input type="checkbox"/> Class I - \$500.00
<input type="checkbox"/> Class C-3 - \$1,750.00	<input checked="" type="checkbox"/> Class J - \$1,250.00

*Use Special Event License Application
for Class G Liquor Licenses

2. License Period:

Commencing on January 1, 2023 and ending December 31, 2023
Month, Day, Year Year

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: Tatjana Rigoni

BIRTHDAY: [REDACTED]

HOME PHONE: [REDACTED]

HOME ADDRESS: [REDACTED]

DRIVERS LICENSE NUMBER: [REDACTED]

BUSINESS STATUS: Active

PERCENTAGE OF STOCK HELD: 100%

(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? No. Permanent Resident USCIS 203-154-408

If naturalized, state date and place of naturalization: _____

If an Illinois corporation, state date of corporation: 12/07/2022

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. Gaming Cafe
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.
Meli's Gaming Cafe 129 S State Street, Hampshire IL 60140
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. No

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? 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. Yes 12/12/2022

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. Tatjana Rigoni

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 12/12/2022

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? _____

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? _____

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? Yes

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. Tatjana Rigoni
Sec. _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

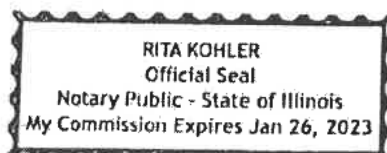
STATE OF Illinois)
County of McHenry) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this
13th day of Dec, 2022.

Rita Kohler
Notary Public



Certificate of Completion

**American
Safety Council**

TATJANA RIGONI

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 12/11/2022

from the American Safety Council.



Jeff Pairan



Illinois BASSET Training

This card certifies that:

TATJANA RIGONI

has completed the
On-Premise BASSET Alcohol Certification



1/10/2023

1/10/2023

Exp. Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2022

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).

PRODUCER Biglow & Company, Inc. 11 Nippersink Blvd Fox Lake IL 60020		CONTACT NAME: Michele Tiess PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]	
INSURED LG Brother's, Inc. DBA: Melis Gaming Cafe 129 S State St Hampshire IL 60140		INSURER(S) AFFORDING COVERAGE INSURER A: Badger Mutual Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** Master 22 23**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.

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"/> PROJECT <input type="checkbox"/> LOC OTHER:			M8472212132	12/13/2022	12/13/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY			M8472212132	12/13/2022	12/13/2023	AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Village of Hampshire
234 S State Street

Hampshire

IL 60140-0457

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

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Bond Number _____

License and Permit Bond

Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.
(Valid in the states of Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Ohio and Wisconsin only)

Principal: (Full name and address)

Obligee: (Principal's customer)

Effective Date: _____

Expiration Date: _____

PENAL AMOUNT OF BOND:

_____ Dollars (\$ _____),

lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for:

NOW, THEREFORE, if said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including all amendments) pertaining to the license or permit, then this obligation shall be null and void; otherwise to remain in full force unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall ipso facto terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Principal shall save and keep harmless the Obligee from all losses or damage which it may sustain or for which it may become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond penalty.

Signed with our hands and sealed with our seals this, the _____ day of _____, 20 _____.

WEST BEND MUTUAL INSURANCE COMPANY

(Principal)


Kevin A. Steiner, Chief Executive Officer



MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.



THE SILVER LINING®

Bond No. 2534204

POWER OF ATTORNEY

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Kevin A. Steiner

lawful Attorney(s)-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, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: One Thousand Five Hundred Dollars and Zero Cents 1,500.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 17th day of August, 2021.

Attest

Christopher C. Zwygart
Christopher C. Zwygart
Secretary



Kevin A. Steiner
Kevin A. Steiner
Chief Executive Officer/President

State of Wisconsin
County of Washington

On the 17th day of August, 2021, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Matthew E. Carlton
Matthew E. Carlton
Senior Corporate Attorney
Notary Public, Washington Co., WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 13th day of December, 2022.



Heather A. Dunn
Heather Dunn
Vice President - Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at West Bend Mutual Insurance Company.