VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

VILLAGE BOARD OF TRUSTEES

Wednesday, June 19, 2019 - 7:00 PM

200 N. Hill Street, Poplar Grove, IL 61065

AGENDA

ROLL CALL

PLEDGE OF ALLEGIANCE

APPROVAL OF PHONE PARTICIPATION (Roll Call)

APPROVAL OF AGENDA (Voice Vote)

APPROVAL OF MINUTES (Voice Vote)

1. Motion to approve minutes from the May 15, 2019

PUBLIC COMMENT *Public Comment is encouraged. The Village Board will receive comments from the public, pursuant to State Statutes. Comments will be limited to five minutes on topics relating to the Village of Poplar Grove. Be further advised that matters brought up at this time may be referred to the appropriate committee or individual for further discussion or consideration.*

ADMINISTRATION & ZONING, TRUSTEE QUIMBY

2. Motion to approve **Ordinance 2019-16** An Ordinance of the Village of Poplar Grove, Illinois amending Title 6 Chapter 3 Section 6-3-4 of the Village of Poplar Grove Code of Ordinances regarding Building Sewers and Connections
3. Motion to approve **Ordinance 2019-17** An Ordinance to amend Chapter 4, General Penalty, Section 1-4-1 General Penalty, to allow for a prohibition in distribution of Licenses, Certificates, Permits, and/or Renewals of the same for the Village of Poplar Grove Code of Ordinances.
4. Motion to approve **Ordinance 2019-18** An Ordinance to amend Chapter 5, Village Board of Trustees, Section 1-5-3 Public Comment during Open Meetings for the Village of Poplar Grove Code of Ordinances.
5. Motion to approve **Ordinance 2019-19** An Ordinance of the Village of Poplar Grove, Illinois amending Title 6, Public Ways and Property, Chapter 2, Combined Waterworks

and Sewerage System, Adding Section 6-2-9, Pipe Connections, B-Box and Repairs of the Village of Poplar Grove Code of Ordinances

6. Motion to approve **Resolution 19-24** A Resolution of the Village of Poplar Grove, Illinois to approve and authorize the Village President to execute an agreement with Newark Homebuilders, LLC with regards to the Westergren Commons Subdivision.
7. Motion to approve Dollar General Store # 15682 Tobacco License
8. Motion to approve Countryside Liquors Class B, Class D and Tobacco License
9. Motion to approve Bravo Pizza & Italian Restaurant Class A, Class D, Class J License
10. Motion to approve Arturo's Mexican Restaurant Class A, Class D and Video Gaming License
11. Motion to approve The Grove Bar & Grill Class A, Class D, Class J, and Video Gaming License
12. Motion to approve Hydeout Bar & Grill Class A, Class D, Class J and Video Gaming License
13. Motion to approve J&D Countryside Marathon Class B, Class D, Video Gaming and Tobacco License
14. Motion to approve Mortimer's Roadhouse & Grill Class A, Class D, Class J, Video Gaming and Tobacco License
15. Motion to approve Mort's Mart Class B and Tobacco License
16. Motion to approve Poplar Grove Pacemaker Countryside Markets Class A, Class B, Class D, Video Gaming and Tobacco License
17. Motion to approve Savannah Oaks Golf Course Class G License
18. Motion to approve Snyder Pharmacy Class B, Class D and Tobacco License
19. Motion to approve Timber Pointe Golf Club Class G, Class D, Video Gaming and Tobacco License
20. Motion to approve JA Hospitality & Gaming, LLC d/b/a Good JuJu new Liquor Class A, Class, B, Class D License
21. Motion to approve Lucky Dawg, LLC d/b/a Luck Dawg Slots Liquor Class BB

FINANCE AND PUBLIC WORKS, TRUSTEE MILLER

22. Motion to approve Check Disbursement and Payroll in the amount of $250,802.99
23. Motion to approve **Resolution 19-22** A Resolution of the Village of Poplar Grove resolving to procure Engineering Services for the Phase 1 Clean & Televise of Sanitary Sewer
24. Motion to approve **Resolution 19-23** A Resolution of the Village of Poplar Grove to Authorize Bid Letting for the IL 173 Water Main Improvements

NEW BUSINESS

25. Public Hearing Regarding Removal of Donald Sattler as member of Village of Poplar Grove Planning Commission/Zoning Board of Appeals

GOOD OF THE VILLAGE

26. Administration and Zoning - Monday July 8, 2019 6:30 pm
Finance and Public Works - Monday July 8, 2019 6:30 pm

Board of Trustees - Wednesday July 17, 2019 7:00 pm

Planning & Zoning- Wednesday July 24, 2019 7:00 pm

EXECUTIVE SESSION

27. Motion to go into closed session pursuant to 5 ILCS 120/2 (c) (11) Pending Litigation

ADJOURNMENT (Voice Vote)

KJA 06/17/2019

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

VILLAGE BOARD OF TRUSTEES

Wednesday, May 15, 2019 - 7:00 PM

200 N. Hill Street, Poplar Grove, IL 61065

MINUTES

ROLL CALL
Meeting called to order by President Owen Costanza at 7pm

PRESENT
President Owen Costanza
Finance Chairman Eric Miller
Trustee Ron Quimby
Trustee Jeff Goings
Trustee Sophia Ramdass at 7:12pm
Trustee Ed Wethington
Clerk Karri Anderberg
Attorney Roxanne Sosonowski
Public Works Director Mitch Hilden
Treasure Carina Boyd
Engineer Chris Dopkins
ABSENT
Trustee Erin Walsh

PLEDGE OF ALLEGIANCE

APPROVAL OF PHONE PARTICIPATION (Roll Call)
No Phone Participation

APPROVAL OF AGENDA (Voice Vote)
Motion made by Trustee Wethington, Seconded by Trustee Quimby. Motion passed by voice vote

Motion made by Trustee Quimby, Seconded by Finance Chairman Miller to ammend the agenda by stricking item 8 and changing item 12 from 140,000 to 160,000. Motion passed by voice vote.
Voting Yea: President Costanza, Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

APPROVAL OF MINUTES (Voice Vote)

1. Motion to approve minutes from April 17, 2019 meeting.
   Motion made by Finance Chairman Miller, Seconded by Trustee Quimby.
   Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

PUBLIC COMMENT *Public Comment is encouraged. The Village Board will receive comments from the public, pursuant to State Statutes. Comments will be limited to five minutes on topics relating to the Village of Poplar Grove. Be further advised that matters brought up at this time may be referred to the appropriate committee or individual for further discussion or consideration.*

Village Clerk Anderberg swore in David Allgood as a new Planning and Zoning member
Tracy Lindamen came to the board to talk to the board about the water/sewer line issues that she has had for years. Village Board will have Mitch Hilden and Chris Dopkins follow up with her.

PROCLAMATION

2. A Proclamation in Recognition of Municipal Clerks Week
3. A Proclamation in Recognition of Public Works Week
4. A Proclamation in Recognition of A.B.A.T.E Motorcycle Awareness Month

ADMINISTRATION & ZONING, TRUSTEE QUIMBY

5. Motion to approve **Ordinance 2019-13** An Ordinance of the Village of Poplar Grove, Illinois authorizing the issuance of a Catering Liquor License for Hydeout Bar & Grill
   Motion made by Trustee Quimby, Seconded by Finance Chairman Miller.
   Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

6. Motion to approve **Ordinance 2019-14** An Ordinance amending Title 2 - Business and License Regulations, Chapter 10 - Comprehensive Regulation of Tobacco Products of the Village of Poplar Grove Code of Ordinances.
   Motion made by Trustee Quimby, Seconded by Finance Chairman Miller.
   Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

7. Motion to approve **Ordinance 2019-15** An Ordinance amending Chapter 2, Liquor Control, of Title 2 of the Village of Poplar Grove Code of Ordinances.
Motion made by Trustee Quimby, Seconded by Finance Chairman Miller.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

9. Motion to approve **Resolution 19-18** A Resolution of the Village of Poplar Grove, Illinois approving the Preliminary Plat of Etes Subdivision.
Motion made by Trustee Quimby, Seconded by Trustee Wethington.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

10. Motion to approve **Resolution 19-19** A Resolution of the Village of Poplar Grove, Illinois approving the Final Plat of Etes Subdivision and accepting certain Public Infrastructure Improvements associated therewith.
Motion made by Trustee Quimby, Seconded by Trustee Ramdass.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

FINANCE AND PUBLIC WORKS, TRUSTEE ERICKSON

11. Motion to approve Check Disbursement and Payroll in the amount of $226,691.43.
Motion made by Finance Chairman Miller, Seconded by Trustee Goings.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

12. Motion to approve Employee Health Care Proposal from Blue Cross Blue Shield for PPO Gold, HMO Platinum, and Humana at a cost not to exceed $160,000.
13. Motion to approve **Resolution 19-17** A Resolution of the Village of Poplar Grove, Illinois to approve and authorize the Village President to execute an agreement with Melrose Pyrotechnics, Inc for fireworks display services in the amount of $6,500.
Motion made by Finance Chairman Miller, Seconded by Trustee Goings.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

14. Motion to approve **Resolution 19-20** A resolution of the Village of Poplar Grove to authorize additional work to the 2019 Pavement Maintenance Program.
Motion made by Finance Chairman Miller, Seconded by Trustee Goings.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

15. Motion to approve **Resolution 19-21** A Resolution of the Village of Poplar Grove to retain Foss Landscaping to regrade Sherman Oaks Drainage Easement & to provide Restoration to the Ray Street Sanitary Sewer Project.

Motion made by Finance Chairman Miller, Seconded by Trustee Wethington.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

16. Motion to approve the purchase of a Skid Mounted Sprayer in the amount of $3304.
Motion made by Finance Chairman Miller, Seconded by Trustee Wethington.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

17. Motion to approve P.C. Tech 2 U to purchase and install Lenovo ThinkSystem Tower Server in the amount of $12,277.99.
Motion made by Finance Chairman Miller, Seconded by Trustee Wethington.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

NEW BUSINESS

GOOD OF THE VILLAGE

EXECUTIVE SESSION

18. Motion to go into closed session pursuant to 5 ILCS 120/2 (c) (2) Personnel
Motion made by Finance Chairman Miller, Seconded by Trustee Goings.
Voting Yea: Finance Chairman Miller, Trustee Quimby, Trustee Goings, Trustee Ramdass, Trustee Wethington

ADJOURNMENT (Voice Vote)
Motion made by Trustee Quimby, Seconded by Trustee Wethington

KJ 05/13/2019

ORDINANCE NO. 2019 - 17

AN ORDINANCE TO AMEND CHAPTER 4, GENERAL PENALTY, SECTION 1-4-1 GENERAL PENALTY, TO ALLOW FOR A PROHIBITION IN DISTRIBUTION OF LICENSES, CERTIFICATES, PERMITS, AND/OR RENEWALS OF THE SAME FOR THE VILLAGE OF POPLAR GROVE CODE OF ORDINANCES

WHEREAS, Title 1, Administration, Chapter 4, General Penalty of the Village of Poplar Grove Code of Ordinances ("**Village Code**") establishes regulations governing penalties for violation of the Village Code in the Village of Poplar Grove; and

WHEREAS, Section 1-4-1 of the Village of Poplar Grove Code of Ordinances outlines the general penalties of the code; and

WHEREAS, the Board of Trustees now believes it is in the best interests of the Village to amend Section 1-4-1, in an effort to prohibit individuals who are indebted to the Village, from receiving licenses, certificates, and/or permits, or renewal of the same until all debt owed to the Village has been repaid.

NOW, THEREFORE, BE IT ORDAINED by the President and the Board of Trustees of the Village of Poplar Grove, Boone County, Illinois, as follows:

Section 1. The foregoing recitals are incorporated herein by reference.

Section 2. The Village of Poplar Grove Section 1-4-1 General Penalties of the Code of Ordinances shall be amended as follows (amended language bold, stricken language shown as strike through):

1-4-1: GENERAL PENALTY:

" Where an act or omission is prohibited or declared unlawful in this Code, and no penalty is otherwise provided, the offender shall be fined not more than the amount set forth by the statutes of the State of Illinois as the maximum amount authorized for a municipality for each such act or omission, where no specific penalty is provided therefor, the violation of any such provision of this Code or any ordinance shall be punished by a fine of not less than one hundred dollars ($100.00) and not more than seven hundred fifty dollars ($750.00) for each offense, such

amount being in addition to any court costs and/or attorneys' fees applied by the court. A separate offense shall be deemed committed on each day that a violation occurs or continues. Notwithstanding the foregoing, the minimum and maximum fines for violations of the Illinois Vehicle Code (625 ILCS 5/1-100 et seq.) shall be as set forth in the Illinois Vehicle Code or other relevant state statute.

Whenever in this Code a minimum but not a maximum fine or penalty is imposed, the court may in its discretion fine the offender any sum exceeding the minimum fine or penalty so imposed by not exceeding the amount set forth by the statutes of the State of Illinois as the maximum amount authorized for a municipality, such amount being in addition to any court cost that is applied by the court.

No licenses, certificates, and/or permits, or renewal of the same, required by the laws and ordinances of the Village shall be issued to any person or entity who is indebted to the Village for any Village water or sewer service, or other Village services or utilities, fees, fines, judgements, levies, or any other debts due and owing to the Village, from such person, entity, or otherwise interested party to such requested license, certificate, and/or permit, until the indebtedness is paid in full.

This section and any section of this Code imposing the penalty or providing for an administrative hearing or procedure shall not be construed to preclude the ~~city~~ **Village** from pursuing other remedies."

Section 3. Except as amended in this Ordinance, all other provisions and terms of Village Code of Ordinances shall remain in full force and effect as previously enacted except that those ordinances, or parts thereof, in conflict herewith are hereby repealed to the extent of such conflict.

Section 4. This Ordinance shall be in full force and effect after its approval, passage and publication in pamphlet form as required by law.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS _____ DAY OF _____, 2019

AS FOLLOWS:

VOTING "AYE": _____

_____

VOTING “NAY”: _____

_____

ABSENT, ABSTAIN, OTHER _____

_____

APPROVED_____, 2019

ATTEST:

_____ _____

CLERK VILLAGE PRESIDENT

ORDINANCE NO. 2019 - 18

AN ORDINANCE TO AMEND CHAPTER 5, VILLAGE BOARD OF TRUSTEES, SECTION 1-5-3 PUBLIC COMMENT DURING OPEN MEETINGS FOR THE VILLAGE OF POPLAR GROVE CODE OF ORDINANCES

WHEREAS, Title 1, Administration, Chapter 5, Village Board of Trustees, Section 1-5-3, Public Comment During Open Meetings of the Village of Poplar Grove Code of Ordinances ("**Village Code**") establishes regulations governing public comment at Village Board meetings and Committee Meetings in the Village of Poplar Grove; and

WHEREAS, the Board of Trustees now believes it is in the best interests of the Village to amend Section 1-5-3, in an effort to provide further guidance on public comment at Village Board and Committee meetings.

NOW, THEREFORE, BE IT ORDAINED by the President and the Board of Trustees of the Village of Poplar Grove, Boone County, Illinois, as follows:

Section 1. The foregoing recitals are incorporated herein by reference.

Section 2. The Village of Poplar Grove Section 1-5-3 Public Comment During Open Meetings of the Code of Ordinances shall be amended as follows (amended language bold, stricken language shown as strike through):

1-5-3: PUBLIC COMMENT DURING OPEN MEETINGS:

A. **Anyone interested in speaking publicly at a Board or Committee meeting is welcome. Individuals are asked to sign in just prior to the start of the meeting. The general public comment portion of the meeting occurs prior to the business of the meeting at the beginning of the agenda. This public comment period is intended to provide an opportunity for individuals to comment on non-agenda items.** Each speaker shall be permitted to speak for five (5) minutes. Each speaker should state their name and address for the record. The chairperson of the meeting may require speakers who speak in excess of five (5) minutes to conclude their comments. Any speaker who wishes to speak longer than five (5) minutes may request an additional two (2) minutes from the Board or Committee to conclude remarks, the Board or Committee shall decide whether to grant an additional two (2) minutes to the speaker. **The Board or Committee may also allow members of the public to speak**

during a particular agenda item. Speakers must limit their comments to topics relevant to that particular agenda item and will be limited to three minutes per person during the agenda specific public comment period. Only one person may speak at a time during any public comment period. No person may assign their time to any other person.

B. Any and all persons speaking during public comment shall act in a civil manner and shall refrain from shouting, using any profanity or making any personal attacks or accusations. No discussion will be permitted on items regarding specific Village personnel. **The Chair may deny a person who has previously addressed the Board the opportunity to speak again during the same meeting on the same topic. No person may address the Board or engage in public comment except during one of the two defined public comment periods described in paragraph A, when recognized by the Chair, and only while the speaker is at the microphone. During any public comment period, Board members may ask questions of the speaker while he or she is at the microphone, if recognized by the Chair. However, the Board need not answer questions from a speaker during any public comment period. If a person has a question for the Board, the individual may be asked to submit the question in writing.**

~~C. Public comment is not a question and answer session with the Board, Committee or Village Staff but is an opportunity for the Public to comment on any issue related to the Village business. Members of the Board, Committee or Village Staff shall not interact with the person making said comment.~~

Section 3. Except as amended in this Ordinance, all other provisions and terms of Village Code of Ordinances shall remain in full force and effect as previously enacted except that those ordinances, or parts thereof, in conflict herewith are hereby repealed to the extent of such conflict.

Section 4. This Ordinance shall be in full force and effect after its approval, passage and publication in pamphlet form as required by law.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS _____ DAY OF _____, 2019

AS FOLLOWS:

VOTING "AYE": _____

_____

VOTING “NAY”: _____

_____

ABSENT, ABSTAIN, OTHER _____

_____

APPROVED_____, 2019

ATTEST:

_____ _____

CLERK VILLAGE PRESIDENT

ORDINANCE NUMBER: 2019-19

AN ORDINANCE OF THE VILLAGE OF POPLAR GROVE, ILLINOIS AMENDING TITLE 6, PUBLIC WAYS AND PROPERTY, CHAPTER 2, COMBINED WATERWORKS AND SEWERAGE SYSTEM, ADDING SECTION 6-2-9, PIPE CONNECTIONS, B-BOX AND REPAIRS OF THE VILLAGE OF POPLAR GROVE CODE OF ORDINANCES

WHEREAS, the Village of Poplar Grove, Illinois ("Village") has adopted a Village Code of Ordinances ("Code"); and

WHEREAS, Title 6 of the Code governs Public Ways and Property; and

WHEREAS, Chapter 2 of Title 6 governs Combined Waterworks and Sewerage System; and

WHEREAS, the Village has determined it is in the best interest of the Village and its citizens to add a new Section 6-2-9 entitled Service Pipe Connections, B-Box and Repairs, to clarify service pipe connections, B-Box and the party responsible for repairs; and

WHEREAS, the Village has determined it is in the best interest of the Village and its citizens to enact an ordinance providing for the foregoing.

NOW THEREFORE, be it ordained by the President and Board of Trustees of the Village of Poplar Grove, Illinois as follows:

1. The above recitals are incorporated herein and made a part hereof.

2. Section 6-2-9 of the Code regarding entitled Service Pipe Connections, B-Box and Repairs, is hereby added to read as follows:

"6-2-9: SERVICE PIPE CONNECTIONS, B-BOX AND REPAIRS:

A. SERVICE LATERALS:
   a. The service lateral for water service will be extended from the main to a point inside the curb line and connected to a b-box. All b-boxes that are installed or replaced shall be located a minimum of five feet, or such other distance as may be required by the Village Public Works Director, from the edge of any paved or hard surface (e.g. roadways, driveways and/or sidewalks). All piping beyond the b-box is part of the plumbing and must be installed by the plumber employed by and at the costs of the property owner.

   b. The service shut off boxes (i.e. b-box) shall be under the sole control of the Village and no one except an employee or person authorized by the Village shall open the cover of such box or turn the water off or on.

B. REPAIRS:
   a. Maintenance and repairs of an approved service connection from the main to the b-box, including the b-box itself, will be made by at the expense of the Village.

b. If a service connection is replaced or renewed at the request of the owner for the purpose of providing a larger water supply or for some other purpose, the Village will install the service connections at the cost of the owner. If a new connection is installed at the request of the owner at a different location, the existing connection shall be cut off at the main at the expense of the owner.

c. Whenever the service lateral from the main up to and including the b-box and/or corporation valve, is damaged by someone other than the Village, the repairs shall be made by the Village and the costs thereof charged either to the property owner or the party responsible for the damage.

d. Any leak, defect or damage in the service lateral from the b-box to the water meter shall be the responsibility of the property owner and shall be repaired by the property owner within a reasonable time or the water may be turned off, with or without further notice.

e. Village will use care in its operation or use of the b-box or gate valve, but it shall not be liable if the service pipe lateral from the b-box into the premises is damaged or broken in turning on or turning off water for repairs, nonpayment of bills or for any other reason.

3. Except as amended in this Ordinance, all other provisions and terms of the Village Code of Ordinances shall remain in full force and effect as previously enacted except that those ordinances, or parts thereof, in conflict herewith are hereby repealed to the extent of such conflict.

4. This Ordinance shall be in full force and effect after its approval, passage and publication in pamphlet form as required by law.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS _____ DAY OF _____, 2019

AS FOLLOWS:

VOTING "AYE": _____

_____

VOTING "NAY": _____

_____

ABSENT, ABSTAIN, OTHER _____

_____

APPROVED_____, 2019

ATTEST:

_____ _____

CLERK VILLAGE PRESIDENT

RESOLUTION NUMBER: 19-24

A RESOLUTION OF THE VILLAGE OF POPLAR GROVE, ILLINOIS TO APPROVE AND AUTHORIZE THE VILLAGE PRESIDENT TO EXECUTE AN AGREEMENT WITH NEWARK HOMEBUILDERS, LLC WITH REGARDS TO THE WESTERGREN COMMONS SUBDIVISION

WHEREAS, Newark Homebuilders, LLC ("Developer") is in the business of constructing homes; and

WHEREAS, Plat No. 1 of the Westergren Commons Subdivision ("Subdivision") is located within the corporate limits of the Village of Poplar Grove, Illinois ("Village"); and

WHEREAS, Developer desires to build homes within the Subdivision; and

WHEREAS, the Village and Developer have reached an accord as to certain terms and conditions which shall apply to Developer's construction of homes within the Subdivision; and

WHEREAS, such terms and conditions are memorialized in an Agreement, a copy of which is attached hereto as Exhibit A and incorporated herein ("Agreement"); and

.

WHEREAS, the Village has determined it is in the best interest of the Village and its citizens to enter into the Agreement.

NOW THEREFORE, BE IT RESOLVED by the Village President and Board of Trustees of the Village of Poplar Grove, Illinois as follows:

1. The above recitals are incorporated herein and made a part hereof.

2. The Village hereby accepts and approves the Agreement attached hereto as Exhibit A, or one in substantially similar form.

3. The Village President and Village Clerk are hereby authorized to execute and attest the Agreement.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS ____ DAY OF _____, 2019

AS FOLLOWS:

VOTING "AYE": _____

_____

VOTING “NAY”: _____

_____

ABSENT, ABSTAIN, OTHER _____

_____

APPROVED_____, 2019

_____
VILLAGE PRESIDENT

ATTEST:

_____
VILLAGE CLERK

EXHIBIT A- AGREEMENT

AGREEMENT

THIS AGREEMENT ("Agreement") is made this ___ day of June 2019 by and between the VILLAGE OF POPLAR GROVE, an Illinois municipal corporation ("Village") and NEWARK HOMEBUILDERS, LLC ("Developer"). The Village and Developer are at times collectively referred to herein as the "Parties" or individually as a "Party".

RECITALS:

WHEREAS, Developer is in the business of constructing homes; and

WHEREAS, Plat No. 1 of the Westergren Commons Subdivision ("Subdivision") is located within the corporate limits of the Village; and

WHEREAS, Developer desires to build homes within the Subdivision; and

WHEREAS, the Village and Developer have reached an accord as to certain terms and conditions which shall apply to Developer's construction of homes within the Subdivision; and

WHEREAS, such terms and conditions are memorialized in this Agreement.

NOW THEREFORE, in consideration of the mutual promises and conditions contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the Parties hereto agree as follows:

1. The above recitals are incorporated herein and made a part hereof.

2. The Parties acknowledge and agree that the sewer connection fee for each lot within the Subdivision shall be $4,200.00 and that the water connection fee for each lot within the Subdivision shall be $1,500.00.

3. With regards to sewer connection fees, the Parties agree that the sewer connection fees for the lots identified on Exhibit A, attached hereto and incorporated herein, have been paid. The Parties currently do not make any representations to one another as to the status of payment of sewer connection fees with regards to the remaining lots within the Subdivision with such issue to be discussed by the Parties at a later date.

4. With regards to water connection fees, the Parties agree that the water connection fee shall be paid by Developer to the Village at the time of building permit issuance for each lot within the Subdivision. Developer shall also pay for the cost of purchasing a water meter for each lot.

5. The Parties agree that the building permitting/inspection fees set forth in Exhibit B, attached hereto and incorporated herein, shall be applicable to the building permits pulled by Developer for the lots identified in Exhibit C, attached hereto and incorporated herein, which are within the Subdivision (collectively referred to herein as the "Lots"). Except

as otherwise provided for herein, no other building permitting/inspection fees shall be assessed by the Village for the Lots. The Parties agree to negotiate the building permitting/inspection fees for any subsequent lots within the Subdivision after the Lots (and homes thereon) have been sold. A one-time plan review fee of $225.00 per model of home shall be paid by Developer to the Village. Thereafter, no building plan review fee shall be assessed to Developer provided the home being constructed on the Lots conforms to one of the previously reviewed and approved models of homes.

Developer shall designate one person to serve as the point of contact with the Village for all inspection related matters, including, but not limited to, the coordinating and scheduling of inspections. By way of example and not limitation, any and all subcontractors of the Developer shall not contact the Village directly to coordinate or schedule any inspections but rather the subcontractors shall work through this designated point of contact who will then contact the Village to arrange for the necessary inspections.

6. Developer agrees that all development activities and construction of all homes shall be in conformance with all applicable federal, state and local laws, including, but not limited to, all applicable Village building codes in effect at the time of building permit issuance for any given lot.

7. To the extent there is currently (i.e. as of the date of this Agreement) a building foundation on any lot, Developer will not construct a house on the existing foundation and will remove the existing foundation and install a new foundation.

8. The Parties acknowledge that the Village will be installing in the near future or has recently installed the second and final lift of asphalt on the existing roads within the Subdivision. To the extent Developer, and/or any of its employees, contractors, subcontractors, representative, agents or assigns damage any of the roadways/curbs within the Subdivision after the second and final lift of asphalt has been installed, Developer shall repair the damage, at its sole costs and expense, to a reasonably similar condition as existed immediately prior to such damage. Developer shall commence repair within 21 days of written notice of such damage from the Village and thereafter diligently pursue completion of repairs. Any failure by Developer to repair any damage as contemplated herein shall be deemed a default of this Agreement by Developer and in addition to any other remedies the Village may have at law or in equity, the Village may withhold the issuance of any further permits or approvals until such damage has been repaired or the Village may repair such damage with any and costs and expenses incurred by the Village being owed by Developer back to the Village.

9. This Agreement represents the entirety of the agreement between the Parties and shall be binding upon them and inure to the benefit of and be enforceable by and against their respective successors, personal representatives, heirs, legatees, and assigns.

10. If any of the provisions of this Agreement are invalid with any statute or rule of law of the State of Illinois or of any judicial district in which it may be so brought to be

enforced, then such provisions shall be deemed null and void to the extent that they may conflict herewith, but the remainder of this instrument and any other application of such provision shall not be affected thereby.

11. This Agreement may not be amended, modified, or terminated, nor may any obligation hereunder be waived orally, and no such amendment, modification, termination, or waiver shall be effective for any purpose unless it is in writing, and bears the signatures of all of the Parties hereto.

12. Agreement may be signed in any number of counterparts, each of which shall be an original, with the main effect as if the signatures thereto and hereto were upon the same instrument.

13. This Agreement is the agreement between the Parties hereto as it now exists at the execution hereof and it is expressly understood, agreed and distinctly acknowledged that all previous communications and negotiation between the Parties, either written or oral, that are not contained herein are hereby withdrawn, nullified, and void.

14. The rights and duties arising under this Agreement shall be governed by the law of the State of Illinois. Any action against Developer or the Village shall be brought in Circuit Court of the 17th Judicial Circuit, Boone County, Illinois.

15. All notices, demands, requests, consents, approvals or other instruments required or permitted to be given under this Agreement shall be in writing and shall be executed by the party or an officer, agent or attorney of the party, and shall be given by any of the following means (i) personal service; (ii) overnight courier; or (iii) registered or certified mail, return receipt requested:

If to Village:	Village of Poplar Grove Attn: Village President 200 N. Hill Street Poplar Grove, IL 61065
With Copy to:	Sosnowski Szeto, LLP Attn: Aaron Szeto 6735 Vistagreen Way, Suite 300 Rockford, IL 61107
If to Developer:	Newark Homebuilders, LLC Attn: _____ _____ _____

16. In the event of a breach or default of any provision of this Agreement, the not breaching party shall have any and all remedies available to it at law or in equity. In action to enforce the terms and conditions of this Agreement, the prevailing party shall be entitled to recover from the other party its reasonable costs and expenses, including attorneys' fees.

IN WITNESS WHEREOF, each of the parties hereto has set their hands and seals as of the day, month and year above written. Each of the parties affixing their signature hereto states that they have full authority to sign on behalf of the respected parties.

VILLAGE OF POPLAR GROVE

By:_____
Owen Costanza

Its Village President

ATTEST:

_____
Village Clerk

NEWARK HOMEBUILDERS, LLC

By:_____

Its:_____

EXHIBIT A- LIST OF LOTS WITH THE SEWER CONNECTIONS PAID

EXHIBIT A

PARCEL I
Lot Nine (9); Lots Eighty-one (81) through One Hundred Fifteen (115), inclusive; Lots One Hundred Seventeen (117) through One Hundred Twenty-nine (129), inclusive; Lots One Hundred Thirty-seven (137) through One Hundred Forty-four (144), inclusive; Lot Two Hundred Two (202), and Lots Two Hundred Twenty-one (221) through Two Hundred Fifty-six (256), inclusive as designated upon the Plat No. 1 of Westergren Commons Subdivision, being a part of the South Half (1/2) of Section 13, Township 45 North, Range 3 East of the Third Principal Meridian, Boone County, Illinois, Village of Poplar Grove, according to the Plat thereof recorded December 29, 2005 as Document No. 2005R15237 in the Recorder's Office of Boone County, Illinois; situated in the County of Boone and State of Illinois.

PARCEL II
Lots Three (3) through Eight (8), inclusive, Lots Ten (10) through Twenty-seven (27), inclusive; Lots Twenty-nine (29) through Fifty-three (53), inclusive; Lots Fifty-five (55) through Eighty (80), inclusive; Lots One Hundred Thirty (130) through One Hundred Thirty-six (136), inclusive; Lot Two Hundred One (201) and Lots Two Hundred Seventy-six (276) through Two Hundred Eighty-one (281), inclusive as designated upon the Plat of Westergren Commons Subdivision, being a part of the South Half (1/2) of Section 13, Township 45 North, Range 3 East of the Third Principal Meridian, Boone County, Illinois, Village of Poplar Grove, according to the Plat thereof recorded December 29, 2005 as Document No. 2005R15237 in the Recorder's Office of Boone County, Illinois; situated in the County of Boone and State of Illinois.

EXHIBIT B- BUILDING PERMITTING/INSPECTION FEES

INSPECTION FEE

INSPECTION FEE

1. FOOTING
2. FOUNDATION
3. UNDERGROUND SEWER SERVICE
4. UNDERGROUND WATER SERVICE
5. BACKFILL/DRAINTILE/DAMPROOFING
6. CONCRETE PREPOUR BASEMENT
7. UNDERGROUND PLUMBING
8. CONCRETE PREPOUR GARAGE
9. ELECTRICAL SERVICE
10. ROUGH FRAMING
11. ROUGH ELECTRICAL
12. ROUGH PLUMBING AND STACK TEST AT SAME TIME
13. ROUGH MECHANICAL
14. ROUGH ENERGY
15. INSULATION
16. POST HOLES FOR DECK
17. ROUGH FRAMING ON DECK
18. PREPOUR PRIVATE WALK AND STOOP AT SAME TIME
19. PREPOUR ASPHALT DRIVEWAY
20. PREPOUR DRIVEWAY APPROACH
21. PREPOUR PUBLIC SIDEWALK
22. FINAL BUILDING
23. FINAL ELECTRICAL
24. FINAL PLUMBING
25. FINAL MECHANICAL

*Re-Inspection fees are the same fee per inspection.

B & F Fee is $45.00 per inspection. Re-Inspection Fees must be paid prior to occupancy being issued.

Each permit will be accessed a $50.00 site review fee to confirm zoning and grading elevations.

Total Fee based on the above is $1,175.00 per lot.

EXHIBIT C- LOTS

Plat 1 of Westergren Commons: Lots 45 through 51; Lot 107; Lot 108; Lot 114; Lot 115; Lots 120 through 128; Lot 130; Lot 131; & Lots 137 through 144.

VILLAGE OF POPLAR GROVE
"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:

   Name: DG Retail, LLC Phone: 615-855-4000

2. Name under which business is to be conducted:

   Dollar General Store #15682 Business Phone: 815-770-3433

3. Business Address:

   13685 Route 76, Poplar Grove, IL 61065

4. Mailing Address (if different):

   ATTN: Tax Dept
   100 Mission Ridge
   Goodlettsville, TN 37072

5. Location where retail tobacco sales will take place:

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of ~~Agent~~ Licensing Specialist Katie Dunham Date: 4-16-19

OFFICE USE ONLY

CK: 6134047 **CASH:** ____ **CC:** ____ **DATE RECEIVED:** 5/23/19

LICENSE NUMBER: ____ **DATE ISSUED:** ____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of tobacco in the Village of Poplar Grove and agree to abide by such laws and regulations.

Katie Dunham
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Licensing Specialist
(TITLE OR POSITION)

(TITLE OR POSITION)

4-16-19
(DATE SIGNED)

(DATE SIGNED)

STATE OF IL)

COUNTY OF Boone) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 16 DAY OF April, 2019

NOTARY PUBLIC

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ **Class A (6 Day, On Premise, Full Kitchen) $900**	○ **Class F (BYOB with Food) $150**
✓ **Class B (6 Day, Retail off Premise) $850**	○ **Class G (Golf) $1,000**
○ **Class BB (Boutique) $5000**	○ **Class H (Local Catering) $250**
○ **Class C (6 Day, Less 12% on Premise) $700**	○ **Class I (Non-Local Cater) $500**
✓ **Class D (Sunday) $150**	○ **Class J (Beer Garden) $100**
○ **Class E (Event) $100**	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor $100 Gaming: _____
Tobacco $20 Fees: $620
Cash: _____ Check #: 1710

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: PARAG MODI Date of Birth: [redacted]

Address: 13525 IL RTE 76, Poplar Grove, IL Phone: [redacted]

Primary Contact Person: DIYAL LOTWALA Phone: [redacted]

Business Name: GREAT HIMALAYA LLC Phone: (815) 765-0746

d/b/a Name: Countryside Liquors

Premise Address: 13525 IL RTE 76, POPLAR GROVE, IL 61065

Entity Information (if applicable):

Date of formation: MAY 2ND, 2017 Illinois Secretary of State Number: 163 9100

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: YES ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: _____ *(if leased, attach a copy of the lease to the application)*

Renter of Premises: _____ Illinois Liquor License No.: IA-1134623

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2.**

Insurance Company: Lloyd's of London Policy Number: LIQ10642608 2

Coverage Limit: Policy Effective Date: Expiration Date:

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: PARAG (First) MODI (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) MANAGER (Title) 50% (% Ownership)

2) Name: DHAL (First) LOTWALA (Last)

[redacted] (Date of Birth) (Driver's License No.) IL (State) MANAGER (Title) 50% (% Ownership)

3) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

4) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

5) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

6) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

GREAT-8 OP ID: CW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/2019

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

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

PRODUCER Dasco Insurance Agency, Inc. 628 Academy Dr Northbrook, IL 60062 847-291-0660	CONTACT NAME: Dasco Insurance Agency, Inc. PHONE (A/C, No, Ext): 847-291-0660 FAX (A/C, No): 847-480-9889 E-MAIL ADDRESS: conniew@dascoins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Lloyd's of London	
INSURED Great Himalaya LLC dba Countryside Liquors 13525 IL Rte 76 Poplar Grove, IL 61065	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			LIQ10642608	07/01/2018	07/01/2019	CSL	1,000,000
A	Liquor Liability			LIQ10642609	07/01/2019	07/01/2020	CSL	1,000,000

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

re: 13525 IL Rte 76, Poplar Grove IL 61065

CERTIFICATE HOLDER STATE-2

Illinois Liquor
Control Commission
100 West Randolph
Suite #7-801
Chicago, IL 60601

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

Connie Wiggins

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VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	PARAG MODI	Village of Algonquin	03/12/15
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:

   Name: PARAG MODI Phone: [redacted]

2. Name under which business is to be conducted:

   Countryside Liquors. Business Phone: 815-765-0746

3. Business Address:

   13525 IL RTE 76, POPLAR GROVE, IL 61065

4. Mailing Address (if different):

5. Location where retail tobacco sales will take place:

   13525 IL RTE 76, POPLAR GROVE, IL 61065

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent P. MODI Date: 05/31/2019

OFFICE USE ONLY

CK: _____ **CASH:** ____ **CC:**_____ **DATE RECEIVED:**_____

LICENSE NUMBER: _____ **DATE ISSUED:** _____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

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Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of tobacco in the Village of Poplar Grove and agree to abide by such laws and regulations.

R M. MODI
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Manager
(TITLE OR POSITION)

(TITLE OR POSITION)

(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

OFFICIAL SEAL
HEIDE ANNE KACKLEY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/31/2022

SUBSCRIBED AND SWORN TO BEFORE ME

THIS May DAY OF 29, 2019

Heide Anne
NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

P. K. MODI

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Manager

(TITLE OR POSITION)

(TITLE OR POSITION)

(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

OFFICIAL SEAL
HEIDE ANNE KACKLEY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/31/2022

SUBSCRIBED AND SWORN TO BEFORE ME

THIS May DAY OF 29, 2019

Heidi Kackley

NOTARY PUBLIC

This is to certify that

PARAG MODI

Village of Algonquin Exp. 03/12/2020

has successfully completed a seminar in

ALCOHOL SELLER & SERVER EDUCATION TRAINING

State of Illinois Certified BASSET Program

06-5A-0056615

ILCC Certification #

Robert Salazar

Instructor

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
llcc.illinois.gov

May 1, 2019

Letter ID: L0609720656

GREAT HIMALAYA LLC
COUNTRYSIDE LIQUORS
ATTN: DIXAL LOTWALA
7708 LAKE ST
MORTON GROVE IL 60053-1840

License No.: 1A-1134623
Expiration Date: 05/31/20
License Type: RETAILER
Account ID: 42513898

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

L0609720656**Letter ID:**

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

1A-1134623
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:
GREAT HIMALAYA LLC COUNTRYSIDE LIQUORS 13525 IL ROUTE 76 POPLAR GROVE IL 61065-8815 Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER OFF-PREMISES		
ISSUE DATE:	05/01/19	Effective:	06/01/19
THIS LICENSE EXPIRES ON:	**05/31/20**		

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

Sales Tax Acct # 42513898

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

✓	**Class A (6 Day, On Premise, Full Kitchen) $900**	○	**Class F (BYOB with Food) $150**
○	**Class B (6 Day, Retail off Premise) $850**	○	**Class G (Golf) $1,000**
○	**Class BB (Boutique) $5000**	○	**Class H (Local Catering) $250**
○	**Class C (6 Day, Less 12% on Premise) $700**	○	**Class I (Non-Local Cater) $500**
✓	**Class D (Sunday) $150**	✓	**Class J (Beer Garden) $100**
○	**Class E (Event) $100**		

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: 1100 Gaming: _____
Tobacco: _____ Fees: _____
Cash: _____ Check #: 10018

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Alexander Hegbor Date of Birth: [redacted]

Address: 610 Whitman Street Apt. 201 Belvidere - 61008 Phone: ([redacted]

Primary Contact Person: Alexander Hegbor Phone: ([redacted]

Business Name: Hegbor Inc. Phone: (815) 765-9300

d/b/a Name: Brad Pizza & Italian Restaurant

Premise Address: 13555 IL Rt 76

Entity Information (if applicable):

Date of formation: 11/2018 Illinois Secretary of State Number: 83-2318057

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: YES ROT Registration #: 4301-3708

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: On File counter sign mail (*if leased, attach a copy of the lease to the application*)

Renter of Premises: Brad Pizza Italn Rest Illinois Liquor License No.: 1A-1140131

[ ] YES [✓] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [✓] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [✓] NO Has the applicant ever been convicted of a felony?
[ ] YES [✓] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [✓] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [✓] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: Acord / Erie Policy Number: 22271

Coverage Limit: 1,000,000 Policy Effective Date: 11/19/2018 Expiration Date: 11/19/2019

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: ALEXANDER (First) J (Middle) HEGBOM (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) PRESIDENT (Title) 100 (% Ownership)

2) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

Verify that all of your Illinois Business Authorization information is correct.

- ✓ **If not**, contact us immediately.
- ✓ **If yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard***- your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

OFFICIAL DOCUMENT

Illinois Business Authorization

HEGBOM INC.

DBA: BRAVO PIZZA AND ITALIAN RESTAURANT

13555 IL ROUTE 76
POPLAR GROVE IL 61065-8815

Loc. Code: 004-0007-6-001

Poplar Grove
Boone County

Expiration Date:
11/2/2019

Certificate of Registration

Sales and use taxes and fees (4301-3708)

ILLINOIS REVENUE

Director

OFFICIAL DOCUMENT

Issued Date: 02/28/2019

IDOR-50-C (R-06/17)

P-000396

liquor.illinois.gov

December 27, 2018

Letter ID: L0375961264

HEGBOM INC.
BRAVO PIZZA & ITALIAN RESTAURANT
13555 IL ROUTE 76
POPLAR GROVE IL 61065-8815

License No.: 1A-1140131

DISPLAY ORIGINAL FORM NEAR STATE LIQUOR LICENSE

BUSINESS PREMISES

D/B/A:
BRAVO PIZZA & ITALIAN RESTAURANT

Address:
13555 IL ROUTE 76

City: **POPLAR GROVE**
County: **Boone**
ZIP: **61065-8815**

Phone: **(815) 558-0004**

INVOICE STORAGE LOCATION

Name of Business:
HEGBOM INC

Address:
110 PRINCE CT

City: **POPLAR GROVE**
County: **BOONE**
ZIP: **61065**

Contact: **ALEXANDER HEGBOM**
Phone: **(815) 558-0004**

FOR OFFICIAL USE ONLY

Status: **APPROVED**

Date reviewed: **27-Dec-2018**

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2019

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

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

PRODUCER	CONTACT NAME: Terry L Dahlstrom	
The Taft Insurance Agency 207 S State Street Belvidere IL 61008	PHONE (A/C, No, Ext): (815)547-7400x1003	FAX (A/C, No): (815)839-7291
	E-MAIL ADDRESS: terry@taftins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Erie Insurance Group	26271
INSURED Bravo Pizza Poplar Grove	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			Q97-1978494	11/19/2018	11/19/2019	Per Occurrence	$1000000

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

CERTIFICATE HOLDER

Village of Poplar Grove
200 N. Hill Street

Poplar Grove IL 61065

Fax: Email:

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

Terry L Dahlstrom

© 1988-2015 ACORD CORPORATION. All rights reser

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Alexander Degen		10/25/2014
2.	Dale Degen		11/2/2018
3.	Laura Blomm		7/17/2017
4.	Linda Keen		1/30/2016
5.	Kyler Mitchell		5/24/2015
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

November 7, 2018

Letter ID: L1496662128

ALEXANDER HEGBOM
110 PRINCE CT SE
POPLAR GROVE IL 61065

License No.: 5A-0088394
Expiration Date: 10/29/2021
License Type: Basset Card

Your "Student ID number" is: 16327915

Your "Trainer's ID number" is: 5A-0088394

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: 10/29/2018 Expires: 10/29/2021
Trainer's IL Liquor License Number: 5A-0088394
ALEXANDER HEGBOM
110 PRINCE CT SE
POPLAR GROVE IL 61065

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

LCCB-01 (N-01/15)

P-000020

BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

November 5, 2018

Letter ID: L0545813552

DALE HEGBOM
110 PRINCE CT SE
POPLAR GROVE IL 61065

License No.: 5A-1125254
Expiration Date: 11/2/2021
License Type: Basset Card

Your "Student ID number" is: 5254-9044

Your "Trainer's ID number" is: 5A-1125254

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: 11/2/2018 Expires: 11/2/2021
Trainer's IL Liquor License Number: 5A-1125254
DALE HEGBOM
110 PRINCE CT SE
POPLAR GROVE IL 61065

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

LCCB-01 (N-01/15)

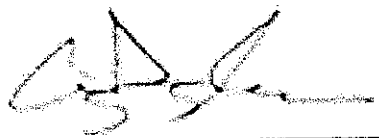
P-000183

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Laura Blumm
Date of Completion: 07/17/2017

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
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 877.881.2235

Certificate of Completion

American Safety Council

LINDA KEENA

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 1/30/2016

from the American Safety Council.

Jeff Pairan



Certificate of Completion

American Safety Council

KYLER MITCHELL

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 5/24/2019

from the American Safety Council.

Jeff Pairan

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

_____	_____
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
President / Director	_____
(TITLE OR POSITION)	(TITLE OR POSITION)
5/31/19	_____
(DATE SIGNED)	(DATE SIGNED)

STATE OF IL)

COUNTY OF Boone) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20___

_____

NOTARY PUBLIC

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

●	**Class A (6 Day, On Premise, Full Kitchen) $900**	○	**Class F (BYOB with Food) $150**
○	**Class B (6 Day, Retail off Premise) $850**	○	**Class G (Golf) $1,000**
○	**Class BB (Boutique) $5000**	○	**Class H (Local Catering) $250**
○	**Class C (6 Day, Less 12% on Premise) $700**	○	**Class I (Non-Local Cater) $500**
✓	**Class D (Sunday) $150**	○	**Class J (Beer Garden) $100**
○	**Class E (Event) $100**		

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $1000 Gaming: $125
Tobacco: _____ Fees: $1125
Cash: _____ Check #: 3840

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Arturo torres Date of Birth: [redacted]

Address: 110 Breakaway trl Phone: [redacted]
Poplargrove IL 61065

Primary Contact Person: Arturo torres Phone: [redacted]

Business Name: Arturo's Mexican Rest Phone: (815) 765 1144

d/b/a Name: Arturo's Mexican Restaurant inc

Premise Address: 107 w main st poplarGrove IL 61065

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: 27-0274020

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: 3960-2362

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Arturo Torres *(if leased, attach a copy of the lease to the application)*

Renter of Premises: _____ Illinois Liquor License No.: 1A-0090434

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: AUTO-Owner Policy Number: 07 408367

Coverage Limit: Policy Effective Date: Expiration Date:

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Arturo [redacted] Torres
First Middle Last

[redacted] [redacted] IL Owner 50/100
Date of Birth Driver's License No. State Title % Ownership

2) Name: Zulma Rodriguez
First Middle Last

[redacted] [redacted] IL Owner 50/100
Date of Birth Driver's License No. State Title % Ownership

3) Name: _____
First Middle Last

Date of Birth Driver's License No. State Title % Ownership

4) Name: _____
First Middle Last

Date of Birth Driver's License No. State Title % Ownership

5) Name: _____
First Middle Last

Date of Birth Driver's License No. State Title % Ownership

6) Name: _____
First Middle Last

Date of Birth Driver's License No. State Title % Ownership

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: Arturo's Mexican Restauran INC
2. D/B/A Name under which business is to be conducted: _____
3. Location of place of business where video gaming terminal(s) will be operated
   a. 107 W Main st Poplar Grove IL 61065
   (exact address by street and number)
   b. Bus. Phone No.: 815 765-1144
4. Contact Person for Applicant: Arturo torres Title: owner
   Phone: [redacted] Email: artoba1975@gmail.com
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: Slot machines
7. Name of Licensed Video Gaming Terminal Operator(s): Andy's vidio gaming
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: ____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No X If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): #2019-VGT029 Terminal (2): #2019-VGT-030 Terminal (3): #2019-VGT-031
Terminal (4): #2019-VGT032 Terminal (5): #2019-VGT-033

Serial Numbers for each terminal:

Terminal (1): #2367296 Terminal (2): #2117-407 Terminal (3): #70619
Terminal (4): #B170189262 Terminal (5): #[illegible] → 5113205

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Zuma Rodriguez	Seller Sever	5/28/2019
2.	Arturo Torres	Seller Server	5/28/2019
3.	David Torres	seller server	5/29/2019
4.			
5.			
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11.			
12.			
13.			
14.			
15.			



Certificate of Completion

American Safety Council

ARTURO TORRES

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 5/28/2019

from the American Safety Council.

Jeff Pairan

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
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www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Vice President	President
(TITLE OR POSITION)	(TITLE OR POSITION)
5/29/2019	5/29/2019
(DATE SIGNED)	(DATE SIGNED)

STATE OF ILLINOIS.)

COUNTY OF BOONE) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 29th DAY OF May, 2019

NOTARY PUBLIC

"OFFICIAL SEAL"
SHERRI JOHNS
Notary Public, State of Illinois
My Commission Expires 01-09-2021

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
ilcc.illinois.gov

August 16, 2018

Letter ID: L0218791344

ARTURO'S MEXICAN RESTAURANT INC
ARTURO'S MEXICAN RESTAURANT
107 W MAIN ST
POPLAR GROVE IL 61065

License No.: 1A-0090434
Expiration Date: 08/31/19
License Type: RETAILER
Account ID: 39602362

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

Letter ID:L0218791344

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor Bruce Rauner

1A-0090434
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT	HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER COMBINED
ARTURO'S MEXICAN RESTAURANT INC ARTURO'S MEXICAN RESTAURANT 107 W MAIN ST POPLAR GROVE IL 61065 Boone	ISSUE DATE:	08/16/18 Effective: 09/01/18
	THIS LICENSE EXPIRES ON:	08/31/19

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW Sales Tax Acct # 39602362 THIS LICENSE NOT TRANSFERABLE

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

X	**Class A (6 Day, On Premise, Full Kitchen) $900**	○	**Class F (BYOB with Food) $150**
○	**Class B (6 Day, Retail off Premise) $850**	○	**Class G (Golf) $1,000**
○	**Class BB (Boutique) $5000**	○	**Class H (Local Catering) $250**
○	**Class C (6 Day, Less 12% on Premise) $700**	○	**Class I (Non-Local Cater) $500**
X	**Class D (Sunday) $150**	X	**Class J (Beer Garden) $100**
○	**Class E (Event) $100**		

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $1100 Gaming: $125
Tobacco: _____ Fees: $1225
Cash: _____ Check #: 3464

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Wesley Parris Date of Birth: 6/8/1981

Address: 879 Palaw Pkwy Rockford, IL 61108 Phone: (815) 985-4275

Primary Contact Person: Wesley Parris Phone: (815) 985-4275

Business Name: The Grove Bar & Grill Inc. Phone: (815) 765-1002

d/b/a Name: The Grove Bar & Grill

Premise Address: 100 East Grove St. Poplar Grove, IL 61065

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: _____

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Wesley & Jeremy Parris *(if leased, attach a copy of the lease to the application)*

Renter of Premises: _____ Illinois Liquor License No.: 1A-011230

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: Vision Insurance Group Policy Number: BP 43151

Coverage Limit: Policy Effective Date: Expiration Date:

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Wesley (First) Adam (Middle) Purvis (Last)

6/8/81 (Date of Birth) | P612-8818-1163 (Driver's License No.) | IL (State) | Vice President (Title) | 50 (% Ownership)

2) Name: Jeremy (First) Dale (Middle) Purvis (Last)

5/11/83 (Date of Birth) | P612-4248-3135 (Driver's License No.) | IL (State) | President (Title) | 50 (% Ownership)

3) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

4) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

5) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

6) Name: (First) (Middle) (Last)

Date of Birth | Driver's License No. | State | Title | % Ownership

VILLAGE OF POPLAR GROVE

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www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Daniella Purvis	American Safety Council	5/22/19
2.	Emily Hardy	American Safety Council	8/23/17
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Certificate of Completion

American Safety Council

EMILY HARDY

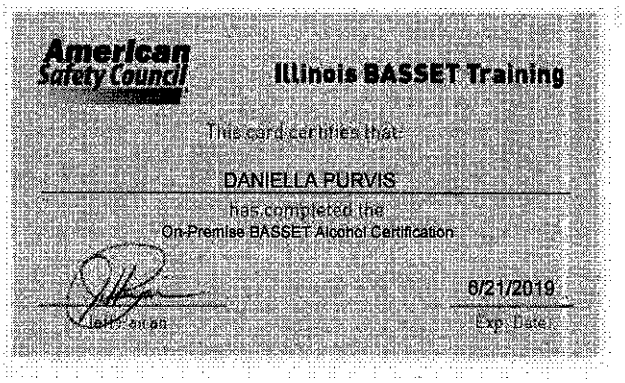
Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 8/23/2017

from the American Safety Council.

Jeff Pairan


Certificate of Completion
American Safety Council
DANIELLA PURVIS
Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 5/22/2019
from the American Safety Council.
Jeff Pairan


American Safety Council
Illinois BASSET Training
This card certifies that:
DANIELLA PURVIS
has completed the
On-Premise BASSET Alcohol Certification
6/21/2019
Exp. Date:

DANIELLA PURVIS
879 PALAU PARKWAY
ROCKFORD, IL 61108



VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Vice President	President
(TITLE OR POSITION)	(TITLE OR POSITION)
5/21/19	5/21/19
(DATE SIGNED)	(DATE SIGNED)

STATE OF IL)

COUNTY OF Boone County) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 1st DAY OF June, 2019

Robert A. Johns
NOTARY PUBLIC

"OFFICIAL SEAL"
ROBERT A. JOHNS
Notary Public, State of Illinois
My Commission Expires October 30, 2021

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: The Grove Bar & Grill Inc.
2. D/B/A Name under which business is to be conducted: The Grove Bar & Grill
3. Location of place of business where video gaming terminal(s) will be operated
   a. 100 East Grove St. Poplar Grove, IL 61065
   (exact address by street and number)
   b. Bus. Phone No.: (815) 765-1002
4. Contact Person for Applicant: Wesley Parris Title: Vice President
   Phone: (815) 985-4275 Email: parris.wes@gmail.com
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: (2) WMS, IGT, Spielo, & Bally
7. Name of Licensed Video Gaming Terminal Operator(s): J & J Ventures
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: ____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes X No _____ If yes, state reasons therefore and date of revocation: 3/13/19
    Reason being liquor license expired for 2 days in 2017 and recieved fine notice & notification not in March of 2019. Fine has been paid & are waiting for re approval.

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): #2019-VGT-011 Terminal (2): #2019-VGT-012 Terminal (3): #2019-VGT-013
Terminal (4): #2019-VGT-014 Terminal (5): #2019-VGT-015

Serial Numbers for each terminal:

Terminal (1): #5050524 Terminal (2): #B140197814 Terminal (3): #2160259
Terminal (4): #2444591 Terminal (5): #5125625 1

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

GROVE-5 OP ID: JH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/2019

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

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

PRODUCER Chicagoland SIA, LLC 240 S Westmore Meyers Rd Lombard, IL 60148 The Sail Group, Inc.	CONTACT NAME: The Sail Group, Inc. PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Illinois Casualty Company — 524210
INSURED Grove Bar & Grill Wesley Purvis 100 E Grove Street Poplar Grove, IL 61065	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [X] OCCUR			BP43151	04/01/2019	04/01/2019	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 2,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor			BP43151	04/01/2019	04/01/2020	Liquor	1,000,000
A	Property			BP43151	04/01/2019	04/01/2020	Building	305,000

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

100 E Grove Street Poplar Grove, IL 61065

Liquor Liability $1,000,000

CERTIFICATE HOLDER POPLA-1

Village of Poplar Grove
200 N Hill
Poplar Grove, IL 61065

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

Joanne C. Hart

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The ACORD name and logo are registered marks of ACORD

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

● Class A (6 Day, On Premise, Full Kitchen) $900	○ Class F (BYOB with Food) $150
○ Class B (6 Day, Retail off Premise) $850	○ Class G (Golf) $1,000
○ Class BB (Boutique) $5000	○ Class H (Local Catering) $250
○ Class C (6 Day, Less 12% on Premise) $700	○ Class I (Non-Local Cater) $500
● Class D (Sunday) $150	● Class J (Beer Garden) $100
○ Class E (Event) $100	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: June 30, 2020
Liquor: 1100 Gaming: 125
Tobacco: _____ Fees: 1225
Cash: ____ Check #: 10020

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: ARVAT 5 INC Date of Birth: [redacted]

Address: 13502 Julie DR. Phone: (815) 765-7066

Primary Contact Person: BENNY NERIO Phone: ([redacted]

Business Name: HYDE OUT BAR & Grill Phone: (815) 765-7066

d/b/a Name: DBA HYDE OUT BAR

Premise Address: 13502 Julie Drive

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: 4021791-4

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Mike Farley *(if leased, attach a copy of the lease to the application)*

Renter of Premises: Arvat 5, LLC Illinois Liquor License No.: IA-0098185

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2.**

Insurance Company: Kaufmann Insurance Policy Number: 00668-91654

Coverage Limit: 1,000,000 Badger Mutual Policy Effective Date: 11/5/2018 Expiration Date: 11/5/2019

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: NADRIT — NEBIU
First — Middle — Last
[redacted] — [redacted] — IL — President — 20 %
Date of Birth — Driver's License No. — State — Title — % Ownership

2) Name: Flamur — NEBIU
First — Middle — Last
[redacted] — [redacted] — IL — Secretary — 20 %
Date of Birth — Driver's License No. — State — Title — % Ownership

3) Name: BUJAR — NEBIU
First — Middle — Last
[redacted] — [redacted] — IL — Treasurer — 20 %
Date of Birth — Driver's License No. — State — Title — % Ownership

4) Name: Murat — NEBIU
First — Middle — Last
[redacted] — [redacted] — IL — Vice President — 20 %
Date of Birth — Driver's License No. — State — Title — % Ownership

5) Name: Kasem — NEBIU
First — Middle — Last
[redacted] — [redacted] — IL — Vice President — 20 %
Date of Birth — Driver's License No. — State — Title — % Ownership

6) Name: _____
First — Middle — Last
_____ — _____ — _____ — _____ — _____
Date of Birth — Driver's License No. — State — Title — % Ownership

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: ARVAT 5 INC
2. D/B/A Name under which business is to be conducted: HYDE OUT BAR & Grill
3. Location of place of business where video gaming terminal(s) will be operated
   a. 13502 Julie Dr. Poplar Grove IL 61065
   (exact address by street and number)
   b. Bus. Phone No.: 815-765-7061
4. Contact Person for Applicant: BENNY NEBLU Title: Owner Treasurer
   Phone: [redacted] Email: HydeOutBargrill@hotmail.com
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: ① Novomatic ② WMS ③ WMS ④ BALLYS
7. Name of Licensed Video Gaming Terminal Operator(s): J & S VENTURES
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: ____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No X If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): # 2019-VGT-024 Terminal (2): # 2019-VGT-022 Terminal (3): # 2019-VGT-025

Terminal (4): # 2019-VGT-021 Terminal (5): # 2019-VGT-023

Serial Numbers for each terminal:

Terminal (1): # 755861 Terminal (2): # 757151 Terminal (3): # 754659

Terminal (4): # 755477 Terminal (5): # 757173

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
TREASURER (TITLE OR POSITION)	(TITLE OR POSITION)
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

"OFFICIAL SEAL"
Peter J Graceffa
Notary Public, State of Illinois
My Commission Expires 7/9/2019

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 2 DAY OF May, 20 17

NOTARY PUBLIC

LEASE
FARLEY PROPERTIES LLC

THIS LEASE is executed as of this 17 DAY OF MAY 2011 between Farley Properties L.L.C., hereinafter referred to as Landlord, and ARVAT S INC, hereinafter referred to as Tenant.

WHEREAS, Landlord is the owner of certain real property on which is under construction a commercial building, known as the Countryside Square, which is hereinafter referred to as the Center, located on Julie Drive, Village of Poplar Grove, County of Boone and State of Illinois.

WHEREAS, Tenant desires to Lease Unit #13502 of the Center as shown on the attached Exhibit A attached hereto and made a part hereof, being approximately 3117 square feet.

ARTICLE I
GRANT AND TERM

Section 1. Grant of the Leased Premises: Landlord, in consideration of the rent to be paid and the covenants to be performed by Tenant, hereby Leases and demises to Tenant and Tenant hereby Leases from Landlord Unit 13522 of the Center, which will hereinafter be referred to as "Unit", and which are outlined in blue on the attached Exhibit A.

Section 2. Commencement and Term: The term of this Lease shall commence on the date hereof, and shall extend until 1 year from the date that the first minimum rent payment is due under Article I, Section 4 ("Rental Commencement Date") First option will be for 4 additional years. Second, third and fourth options will be for 5 years each for a total of 20 (twenty) years. First Rent payment due May 1, 2011. First CAMIT payment due April 1,2011.

Section 3. Possession: Landlord will deliver Unit to Tenant with current restaurant buidout in place and all of the following items:

A. HVAC-Furnish and install a refrigerated, rooftop, furnace/air conditioning unit, combined with heating element complete with all necessary duct work, (insulated), to include electrical supply, return outlets, controls and necessary gas connections. Unit to be equipped with economizer cycle. Unit to be operative at time of turnover to Tenant and provide heating and cooling of the unit to reasonable comfort levels.
B. ELECTRICAL-Provide for electric service with power panel and meter service. Furnish and install in ceiling, outlets, lines and recessed 2' x 4' lay-in four lamp fluorescent light fixtures. Sufficient fixtures to be used to insure 75 foot-candle illumination throughout retail area. All fixtures controlled from power panel Furnish all fixtures, lamps, installation and hook-up to panel.
C. EMERGENCY & EXIT LIGHTS-Furnish and install all required exit lights and battery operated emergency lighting system. Work to include all necessary connections to panel.
D. EXTERIOR SIGN-Provide necessary 20 amp service lines to junction box for connection of Tenant's exterior sign. Work to include necessary connections to panel. Junction box location based on Tenant's plans.

Mar 14 11 0347p Boone County Family Reela 8157653132 p.13

STATE OF ILLINOIS

ILLINOIS GAMING BOARD

VIDEO GAMING ESTABLISHMENT LICENSE

Arvat 5, Inc. - 130706578
d/b/a Hydeout Bar & Grill
13502 Julie Drive
Poplar Grove, IL 61065

License No:	130706578
Date Issued:	04/18/2019
Expiration Date:	04/2020

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).

Agostino Lorenzini
Acting Administrator

ILLINOIS GAMING BOARD

JB Pritzker • *Governor* Don Tracy • *Chairman* Agostino Lorenzini • *Acting Administrator*

160 North LaSalle ♠ Suite 300 ♣ Chicago, Illinois 60601 ♥ tel 312/814-4700 ♦ fax 312/814-4602

April 19, 2019

Arvat 5, Inc. - 130706578
d/b/a Hydeout Bar & Grill
13502 Julie Drive
Poplar Grove, IL 61065
Via email: hydeoutbargrill@hotmail.com

Re: Video Gaming Establishment Renewed License Certificate

On April 18, 2019, the Illinois Gaming Board ("IGB") adopted a motion to renew the Video Gaming Establishment License for Arvat 5, Inc., d/b/a Hydeout Bar & Grill. Your license is effective for a period of one (1) year expiring in **April 2020.** Your renewed license certificate is enclosed.

Please note, you are required to display your license certificate at your establishment. As a licensee, you have a continuing duty to promptly disclose all changes in information provided in your application, including any ownership changes; Video Gaming Manager changes; and arrests or criminal charges, regardless of the outcome.

Sincerely,

Agostino Lorenzini

Agostino Lorenzini
Acting Administrator

L1802036400Letter ID:

STATE OF ILLINOIS

LIQUOR CONTROL COMMISSION

Governor Bruce Rauner

1A-0098185

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:
ARVAT 5 INC HYDEOUT BAR & GRILL 13502 JULIE DR POPLAR GROVE IL 61065-7829 Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER COMBINED
ISSUE DATE:	01/08/19 Effective: 02/01/19
THIS LICENSE EXPIRES ON:	**01/31/20**

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

Sales Tax Acct # 40217914

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

P-000103

ACORD

ARVAINC-01 ZABRINA1KIA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/18/2019

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

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

PRODUCER	CONTACT NAME:	
Kaufmann Insurance Agency LLC 2327 4th Street Peru, IL 61354	PHONE (A/C, No, Ext): (815) 220-1244	FAX (A/C, No): (815) 220-1247
	E-MAIL ADDRESS: insuredbyapro@gmail.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Badger Mutual Insurance	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Arvat5 Inc DBA Hyde Out Bar & Grill
13502 Julie Dr
Poplar Grove, IL 61065

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			00668-91654	11/5/2018	11/5/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A		00668-91654F	11/5/2018	11/5/2019	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Liquor Liability			00668-91654	11/5/2018	11/5/2019	Liquor Limit	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 Poplar Grove
200 N. Hill Street
Poplar Grove, IL 61065

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

Steve Kaufmann

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VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Caitlyn Grossman	American Safety Council	9/6/2017
2.	Lynsey Farabee	360 Training	6/22/2017
3.	Janice Zei	American Safety Council	5/20/2018
4.	CRYSTAL Mireles	American Safety Council	5/13/2018
5.	Suarta Asani	American Safety Council	4/6/2018
6.	Sunny Chae	American Safety Council	5/15/2018
7.	Denise Arevalo	American Safety Council	8/8/2018
8.	Audrey Weber	American Safety Council	7-20-19
9.	Jennifer Lakajs	360 Traing	11/4/16
10.	Jordan Sobinsky	American safety Cuncil	1/4/15
11.			
12.			
13.			
14.			
15.			


Certificate of Completion
American Safety Council
JORDAN SOBINSKY
Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 1/4/2015
from the American Safety Council.
Jeff Pairan

Illinois BASSET On-Premise

SELLER / SERVER CERTIFICATION

Trainee Name: Jennifer Lackajs

Date of Completion: 11/04/2016

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 you official card in the mail. Please forward all questions to support@360training.com

Learn2Serve

Corporate Headquarters
1360

Certificate of Completion

American Safety Council

AUDREY WEBER

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 4/20/2019

from the American Safety Council.

Jeff Pairan



Certificate of Completion

American Safety Council

DENISE AREVALO

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 8/8/2018

from the American Safety Council.

Jeff Pairan

Certificate of Completion

American Safety Council

CAITLYN GROSSMAN

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 9/6/2017

from the American Safety Council.

Jeff Pairan

American Safety Council

Illinois BASSET Training

He card verifies that

Certificate of Completion

This is to certify that

Lynsey Faraher

has completed

Illinois BASSET Alcohol Seller-Server

Completion Date 06/22/2017

Course Duration 4.0

360training

Certificate of Completion

American Safety Council

JANICE ZEI

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 5/20/2018

from the American Safety Council.

Jeff Pairan

American Safety Council

Illinois BASSET Training

This card certifies that

JANICE ZEI

has completed the
On-Premise BASSET Alcohol Certification



Certificate of Completion

American Safety Council

CRYSTAL MIRELES

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 5/18/2018

from the American Safety Council.

Jeff Pairan

Certificate of Completion

American Safety Council

SUARTA ASANI

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 4/6/2018

from the American Safety Council.

Jeff Pairan

American Safety Council

Illinois BASSET Training

SUARTA ASANI

has completed the

On-Premise BASSET Alcohol Certification

5/6/2018



Certificate of Completion

American Safety Council

SUNNY CHAE

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 5/15/2018

from the American Safety Council.

Jeff Pairan

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ Class A (6 Day, On Premise, Full Kitchen) $900	○ Class F (BYOB with Food) $150
✓ Class B (6 Day, Retail off Premise) $850	○ Class G (Golf) $1,000
○ Class BB (Boutique) $5000	○ Class H (Local Catering) $250
○ Class C (6 Day, Less 12% on Premise) $700	○ Class I (Non-Local Cater) $500
✓ Class D (Sunday) $150	○ Class J (Beer Garden) $100
○ Class E (Event) $100	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $600 Gaming: $125
Tobacco: $20 Fees: $745
Cash: _____ Check #: 58476

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Lisa J Vance Date of Birth: [redacted]

Address: 8094 Fairgrounds Rd. Belvidere, IL 61008 Phone: (815) 544-6792

Primary Contact Person: Lisa Vance Phone: (815) 544-6792

Business Name: J & D Oil Inc. Phone: (815) 544-6792

d/b/a Name: J & D Countryside Marathon

Premise Address: 13615 IL RT 76 Poplar Grove, IL 61065

Entity Information (if applicable):

Date of formation: 2/1/1980 Illinois Secretary of State Number: 51971914

Assumed Name; If any: J & D Countryside Marathon

Is Entity in good standing with Illinois Secretary of State: Yes ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: J & D Oil, Inc. *(if leased, attach a copy of the lease to the application)*

Renter of Premises: _____ Illinois Liquor License No.: 1A-0056665

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: Federated Mutual Insurance Policy Number: 9309602 - 9309257

Coverage Limit: 1,000,000. Policy Effective Date: 02/02/19 Expiration Date: 02/02/20

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Lisa (First) J (Middle) Vance (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Vice President / Secretary (Title) 33 (% Ownership)

2) Name: Richard (First) J (Middle) Daniels (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) President (Title) 66 (% Ownership)
[redacted]

3) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

VILLAGE OF POPLAR GROVE

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Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Vice President / Sec.	
(TITLE OR POSITION)	(TITLE OR POSITION)
05/28/2019	
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

JACQUELYNE P WAITE
Official Seal
Notary Public – State of Illinois
My Commission Expires Dec 15, 2021

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 28th DAY OF May, 2019

Jacquelyne P Waite
NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of tobacco in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Vice President / Sec.	
(TITLE OR POSITION)	(TITLE OR POSITION)
05/28/2019	
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

JACQUELYNE P WAITE
Official Seal
Notary Public – State of Illinois
My Commission Expires Dec 15, 2021

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 28th DAY OF May, 2019

Jacquelyne P. Waite
NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:

   Name: Lisa Vance Phone: 815.544.6792

2. Name under which business is to be conducted:

   J&D Oil Inc d/b/a J&D Countryside Marathon Business Phone: 815.765.3729

3. Business Address:

   13615 IL RT 76 Poplar Grove, IL 61065

4. Mailing Address (if different):

   8094 Fairgrounds Rd Belvidere, IL 61008

5. Location where retail tobacco sales will take place:

   J&D Countryside Marathon 13615 IL RT 76 Poplar Grove, IL 61065

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent _____ Date: 5/28/19

OFFICE USE ONLY

CK: _____ **CASH:** _____ **CC:** _____ **DATE RECEIVED:** _____

LICENSE NUMBER: _____ **DATE ISSUED:** _____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: J & D Oil Inc.
2. D/B/A Name under which business is to be conducted: J & D Countryside Marathon
3. Location of place of business where video gaming terminal(s) will be operated
   a. 13615 IL RT 76 Poplar Grove, IL 61065
   (exact address by street and number)
   b. Bus. Phone No.: 815-765-3729
4. Contact Person for Applicant: Lisa Vance Title: Vice President / Secretary
   Phone: 815-544-6792 Email: jdcountryside@comcast.net
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: Video Slots - IGT, NMS & Bally
7. Name of Licensed Video Gaming Terminal Operator(s): Accel Entertainment
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: ____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No X If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): # 525345 Terminal (2): # 528204 Terminal (3): # 527133

Terminal (4): # 541912 Terminal (5): # 539243

Serial Numbers for each terminal:

Terminal (1): # 2183493 Terminal (2): # 5059354 Terminal (3): # B131092140

Terminal (4): # 5103017 Terminal (5): # B162567002

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2018

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
INSURED 020-278-8 J & D OIL INC 8094 FAIRGROUNDS RD BELVIDERE, IL 61008-9785	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY — 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 2 REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	N	N	9309602	02/02/2019	02/02/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 EXCLUDED $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	N	N	9309602	02/02/2019	02/02/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION	N	N	9309603	02/02/2019	02/02/2020	EACH OCCURRENCE AGGREGATE	$2,000,000 $2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below	N	N	9310048	02/02/2019	02/02/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000
A	LIQUOR LIABILITY	N	N	9309257	02/02/2019	02/02/2020	EACH COMMON CAUSE 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)

RE: COUNTRYSIDE MALL BUSINESS PARK POPLAR GROVE, IL

CERTIFICATE HOLDER	CANCELLATION
020-278-8 VILLAGE OF POPLAR GROVE 200 N HILL ST POPLAR GROVE, IL 61065-6500	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 Michael G Kern

97

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STATE OF ILLINOIS

ILLINOIS GAMING BOARD

GAMING ESTABLISHMENT LICENSE

J & D OIL, INC. - 131006213
d/b/a J & D Countryside Marathon
13615 State Route 76
Poplar Grove, IL 61065

License No: 131006213

Date Issued: 05/24/2018

Expiration Date: 05/2019

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).

Agostino Lorenzini

Acting Administrator

Verify that all of your Illinois Business Authorization information is correct.

- ✓ **If not**, contact us immediately.
- ✓ **If yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard***- your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

J & D OIL INC

J & D COUNTRYSIDE
13615 IL ROUTE 76
POPLAR GROVE IL 61065-8101

Certificate of Registration

Expiration Date:
1/31/2020

Cigarette and Tobacco Products Retailer (CT-13945)

This person or business is authorized under the Cigarette Tax Act and the Tobacco Products Tax Act of 1995 as a retailer of cigarettes and tobacco products in Illinois.

ILLINOIS REVENUE

Acting Director

Issued Date: 01/14/2019

OFFICIAL DOCUMENT

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
llcc.illinois.gov

April 26, 2019

J & D OIL INC
J & D COUNTRYSIDE MARATHON
8094 FAIRGROUNDS RD
BELVIDERE IL 61008-9785

Letter ID: L0025606352

License No.:	1A-0056665
Expiration Date:	05/31/20
License Type:	RETAILER
Account ID:	04408993

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

L0025606352**Letter ID:**

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

1A-0056665
License Number

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

J & D OIL INC
J & D COUNTRYSIDE MARATHON
13615 IL ROUTE 76
POPLAR GROVE IL 61065-8101

Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER OFF-PREMISES
ISSUE DATE:	04/26/19 Effective: 06/01/19
THIS LICENSE EXPIRES ON:	**05/31/20**

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

Sales Tax Acct # 04408993

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

P-000143

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Lauri Burridge	Learn2Serve	5/31/18
2.	Kerri Cianco	Learn2Serve	5/31/18
3.	Ann Gobble	Learn2Serve	4/20/19
4.	Desiree Kelly	Learn2Serve	5/30/18
5.	Nicole McGlaughlin	Learn2Serve	5/30/18
6.	Ralph O'Neill	Learn2Serve	8/26/18
7.	Wanda Porocha	Learn2Serve	5/31/18
8.	Marcy Larson	Learn2Serve	5/30/18
9.	Patricia Wallace	Learn2Serve	5/30/18
10.	Sarah Stysnik	Learn2Serve	4/20/19
11.	Kaitlyn Stus	Learn2Serve	4/20/19
12.	Dave Walters	Learn2Serve	5/29/18
13.	Brittany Guild	Learn2Serve	5/9/19
14.			
15.			

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Lauri Burnidge
Date of Completion: 05/31/2018

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.

learn2serve

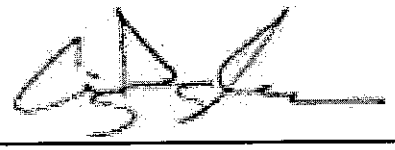
Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Kerri Ciancio
Date of Completion: 05/31/2018

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.

learn2serve
Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Matt Gillett

Certificate #: 000015637829

Date of Completion: 05/04/2019

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.

learn2serve

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

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Ann Goble

Certificate #: 000015646906

Date of Completion: 04/20/2019

School Name:
360training.com dba Learn2Serve

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

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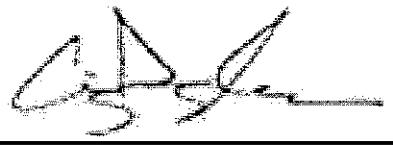
Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Desiree Kelly
Date of Completion: 05/30/2018

School Name:
360training.com dba Learn2Serve



I,_____
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Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Nicole McGlaughlin
Date of Completion: 05/30/2018

School Name:
360training.com dba Learn2Serve



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Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Ralph O'neill
Date of Completion: 08/26/2018

School Name:
360training.com dba Learn2Serve

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

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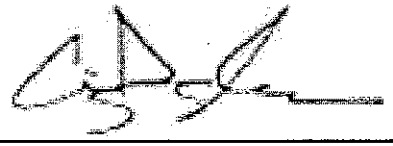
Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: WANDA PACOCHA
Date of Completion: 05/31/2018

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.

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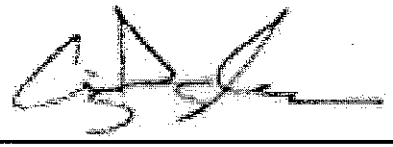
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Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Marcey Pearson
Date of Completion: 05/30/2018

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.

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Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Sarah Stefanik

Certificate #: 000014062323

Date of Completion: 04/20/2019

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.

learn2serve

Corporate Headquarters
6801 N Capital of Texas Hwy Suite 150
Austin, TX 78731
P: 877-881-2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Kaitlyn Stern

Certificate #: 000014062692

Date of Completion: 04/20/2019

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.

learn2serve
Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Patricia Wallace
Date of Completion: 05/30/2018

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

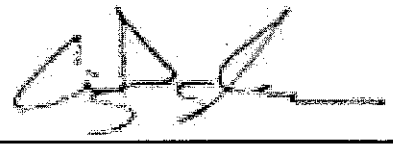
Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877 881 2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: DAVE WALTERS
Date of Completion: 05/29/2018

School Name:
360training.com dba Learn2Serve



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

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Austin, TX 78731
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Brittany Guild

Certificate #: 000015646905

Date of Completion: 05/09/2019

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.

learn2serve

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

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

X **Class A (6 Day, On Premise, Full Kitchen) $900**	○ **Class F (BYOB with Food) $150**
○ **Class B (6 Day, Retail off Premise) $850**	○ **Class G (Golf) $1,000**
○ **Class BB (Boutique) $5000**	○ **Class H (Local Catering) $250**
○ **Class C (6 Day, Less 12% on Premise) $700**	○ **Class I (Non-Local Cater) $500**
X **Class D (Sunday) $150**	X **Class J (Beer Garden) $100**
○ **Class E (Event) $100**	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $1100 Gaming: $105
Tobacco: $20 Fees: $1245
Cash: ____ Check #: 1376

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Milan Mortimer Date of Birth: [redacted]

Address: 2302 Evergreen, Fox River Grove Phone: ([redacted]

Primary Contact Person: Milan Mortimer Phone: (815) 765-0082

Business Name: Mortimer Enterprises LLC Phone: (815) 765-0082

d/b/a Name: Mortimer's Roadhouse + Grill

Premise Address: 105 W. Grove, Poplar Grove IL.

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: 4062-7047

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Milan Mortimer *(if leased, attach a copy of the lease to the application)*

Renter of Premises: N/A Illinois Liquor License No.: IA-0104033

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[X] YES [ ] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2.**

Insurance Company: Flanders Insurance Policy Number: BADG-180517

Coverage Limit: Policy Effective Date: Expiration Date:

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Milan (First) S (Middle) Mortimer (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Owner (Title) 100% (% Ownership)

2) Name: Michelle (First) D (Middle) Burke (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Manager (Title) 0 (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

owner

(TITLE OR POSITION)

(TITLE OR POSITION)

5/21/2019

(DATE SIGNED)

(DATE SIGNED)

"OFFICIAL SEAL"
AUDREY L FLECHSIG
Notary Public, State of Illinois
My Commission Expires 2/20/2021

STATE OF Illinois)

COUNTY OF Cook) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 21 DAY OF May, 2019

NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:

   Name: Milan Mortimer Phone: [redacted]

2. Name under which business is to be conducted:

   Mortimer's Roadhouse Grill Business Phone: (815)765-0082

3. Business Address:

   105 W Grove, Poplar Grove. IL

4. Mailing Address (if different):

   Same

5. Location where retail tobacco sales will take place:

   Same

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent: [signature] Date: 5/21/19

OFFICE USE ONLY

CK: _____ **CASH:** _____ **CC:** _____ **DATE RECEIVED:** _____

LICENSE NUMBER: _____ **DATE ISSUED:** _____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of tobacco in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
OWNER	
(TITLE OR POSITION)	(TITLE OR POSITION)
5/24/2019	
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Cook) SS

"OFFICIAL SEAL"
AUDREY L FLECHSIG
Notary Public, State of Illinois
My Commission Expires 2/20/2021

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 24 DAY OF May, 2019

NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: Mortimer Enterprise LLC
2. D/B/A Name under which business is to be conducted: Mortimer's Roadhouse & Grill
3. Location of place of business where video gaming terminal(s) will be operated
   a. 105 W. Grove, Poplar Grove. IL
   (exact address by street and number)
   b. Bus. Phone No.: (815) 765-0082
4. Contact Person for Applicant: Milan Mortimer Title: Owner
   Phone: [redacted] Email: mortville@comcast.net
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: WMS, AGS, Bally, 2IGT
7. Name of Licensed Video Gaming Terminal Operator(s): Lattner Entertainment Group IL, LLC operator
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: ____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No X If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): # 2019-VGT-010 Terminal (2): # 2019-VGT-09 Terminal (3): # 2019-VGT-008
Terminal (4): # 2019-VGT-007 Terminal (5): # 219-VGT-006

Serial Numbers for each terminal:

Terminal (1): # 8130378825 Terminal (2): # 5010042 Terminal (3): # 2180473
Terminal (4): # 3300016456 Terminal (5): # 2160475

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

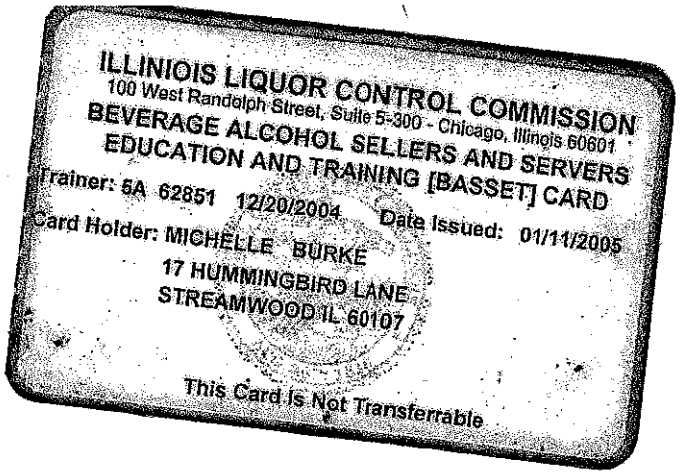
200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Judi Harrington	Learn to Serve	1/18/18
2.	Tara Everett	Learn to Serve	5/23/18
3.	JoEllen Yakey	Learn to Serve	10/29/14
4.	Michelle Burke	Learn to Serve	no expiration
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			


ILLINIOIS LIQUOR CONTROL COMMISSION
100 West Randolph Street, Suite 5-300 - Chicago, Illinois 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD
Trainer: 5A 62851 12/20/2004
Date Issued: 01/11/2005
Card Holder: MICHELLE BURKE
17 HUMMINGBIRD LANE
STREAMWOOD IL 60107
This Card is Not Transferrable

Illinois BASSET On-Premise

SELLER / SERVER CERTIFICATION

Trainee Name: JoEllen Yakey
Date of Completion: 10/29/2014

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 you official card in the mail. Please forward all questions to support@360training.com.

Learn2 serve

Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

Liquor License



February 8, 2019



Letter ID: L1766758576

MORTIMER ENTERPRISES LLC
MORTIMER'S ROAD HOUSE & GRILL
ATTN: MILAN MORTIMER
2302 EVERGREEN AVE
FOX RIVER GROVE IL 60021-1625

License No.: 1A-0104033
Expiration Date: 02/29/20
License Type: RETAILER
Account ID: 40627047

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

L1766758576**Letter ID:**

STATE OF ILLINOIS

LIQUOR CONTROL COMMISSION
Governor JB Pritzker

1A-0104033
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:
MORTIMER ENTERPRISES LLC MORTIMER'S ROAD HOUSE & GRILL 105 W GROVE ST POPLAR GROVE IL 61065-9033 Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER ON-PREMISES
ISSUE DATE:	02/08/19 Effective: 03/01/19
THIS LICENSE EXPIRES ON:	**02/29/20**

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

Sales Tax Acct # 40627047

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

STATE OF ILLINOIS

ILLINOIS GAMING BOARD

GAMING ESTABLISHMENT LICENSE

MORTIMER ENTERPRISES LLC - 120706168
d/b/a Mortimers Roadhouse And Grill
105 W Grove Ave
Poplar Grove, IL 61065

License No: 120706168

Date Issued: 09/14/2018

Expiration Date: 09/2019

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).

Agostino Lorenzini

Acting Administrator

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ Class A (6 Day, On Premise, Full Kitchen) $900	○ Class F (BYOB with Food) $150
✓ Class B (6 Day, Retail off Premise) $850	○ Class G (Golf) $1,000
○ Class BB (Boutique) $5000	○ Class H (Local Catering) $250
○ Class C (6 Day, Less 12% on Premise) $700	○ Class I (Non-Local Cater) $500
○ Class D (Sunday) $150	○ Class J (Beer Garden) $100
○ Class E (Event) $100	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $500 Gaming: _____
Tobacco: $20 Fees: $520
Cash: _____ Check #: 1165

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Milan Montimer Date of Birth: [redacted]

Address: 2302 Evergreen Ave Phone: (847) 910-3165
Fox River Grove IL.

Primary Contact Person: _____ Phone: (____) _____

Business Name: Montimer Enterprises Phone: (847) 910-3115

d/b/a Name: Monts Malt

Premise Address: _____

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: _____ X

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: _____ X

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Milan Montimer *(if leased, attach a copy of the lease to the application)*

Renter of Premises: _____ Illinois Liquor License No.: _____

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: Badger Mutual Policy Number: 00730-40074

Coverage Limit: Policy Effective Date: Expiration Date:

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Milan (First) S (Middle) Montiman (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) owner (Title) 100% (% Ownership)

2) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:
   Name: Milan Montmeat Phone: 847-910-3160
2. Name under which business is to be conducted:
   Monts Mart Business Phone: _____
3. Business Address:
   237 N. State St. Poplar Grove IL
4. Mailing Address (if different):
   _____
5. Location where retail tobacco sales will take place:
   _____

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent _____ Date: 5/21/2019

OFFICE USE ONLY

CK: 1165 **CASH:** ____ **CC:** ____ **DATE RECEIVED:** ____

LICENSE NUMBER: ____ **DATE ISSUED:** ____

Verify that all of your Illinois Business Authorization information is correct.

- ✓ **If not**, contact us immediately.
- ✓ **If yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard-*** your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

OFFICIAL DOCUMENT — State of Illinois - Department of Revenue — OFFICIAL DOCUMENT

Illinois Business Authorization

MORTIMER ENTERPRISES LLC

DBA: MORT'S MART/ MORTIMERS ROAD HOUSE & GRILL
MORTIMER ENTERPRISES LLC
237 N STATE ST
POPLAR GROVE IL 61065-9701

Certificate of Registration

Expiration Date:
11/30/2019

Cigarette and Tobacco Products Retailer (CT-13218)

This person or business is authorized under the Cigarette Tax Act and the Tobacco Products Tax Act of 1995 as a retailer of cigarettes and tobacco products in Illinois.

ILLINOIS REVENUE
Director

OFFICIAL DOCUMENT - DO NOT DESTROY

Issued Date: 11/20/2018

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/01/2019

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

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

PRODUCER
Flanders Insurance
1947 N Lyford Rd
Rockford IL 61107

CONTACT NAME: Kelly Wood
PHONE (A/C, No, Ext): (815) 226-1444 **FAX (A/C, No):** (815) 226-4760
E-MAIL ADDRESS: kelly@flandersinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Badger Mutual Insurance	
INSURER B: Liberty Mutual Agency Corporation	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Mortimer Enterprise, LLC dba Mort's Mart, DBA: Mortimer Enterprise,
Dba Mortimer Road House
2302 Evergreen Ave
Fox River Grove IL 60021-1625

COVERAGES **CERTIFICATE NUMBER:** CL192103037 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Liquor Liability			00730-40044	05/27/2018	05/27/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5-39S-705563-018	06/26/2018	06/26/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000

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

CERTIFICATE HOLDER
State of Illinois Liquor Commission
100 W Randolph Road
Suite 7-801
Chicago IL 60601

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
Kelly Wood

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The ACORD name and logo are registered marks of ACORD

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	LAURA RICHERT	American	4-1-2018
2.		Safty Council	
3.			
4.	TAMMY STOVER	"	4-20-19
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Certificate of Completion

American Safety Council

KATHLEEN MCMASTER

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 5/23/2019

from the American Safety Council.

Jeff Pairan



Certificate of Completion

American Safety Council

LAURA RICHERT

Has diligently and with merit completed the

Off-Premise BASSET Alcohol Certification on 6/1/2018

from the American Safety Council.

Jeff Pairan

Certificate of Completion

American Safety Council

TAMMY STOVER

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 4/20/2019

from the American Safety Council.

Jeff Pairan

VILLAGE OF POPLAR GROVE

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www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
OWNER	
(TITLE OR POSITION)	(TITLE OR POSITION)
5/28/19	
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Cook) SS

"OFFICIAL SEAL"
AUDREY L FLECHSIG
Notary Public, State of Illinois
My Commission Expires 2/20/2021

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 28 DAY OF May, 2019

NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of tobacco in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Owner
(TITLE OR POSITION)

(TITLE OR POSITION)

5/28/19
(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Cook) SS

"OFFICIAL SEAL"
AUDREY L FLECHSIG
Notary Public, State of Illinois
My Commission Expires 2/20/2021

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 28th DAY OF May, 2019

NOTARY PUBLIC

LICENSE RENEWAL PACKET
APPLICATION CHECKLIST

Application Deadline is June 1, 2019
Failure to submit by deadline, results in a 50% Late Fee for each Class License.

Attach this checklist with your application to ensure you have completed all steps.

PG Office Initials	Applicant Initials	
	☑	**Completed Application Form** ❖ *A copy of current State Liquor License*
☐	☑	**Copy of Completed State Certification BASSET Cards** ❖ *We will need a copy of every Server and Seller engaged*
☐	☑	**Application Notarized** ❖ *Please note that Village Hall will not be able to Notarize your application*
☐	☑	**No Outstanding Liabilities** ❖ *You must be current on any liabilities you may have with the Village*
☐	☐	**Certificate of Insurance - Dram Shop** ❖ *MUST show coverage through 7/1/2019 or later* ❖ *MUST name Village as certificate holder and additional insurer*
☐	☑	**Tobacco Registration Application** ❖ *If you sell tobacco products this is required* ❖ *Copy of State License*
☐	☑	**Video Gaming License Application** ❖ *If you have any video gaming, this license is required* ❖ *Copy of State License*
☐	☑	**Returned Invoice with Payment** dropped off 6/6/19 ❖ *To ensure proper credit, you must include a copy of the invoice with your payment. Fees are due upon application*

Office Use:

Office Signature	**Customer**
Date	**Date**

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:
   Name: Poplar Grove Pacemaker Phone: 815-765-9108
2. Name under which business is to be conducted:
   Countryside Markets Poplar Grove Business Phone: 815-765-9108
3. Business Address:
   13517 IL RT 76 Poplar Grove, IL 61065
4. Mailing Address (if different):
   _____
5. Location where retail tobacco sales will take place:
   grocery store / gas station cashiers

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent _____ Date: 6-7-2019

OFFICE USE ONLY

CK: 018112 **CASH:** _____ **CC:** _____ **DATE RECEIVED:** 6/6/19

LICENSE NUMBER: _____ **DATE ISSUED:** _____

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

✓ Class A (6 Day, On Premise, Full Kitchen) $900	○ Class F (BYOB with Food) $150
○ Class B (6 Day, Retail off Premise) $850	○ Class G (Golf) $1,000
○ Class BB (Boutique) $5000	○ Class H (Local Catering) $250
○ Class C (6 Day, Less 12% on Premise) $700	○ Class I (Non-Local Cater) $500
○ Class D (Sunday) $150	○ Class J (Beer Garden) $100
○ Class E (Event) $100	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $1500 Gaming: $125
Tobacco: $20 Fees: $1645
Cash: _____ Check #: _____

**Initial Application will include a $100 administrative fee.*

SECTION 1: Applicant Information:

Applicant Name: Daniel Dal Pra Date of Birth: [redacted]

Address: 11387 Cross Creek Estates Phone: ([redacted]

Primary Contact Person: Dan Dal Pra Phone: ([redacted]

Business Name: Poplar Grove Pacemaker Phone: (815) 765-9108

d/b/a Name: Countryside Markets-Poplar Grove/Cuppa Joe

Premise Address: 13517 IL RT 76 Poplar Grove, IL 61065

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: _____

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: _____ (*if leased, attach a copy of the lease to the application*)

Renter of Premises: _____ Illinois Liquor License No.: _____

[ ] YES [✓] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [✓] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [✓] NO Has the applicant ever been convicted of a felony?
[ ] YES [✓] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [ ] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [✓] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: _____ Policy Number: _____

Coverage Limit: _____ Policy Effective Date: _____ Expiration Date: _____

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Anthony (First) J (Middle) Dal Pra (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) V.P. (Title) 20.5% (% Ownership)

2) Name: Sheri (First) A (Middle) Casey (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Sec. (Title) 20.5% (% Ownership)

3) Name: One Stop Pacemaker, Inc. 1901 Union Ave. Belvidere IL 61008 (First) (Middle) (Last)
N/A (Date of Birth) N/A (Driver's License No.) N/A (State) N/A (Title) 59% (% Ownership)

4) Name: (First) (Middle) (Last)
(Date of Birth) (Driver's License No.) (State) (Title) (% Ownership)

5) Name: (First) (Middle) (Last)
(Date of Birth) (Driver's License No.) (State) (Title) (% Ownership)

6) Name: (First) (Middle) (Last)
(Date of Birth) (Driver's License No.) (State) (Title) (% Ownership)

VILLAGE OF POPLAR GROVE

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www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

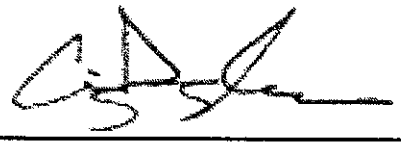
	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Daniel DalPra	360training.com	8/4/2017
2.	Teresa DalPra	360training.com	1/11/2019
3.	Christie Vela	360training.com	3/26/2019
4.			
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11.			
12.			
13.			
14.			
15.			

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Daniel Dal Pra
Date of Completion: 08/04/2017

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.

learn2serve

Corporate Headquarters
13601 Burnet Rd. Suite 100
Austin, Texas 78727
P: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Christie Vela

Certificate #: 000015529531

Date of Completion: 03/26/2019

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.

learn2serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 8778812235

VILLAGE OF POPLAR GROVE

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200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of tobacco in the Village of Poplar Grove and agree to abide by such laws and regulations.

David S. Dal Pra
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

General Manager
(TITLE OR POSITION)

(TITLE OR POSITION)

6-7-2019
(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 7th DAY OF June, 2019

Dawn Rinaldo
NOTARY PUBLIC

OFFICIAL SEAL
DAWN RINALDO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/24/20

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: Poplar Grove Pacemaker
2. D/B/A Name under which business is to be conducted: Countryside Markets Poplar Grove Cuppa Joe
3. Location of place of business where video gaming terminal(s) will be operated
   a. 13517 IL RT 76 Poplar Grove, IL 61065
   (exact address by street and number)
   b. Bus. Phone No.: 815-765-9108
4. Contact Person for Applicant: Dan Dal Pra Title: GM
   Phone: [redacted] Email: DanDalPra@countrysidemarkets.com
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: _____
7. Name of Licensed Video Gaming Terminal Operator(s): Accel Entertainment
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes ✓ No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No ✓ If yes, give date, location of premises and disposition of application: _____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No ✓ If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

STATE OF ILLINOIS

ILLINOIS GAMING BOARD

VIDEO GAMING ESTABLISHMENT LICENSE

POPLAR GROVE PACEMAKER LLC - 150702970
d/b/a COUNTRYSIDE MARKET, CUPPA JOE
13517 RT 76
Poplar Grove , IL 61065

License No:	150702970
Date Issued:	03/01/2019
Expiration Date:	03/2020

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).

Agostino Lorenzini

Acting Administrator

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): #_____ Terminal (2): #_____ Terminal (3): #_____

Terminal (4): #_____ Terminal (5): #_____

Serial Numbers for each terminal:

Terminal (1): #_____ Terminal (2): #_____ Terminal (3): #_____

Terminal (4): #_____ Terminal (5): #_____

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
ilcc.illinois.gov

June 18, 2018

Letter ID: L0496687152

POPLAR GROVE PACEMAKER LLC
COUNTRYSIDE MARKET, CUPPA JOE
1901 UNION AVE
BELVIDERE IL 61008-5680

License No.: 1A-0100256
Expiration Date: 06/30/19
License Type: RETAILER
Account ID: 39540979

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

Letter ID:L0496687152

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor Bruce Rauner

1A-0100256
License Number

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

POPLAR GROVE PACEMAKER LLC
COUNTRYSIDE MARKET, CUPPA JOE
13517 IL ROUTE 76
POPLAR GROVE IL 61065-8815

Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER COMBINED
ISSUE DATE:	06/18/18 Effective: 07/01/18
THIS LICENSE EXPIRES ON:	**06/30/19**

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

Sales Tax Acct # 39540979

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

Verify that all of your Illinois Business Authorization information is correct.

- ✓ **If not**, contact us immediately.
- ✓ **If yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard***- your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

OFFICIAL DOCUMENT

Illinois Business Authorization

POPLAR GROVE PACEMAKER LLC

POPLAR GROVE PACEMAKER LLC
13517 IL ROUTE 76
POPLAR GROVE IL 61065-8815

Certificate of Registration

Expiration Date:
1/31/2020

Cigarette and Tobacco Products Retailer (CT-08261)

This person or business is authorized under the Cigarette Tax Act and the Tobacco Products Tax Act of 1995 as a retailer of cigarettes and tobacco products in Illinois.

ILLINOIS REVENUE

Director

OFFICIAL DOCUMENT

Issued Date: 01/24/2019

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ Class A (6 Day, On Premise, Full Kitchen) $900	○ Class F (BYOB with Food) $150
○ Class B (6 Day, Retail off Premise) $850	X Class G (Golf) $1,000
○ Class BB (Boutique) $5000	○ Class H (Local Catering) $250
○ Class C (6 Day, Less 12% on Premise) $700	○ Class I (Non-Local Cater) $500
○ Class D (Sunday) $150	○ Class J (Beer Garden) $100
○ Class E (Event) $100	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: 1000 Gaming: /
Tobacco: / Fees: 1000
Cash: _____ Check #: 014305

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Candlewick Lake Association - Savannah Oaks Golf Club Date of Birth: N/A

Address: 13400 Hwy 76, Poplar Grove, IL 61065 Phone: (815) 339-0500

Primary Contact Person: Theresa Balk, General Manager Phone: (815) 339-0500 x 204

Business Name: Savannah Oaks Golf Club Phone: (815) 339-0500 x 400

d/b/a Name: Savannah Oaks Golf Club

Premise Address: 100 Savannah Dr. Poplar Grove, IL 61065

Entity Information (if applicable):

Date of formation: June 13, 1973 Illinois Secretary of State Number: 5025-631-6

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: Yes ROT Registration #: IBT# 0360-8859

If foreign Entity, date registered to do business in Illinois: NA FEIN# 23-7427069

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Candlewick Lake Association, Savannah Oaks Golf Club *(if leased, attach a copy of the lease to the application)*

Renter of Premises: NA Illinois Liquor License No.: IA-0078071

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[X] YES [ ] NO Are you, or any other owner, in your place of business, a public official? Theresa Balk, General Manager Caledonia Township Clerk (Position does not make decisions not a voting member

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: Spriska Policy Number: 10-2012-1242

Coverage Limit: 1,000,000 Policy Effective Date: 6/28/18 Expiration Date: 6/28/19

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Davio (First) Wiltse (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) President (Title) 0% (% Ownership)

2) Name: Gary (First) Kurpeski (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Vice President (Title) 0% (% Ownership)

3) Name: Kenny (First) Dillenburg (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Secretary (Title) 0% (% Ownership)

4) Name: Gloria (First) J (Middle) Hensler (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) (State) Treasurer (Title) 0% (% Ownership)

5) Name: Charles (First) Corso (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Board Member (Title) 0% (% Ownership)

6) Name: Randall (First) Budreau (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Board Member (Title) 0% (% Ownership)

Candlewick Lake Association – Savannah Oaks Golf Club

Section 2: Owner & Officer Information – Continued

7) Name: Benita M Marron - Board Member

DOB: [redacted]

Driver's License # [redacted] State: Illinois % of Ownership: 0%

8) Theresa Balk - General Manager

DOB [redacted]

Drivers License [redacted] 0% ownership

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
liquor.illinois.gov

April 26, 2019

CANDLEWICK LAKE ASSOCIATION INC
SAVANNAH OAKS GOLF CLUB
13400 IL ROUTE 76
POPLAR GROVE IL 61065-8812

Letter ID: L1567089072

License No.: 1A-0078071
Expiration Date: 05/31/20
License Type: RETAILER
Account ID: 03608859

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

L1567089072**Letter ID:**

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

1A-0078071
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:
CANDLEWICK LAKE ASSOCIATION INC SAVANNAH OAKS GOLF CLUB 100 SAVANNAH DR POPLAR GROVE IL 61065-6601 Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER ON-PREMISES
ISSUE DATE:	04/26/19 Effective: 06/01/19
THIS LICENSE EXPIRES ON:	**05/31/20**

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

Sales Tax Acct # 03608859

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

P-000153

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Jennifer Andres	American Safety Council	5/18/18
2.	Jennifer Beck	Illinois Liquor Control Commission	expires 4/27/21
3.	Tiffany Keene	Illinois Liquor Control Commission	expires 5/22/21
4.	Lisa Brinkley	American Safety Council	4/16/19
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Certificate of Completion

American Safety Council

JENNIFER ANDRES

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 5/18/2018

from the American Safety Council.

Jeff Pairan

LO

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: [illegible] Expires: 4/27/2021
Trainer's IL Liquor License Number: 5A-0105593

JENNIFER BECK
215 MORRIS DR
ROCKFORD IL 61109

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

BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

May 29, 2018

Letter ID: L0595570896

TIFFANY KEENE
101 DRURY WAY
POPLAR GROVE IL 61065

License No.: 5A-0110606
Expiration Date: 5/22/2021
License Type: Basset Card

Your "Student ID number" is: 12314562

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:

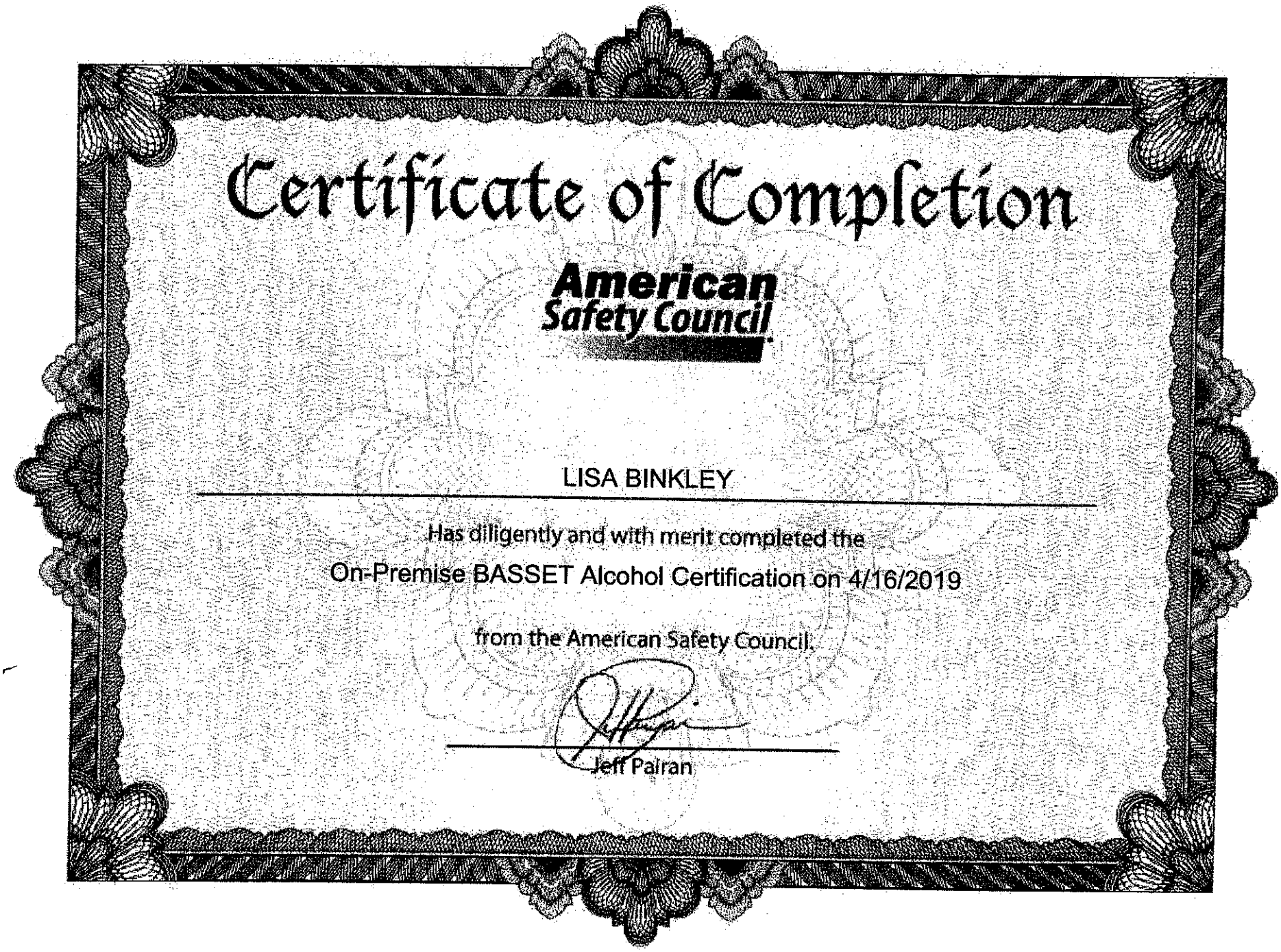
To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

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: 5/22/2018 Expires: 5/22/2021
Trainer's IL Liquor License Number: 5A-0110606
TIFFANY KEENE
101 DRURY WAY
POPLAR GROVE IL 61065

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

LCCB-01 (N-01/15)



Certificate of Completion

American Safety Council

LISA BINKLEY

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 4/16/2019

from the American Safety Council.

Jeff Pairan

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

	Theresa Bach
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
	General Manager
(TITLE OR POSITION)	(TITLE OR POSITION)
	5/3/19
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

OFFICIAL SEAL
DEBRA RYDELSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/02/2023

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 3 DAY OF May, 2019

Debra Rydelski

NOTARY PUBLIC

CANDL-1 OP ID: HB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2019

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

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

PRODUCER	CONTACT NAME: Rick E. Sundberg	
Bullis & Sundberg LLC PO Box 830 Galesburg, IL 61402 Rick E. Sundberg 309-343-1149	PHONE (A/C, No, Ext): 309-343-1149	FAX (A/C, No): 309-343-1405
	E-MAIL ADDRESS: rick@bullisinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Spriska	
INSURED Candlewick Lake Assoc., Inc. DBA Savanah Oaks Golf Club 13400 Hwy 76 Poplar Grove, IL 61065	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability	X		10-2012-1242	06/28/2018	06/28/2019	Ea Cause	1,000,000
							Aggregate	1,000,000

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

The Village of Poplar Grove is an Additional Insured in respect to the Liquor Liability.

CERTIFICATE HOLDER

Village of Poplar Grove
200 N Hill St
Poplar Grove, IL 61064

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



ACORD 25 (2016/03) © 1988-2015 ACORD CORPORATION. All rights reser

The ACORD name and logo are registered marks of ACORD

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ **Class A (6 Day, On Premise, Full Kitchen) $900**	○ **Class F (BYOB with Food) $150**
◉ **Class B (6 Day, Retail off Premise) $850**	○ **Class G (Golf) $1,000**
○ **Class BB (Boutique) $5000**	○ **Class H (Local Catering) $250**
○ **Class C (6 Day, Less 12% on Premise) $700**	○ **Class I (Non-Local Cater) $500**
◉ **Class D (Sunday) $150**	○ **Class J (Beer Garden) $100**
○ **Class E (Event) $100**	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: LCO Gaming: _____
Tobacco: 20 Fees: 620
Cash: _____ Check #: 7487

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: Thomas Felker Date of Birth: [redacted]

Address: 2086 E Oak Grove Rd 61010 Phone: ([redacted]

Primary Contact Person: Willa Moen Phone: ([redacted]

Business Name: Felker Pharmacy, INC Phone: (815) 765-1300

d/b/a Name: Snyder Pharmacy

Premise Address: 13521 IL Rte 76 Poplar Grove, IL. 61065

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: 24159422

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: Thomas Felker (*if leased, attach a copy of the lease to the application*)

Renter of Premises: _____ Illinois Liquor License No.: 1A-0083427

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company Arthur J. Gallagher Policy Number: NBA00178900

Coverage Limit: Policy Effective Date: 7/1/2018 Expiration Date: 7/1/2019

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Thomas (First) E (Middle) Folker (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Owner (Title) 100 (% Ownership)

2) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
llcc.illinois.gov

April 15, 2019

Letter ID: L0709475152

FELKER PHARMACY INC
SNYDER PHARMACY
PO BOX 100
POPLAR GROVE IL 61065-0100

License No.:	1A-0083427
Expiration Date:	05/31/20
License Type:	RETAILER
Account ID:	24759422

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

L0709475152**Letter ID:**

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

1A-0083427
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:	HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER OFF-PREMISES
FELKER PHARMACY INC SNYDER PHARMACY 13521 IL RT 76 PO BOX 100 POPLAR GROVE IL 61065-0100 Boone	ISSUE DATE:	04/15/19 Effective: 06/01/19
	THIS LICENSE EXPIRES ON:	**05/31/20**

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

Sales Tax Acct # 24759422

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

Willa Moen
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Manager
(TITLE OR POSITION)

(TITLE OR POSITION)

5/14/2019
(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 15th DAY OF May, 2019

Alyssia D. Countryman
NOTARY PUBLIC

OFFICIAL SEAL
ALYSSIA D COUNTRYMAN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/31/2022

Serving Alcohol Operator License

License Code

pek30b0LIA

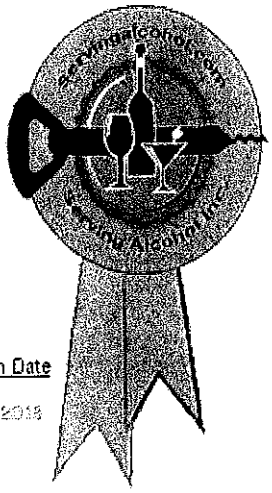
Verify online at servingalcohol.com

Willa Moen

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)

Serving Alcohol Inc.



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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 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 18 years of age. 720 ILCS 675/680

Certification Date

May 22nd, 2018

Serving Alcohol Operator License

License Code

SbKqnVYyrU

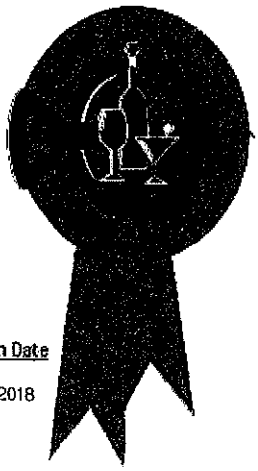
Verify online at servingalcohol.com

Renee Varney

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)

Serving Alcohol Inc.



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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 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 18 years of age. 720 ILCS 675/680

Certification Date

May 29th, 2018

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Willa Moen	Serving Alcohol Inc.	5/2/18
2.	Renee Varney	" " "	5/29/18
3.	Barbara Runge	" " "	5/28/18
4.	Janet Rodriguez	" " "	6/1/18
5.	Lois Nord	" " "	5/30/18
6.	Gabriela Gonzales	" " "	10/30/18
7.	Kathy Tukesbrey	" " "	5/29/18
8.	Tara Johnston	American Safety Council	4/21/19
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Serving Alcohol Operator License

License Code

tltO1PKNke

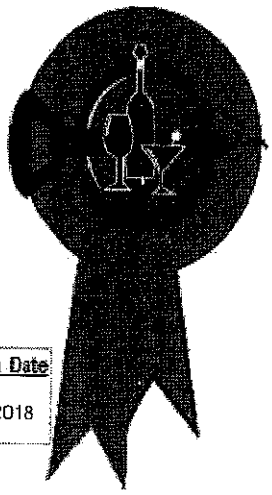
Verify online at servingalcohol.com

Serving Alcohol Inc.

Barbara Runge

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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 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 18 years of age. 720 ILCS 675/680

Certification Date

May 28th, 2018

Serving Alcohol Operator License

License Code

TpnoGJ43fz

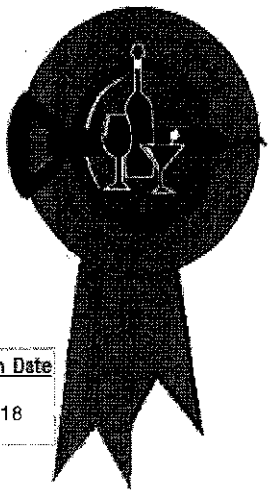
Verify online at servingalcohol.com

Serving Alcohol Inc.

Janet C Rodriguez

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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 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 18 years of age. 720 ILCS 675/680

Certification Date

Jun 1st, 2018

Serving Alcohol Operator License

License Code

wiQJWuGnK0

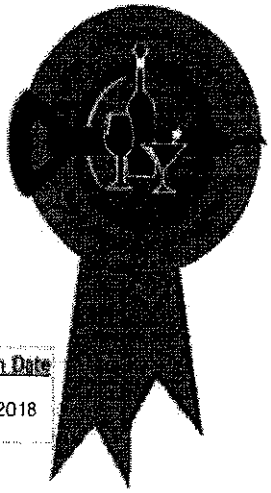
Lois Nord

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)

Verify online at servingalcohol.com

Serving Alcohol Inc.



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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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 18 years of age. 720 ILCS 675/680

Certification Date

May 30th, 2018

Serving Alcohol Operator License

License Code

vAWq3bWfol

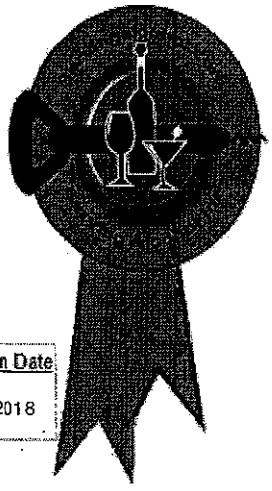
Gabriela Gonzalez

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)

Verify online at servingalcohol.com

Serving Alcohol Inc.



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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 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 18 years of age. 720 ILCS 675/680

Certification Date

Oct 30th, 2018

Certificate of Completion

American Safety Council

TARA JOHNSTON

Has diligently and with merit completed the

Off-Premise BASSET Alcohol Certification on 4/21/2019

from the American Safety Council.

Jeff Pairan

Serving Alcohol Operator License

License Code

Keekuxt5sF

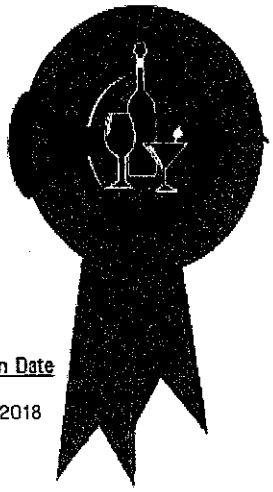
Verify online at servingalcohol.com

Serving Alcohol Inc.

Kathy Tukesbrey

has successfully completed the course

Illinois Alcohol Seller (Off-Premise)



STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

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 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 18 years of age. 720 ILCS 675/680

Certification Date

May 29th, 2018

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/15/2019

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 555 S Perryville Rd Rockford IL 61108	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 815-398-6800 **FAX (A/C, No):** 815-398-1733 **E-MAIL ADDRESS:**
INSURED FELKPHA-03 Poplar Grove Snyder Pharmacy 15321 IL Route 76 Poplar Grove, IL 61065	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** RSUI Indemnity Company / 22314 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1782035591 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory In NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability (Dram Shop)			NBA00178900	7/1/2018	7/1/2019	Each Claim 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)

CERTIFICATE HOLDER

Proof of Insurance

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

© 1988-2015 ACORD CORPORATION. All rights res

VILLAGE OF POPLAR GROVE
"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:
   Name: Willa Moen Phone: _____
2. Name under which business is to be conducted:
   Snyder Pharmacy Business Phone: 815-765-1300
3. Business Address:
   13521 IL. Rte 76 Poplar Grove, IL. 61065
4. Mailing Address (if different):
   Same
5. Location where retail tobacco sales will take place:
   13521 IL. Rte 76 Poplar Grove, IL. 61065

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent Willa Moen Date: 5-14-2019

OFFICE USE ONLY

CK: 7487 **CASH:** ____ **CC:** ____ **DATE RECEIVED:** 5/23/19

LICENSE NUMBER: _____ **DATE ISSUED:** _____

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ **Class A (6 Day, On Premise, Full Kitchen) $900**	○ **Class F (BYOB with Food) $150**
○ **Class B (6 Day, Retail off Premise) $850**	✘ **Class G (Golf) $1,000**
○ **Class BB (Boutique) $5000**	○ **Class H (Local Catering) $250**
○ **Class C (6 Day, Less 12% on Premise) $700**	○ **Class I (Non-Local Cater) $500**
✘ **Class D (Sunday) $150**	○ **Class J (Beer Garden) $100**
○ **Class E (Event) $100**	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $1000 Gaming: $75
Tobacco: $20 Fees: $1095
Cash: _____ Check #: 33033

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: J. J. Maville Date of Birth: [redacted]

Address: 121 Titleist Trail, Poplar Grove, IL 61065 Phone: [redacted]

Primary Contact Person: J. J. Maville Phone: ([redacted]

Business Name: RJ Golf Management, LLC Phone: (815) 544-1935

d/b/a Name: Timber Pointe Golf Club,

Premise Address: 5750 Woodstock Road, Poplar Grove, IL 61065

Entity Information (if applicable):

Date of formation: _____ Illinois Secretary of State Number: _____

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: _____ ROT Registration #: 11257561

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: The Golf Club, LLC *(if leased, attach a copy of the lease to the application)*

Renter of Premises: _____ Illinois Liquor License No.: IA-1121370

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: Cincinnati Insurance Company Policy Number: 0476472

Coverage Limit: 1,000,000 Policy Effective Date: 2-1-19 Expiration Date: 2-1-20

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: John (First) Jerrod (Middle) Maville (Last)

[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Manager (Title) 50 (% Ownership)

2) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)

_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

VILLAGE OF POPLAR GROVE

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Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

K. J. Maville
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Managers
(TITLE OR POSITION)

(TITLE OR POSITION)

6-7-19
(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Boone) SS

OFFICIAL SEAL
KARLA M. MAVILLE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Jun 22, 2019

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 7th DAY OF June, 2019

NOTARY PUBLIC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/4/2019

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

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

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
555 S Perryville Rd
Rockford IL 61108

CONTACT NAME: Debbie McKinney
PHONE (A/C, No, Ext): 815-398-6800 FAX (A/C, No): 815-398-1733
E-MAIL ADDRESS: debbie_mckinney@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Insurance Company of MidWest	37478
INSURER B : Cincinnati Casualty Company	28665
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED GOLFCL0001
The Golf Club at Timber Pointe
RJ Golf Management, LLC
5750 Woodstock Road
Poplar Grove IL 61065

COVERAGES **CERTIFICATE NUMBER:** 104245700 **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	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			ETD0476472	2/1/2019	2/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			ETD0476472	2/1/2019	2/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			ETD0476472	2/1/2019	2/1/2020	EACH OCCURRENCE AGGREGATE $	$ 2,000,000 $ 2,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		83WECCC9799	2/1/2019	2/1/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
B	Liquor Liability			ETD0476472	2/1/2019	2/1/2020	CSL	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village of Poplar Grove is listed as an additional insured in regards to General Liability.

CERTIFICATE HOLDER
Village of Poplar Grove
200 N. Hill Street
Poplar Grove IL 61065
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

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The ACORD name and logo are registered marks of ACORD

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Cierra Schmidlin	American Safety Council	8/16/16
2.	Angela Schrader	American Safety Council	1/25/18
3.	Gayle Piloni	American Safety Council	6/15/15
4.	Michele Carlson	American Safety Council	11/27/18
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Certificate of Completion

American Safety Council

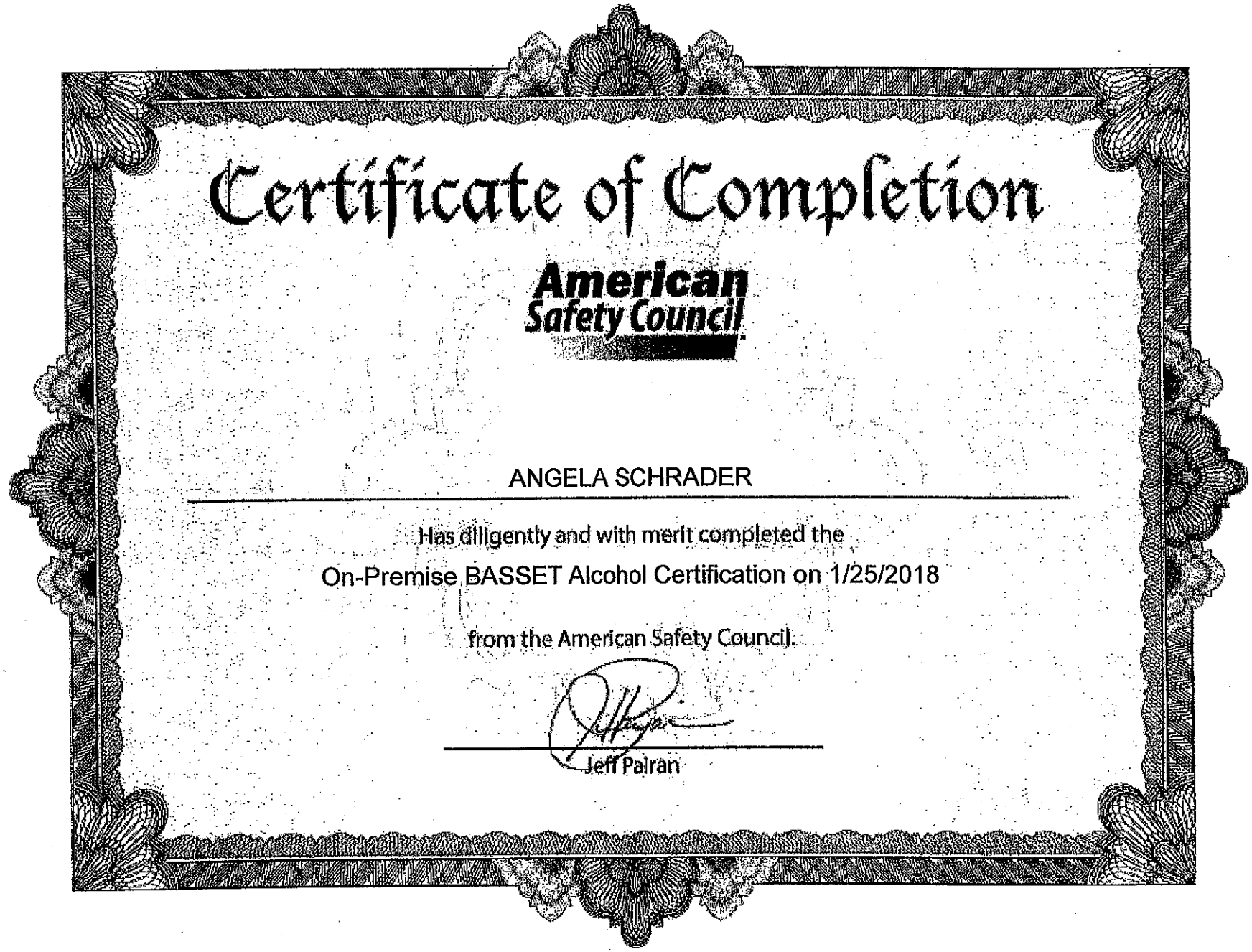
CIERRA SCHMIDLIN

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 8/16/2016

from the American Safety Council.

Jeff Pairan



Certificate of Completion

American Safety Council

ANGELA SCHRADER

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 1/25/2018

from the American Safety Council.

Jeff Palran

Certificate of Completion

American Safety Council

GAYLE PILONI

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 6/15/2015

from the American Safety Council.

Jeff Pairan

Certificate of Completion

American Safety Council

MICHELE CARLSON

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 11/27/2018

from the American Safety Council.

Jeff Pairan

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: R.J. Golf Management, LLC
2. D/B/A Name under which business is to be conducted: Timber Pointe Golf Club
3. Location of place of business where video gaming terminal(s) will be operated
   a. 5750 Woodstock Road, Poplar Grove, IL 61065
   (exact address by street and number)
   b. Bus. Phone No.: 815-544-1935
4. Contact Person for Applicant: J.J. Manville Title: Manager
   Phone: 815-544-1935 Email: timberpointe@comcast.net
5. Number of Video Gaming Terminals to be operated: 3
6. Type of Video Gaming Terminals to be operated: IGT
7. Name of Licensed Video Gaming Terminal Operator(s): Lattner Entertainment Group Illinois
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: _____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No X If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): # 523172 Terminal (2): # 512656 Terminal (3): # 504005

Terminal (4): #_____ Terminal (5): #_____

Serial Numbers for each terminal:

Terminal (1): # B130482064 Terminal (2): # 2103671 Terminal (3): # 3300001085

Terminal (4): #_____ Terminal (5): #_____

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

STATE OF ILLINOIS

ILLINOIS GAMING BOARD

VIDEO GAMING ESTABLISHMENT LICENSE

R.J. GOLF MANAGEMENT, LLC - 120712209
d/b/a Timber Pointe Golf Club
5750 WOODSTOCK RD.
Poplar Grove, IL 61065

License No:	120712209
Date Issued:	03/01/2019
Expiration Date:	02/2020

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).

Agostino Lorenzini

Agostino Lorenzini
Acting Administrator

Liquor License

STATE OF Illinois
LIQUOR CONTROL COMMISSION
ilcc.illinois.gov

November 7, 2018

Letter ID: L0231842928

R J GOLF MANAGEMENT LLC
TIMBER POINTE GOLF CLUB
5750 WOODSTOCK RD
POPLAR GROVE IL 61065-8837

License No.: 1A-1121370
Expiration Date: 11/30/19
License Type: RETAILER
Account ID: 41257561

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

Letter ID:L0231842928

STATE OF ILLINOIS

LIQUOR CONTROL COMMISSION
Governor Bruce Rauner

1A-1121370
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT
R J GOLF MANAGEMENT LLC TIMBER POINTE GOLF CLUB 5750 WOODSTOCK RD POPLAR GROVE IL 61065-8837 Boone

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:	RETAILER ON-PREMISES		
ISSUE DATE:	11/07/18	Effective:	12/01/18
THIS LICENSE EXPIRES ON:	**11/30/19**		

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

Sales Tax Acct # 41257561

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

P-000154

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

CIGARETTE & TOBACCO RETAIL REGISTRATION

Fee: $20.00 due upon application
Annual Expiration Date: June 30th

**Attached is a copy of Chapter 10 Comprehensive Regulation of Tobacco Products*

1. Applicant:

   Name: The Golf Club, LLC Phone: 815-544-1935

2. Name under which business is to be conducted:

   Timber Pointe Golf Club Business Phone: 815-544-1935

3. Business Address:

   5750 Woodstock Road, Poplar Grove, IL 61065

4. Mailing Address (if different):

   Same as above

5. Location where retail tobacco sales will take place:

   Same as above

I hereby apply for a license to sell, expose for sale, possess with intent to sell, exhange, or barter, dispose of or give away cigarettes or tobacco products during this license year. Further, I understand that I must follow the provisions of Section 2, Chapter 10 of the Poplar Grove Municipal Code, as amended, and other laws governing such sale, exchange, or barter.

Additionally, I understand the Illinois Department of Revenue requires proper State Licensing in addition to Village registration.

Signature of Agent E.J. Mauldo Date: 6-7-19

OFFICE USE ONLY

CK: 33933 **CASH:** ____ **CC:** ____ **DATE RECEIVED:** 6/7/19

LICENSE NUMBER: ____ **DATE ISSUED:** ____

Verify that all of your Illinois Business Authorization information is correct.

- ✓ **If not**, contact us immediately.
- ✓ **If yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard***- your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

OFFICIAL DOCUMENT

Illinois Business Authorization

THE GOLF CLUB LLC

DBA: THE GOLF CLUB AT TIMBER POINTE
THE GOLF CLUB AT TIMBER POINTE
5750 WOODSTOCK RD
POPLAR GROVE IL 61065-8837

Certificate of Registration

Expiration Date:
9/30/2019

Tobacco Products Tax (TP-95821)

ILLINOIS REVENUE
Constance Beard
Director

OFFICIAL DOCUMENT - DO NOT DESTROY

Issued Date: 08/13/2018

Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

X	Class A (6 Day, On Premise, Full Kitchen) $900	o	Class F (BYOB with Food) $150
X	Class B (6 Day, Retail off Premise) $850	o	Class G (Golf) $1,000
o	Class BB (Boutique) $5000	o	Class H (Local Catering) $250
o	Class C (6 Day, Less 12% on Premise) $700	o	Class I (Non-Local Cater) $500
X	Class D (Sunday) $150	o	Class J (Beer Garden) $100
o	Class E (Event) $100		

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: _____ Gaming: _____
Tobacco: _____ Fees: _____
Cash: _____ Check #: 10299

†Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: JA Hospitality + Gaming LLC - Good JuJu (Ryan Crombie) Date of Birth: [redacted]

Address: 201 S. 8th St., S. Beloit, IL Phone: [redacted]

Primary Contact Person: Amber Reid 61080 Phone: [redacted]

Business Name: JA Hospitality + Gaming Phone: 815-770-2024

d/b/a Name: Good JuJu

Premise Address: 18561 Julie Dr., Poplar Grove, IL 61065

Entity Information (if applicable):

Date of formation: 3/19/19 Illinois Secretary of State Number: 07676069

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: Yes ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: LHC Properties, LLC *(if leased, attach a copy of the lease to the application)*

Renter of Premises: Good JuJu, LLC Illinois Liquor License No.: _____

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other person, in your place of business, a public official?

†If yes to any of the above, please explain on a separate sheet and attach to application.

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance 2-2-3-A-2.

Insurance Company: Society Insurance Policy Number: BP1901040 4

Coverage Limit: 1,000,000 Policy Effective Date: 3/22/19 Expiration Date: 3/22/20

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: Ryan (First) James (Middle) Crombie (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Manager (Title) 100 (% Ownership)

2) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	Darrell Beidinger	State of IL	8/30/16
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

August 30, 2016
Letter ID: L0710632080

DARRELL REIDINGER
1625 WILDROSF RD
BELVIDERE IL 61008

License No.: 5A-0088394
Expiration Date: 8/17/2019
License Type: Basset Card

Your "Student ID number" is: 13046359

Your "Trainer's ID number" is: 5A-0088394

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: 8/17/2016 Expires: 8/17/2019
Trainer's IL Liquor License Number: 5A-0088394
DARRELL REIDINGER
1625 WILDROSF RD
BELVIDERE IL 61008

Card is not transferrable

LCCB-01 (N-01/15)

P-000204

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

200 Hill Street, Poplar Grove, IL 61065
Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Manager	
(TITLE OR POSITION)	(TITLE OR POSITION)
5/24/19	
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Winnebago) SS

AMBER REID
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 13, 2023

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 24 DAY OF May, 2019

NOTARY PUBLIC

GOODJUJ-01 SLIPSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/26/2019

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

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

PRODUCER
Corkill Insurance Agency, Inc.
6000 E. State Street, Ste 501
Rockford, IL 61108

CONTACT NAME:
PHONE (A/C, No, Ext): (847) 758-1000 FAX (A/C, No): (847) 758-1200
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Society Insurance	15261
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Good Juju LLC
201 S. 8th St.
South Beloit, IL 61080

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	X COMMERCIAL GENERAL LIABILITY			BP19010404	3/22/2019	3/22/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			CA19010405	3/22/2019	3/22/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			UM19010416	3/22/2019	3/22/2020	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			BP19010404	3/22/2019	3/22/2020		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village of Poplar Grove is Additional Insured for General Liability if required by written contract.

CERTIFICATE HOLDER

Village of Poplar Grove
200 Hill Street
Poplar Grove, IL 61065

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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Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ Class A (6 Day, On Premise, Full Kitchen) $900	○ Class F (BYOB with Food) $150
○ Class B (6 Day, Retail off Premise) $850	○ Class G (Golf) $1,000
○ Class BB (Boutique) $5000	○ Class H (Local Catering) $250
● Class C (6 Day, Less 12% on Premise) $700	○ Class I (Non-Local Cater) $500
● Class D (Sunday) $150	○ Class J (Beer Garden) $100
○ Class E (Event) $100	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: $850 Gaming: $125
Tobacco: _____ Fees: $975
Cash: _____ Check #: 1212 & 1213

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: JOHN D BERLIN Date of Birth: [redacted]

Address: 6935 11TH ST NEW MILFORD IL. Phone: [redacted]

Primary Contact Person: _____ Phone: (____) _____

Business Name: LUCKY DAWG, LLC Phone: (____) _____

d/b/a Name: LUCKY DAWG SLOTS

Premise Address: 13551 JULIE DR. POPLAR GROVE IL. 61065

Entity Information (if applicable):

Date of formation: 3-8-17 Illinois Secretary of State Number: _____

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: YES ROT Registration #: _____

If foreign Entity, date registered to do business in Illinois: _____

General Information: (applies to anyone listed in Section 2):

Owner of Premises: PET STOP, INC (*if leased, attach a copy of the lease to the application*)

Renter of Premises: LUCKY DAWG, LLC Illinois Liquor License No.: _____

[ ] YES [X] NO Has applicant ever made an application for a liquor license which was denied?
[ ] YES [X] NO Has applicant ever had any previous liquor license suspended or revoked?
[ ] YES [X] NO Has the applicant ever been convicted of a felony?
[ ] YES [X] NO Has the applicant ever been convicted of a gambling offense?
[ ] YES [X] NO Do you possess a current federal wagering or gambling device stamp?
[ ] YES [X] NO Are you, or any other owner, in your place of business, a public official?

**If yes to any of the above, please explain on a separate sheet and attach to application.*

Dram Shop Coverage:

Applicant must provide a copy of their dram shop insurance naming the Village as certificate holder and additional insurer pursuant to Village Ordinance **2-2-3-A-2**.

Insurance Company: American Eagle Insurance Co. Policy Number: DTHIBP-08076-01

Coverage Limit: Policy Effective Date: Expiration Date:

Village of Poplar Grove
APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Section 2: Owner & Officer Information:

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including officers, directors, and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All Not-for-Profit organization and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

**If additional space is needed, please attach the additional sheet to the application.*

1) Name: JOHN (First) D (Middle) BERLIN (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) MEMBER (Title) 50 (% Ownership)

2) Name: BRADLEY (First) A (Middle) LEWIS (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) MEMBER (Title) 50 (% Ownership)

3) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

4) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

5) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

6) Name: _____ (First) _____ (Middle) _____ (Last)
_____ (Date of Birth) _____ (Driver's License No.) _____ (State) _____ (Title) _____ (% Ownership)

VILLAGE OF POPLAR GROVE

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Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF POPLAR GROVE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE OF POPLAR GROVE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF. Under penalties as provided by law pursuant to 735 ILCS 5/1-109 the below signature certifies that the statements set forth herein are true and correct.

I further swear or affirm that I have read and understand the Village of Poplar Grove Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Poplar Grove and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Member	
(TITLE OR POSITION)	(TITLE OR POSITION)
5-31-19	
(DATE SIGNED)	(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 31st DAY OF May, 2019

NOTARY PUBLIC

OFFICIAL SEAL
KELLY ROBISON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/22/23

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

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Phone: (815) 765-3201 – Fax: (815)765-3571
www.villageofpoplargrove.com

BASSET Certification:

Effective July 1,2017, all new and renewal application for liquor licenses must be accompanied with proof of a State certificated Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, and the date the certification was issued. Please attach copies of BASSET certification cards to the application.

	EMPLOYEE NAME	BASSET TRAINING PROVIDER	CERTIFICATION DATE
1.	KAREN JOHNSON		4-11-19
2.	BRAD LEWIS		4-9-19
3.	BRITTANY KOMPERDA		8-28-19
4.	JOHN BERLIN		6-25-16
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Certificate of Completion

AWARDED TO



karen johnson

has successfully completed the course

BASSET Illinois

Date: April 11, 2019

BASSET Illinois

www.bassetillinois.com

Certificate of Completion

AWARDED TO



brad lewis

has successfully completed the course

BASSET Illinois

Date: April 9, 2019

BASSET Illinois

www.bassetillinois.com

Certificate of Completion

AWARDED TO



Brittany Komperda

has successfully completed the course

BASSET Illinois

Date: August 28, 2018

BASSET Illinois

www.bassetillinois.com

BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

July 11, 2016

Letter ID: L0107448720

JOHN BERLIN
6935 11TH ST #7
NEW MILFORD IL 61109

License No.: 5A-0110606
Expiration Date: 6/25/2019
License Type: Basset Card

Your "Student ID number" is: 9959759

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: 6/25/2016 Expires: 6/25/2019
Trainer's IL Liquor License Number: 5A-0110606
JOHN BERLIN
6935 11TH ST #7
NEW MILFORD IL 61109

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

VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

APPLICATION FOR VIDEO GAMING LICENSE(S)

Fee: $25.00 per terminal

Expires Annually June 30th

1. Applicant's (exact) Corporate Name: Lucky Dawg, LLC
2. D/B/A Name under which business is to be conducted: Lucky Dawg Slots
3. Location of place of business where video gaming terminal(s) will be operated
   a. 13551 Julie Dr. Poplar Grove IL. 61065
   (exact address by street and number)
   b. Bus. Phone No.: 815-765-9295
4. Contact Person for Applicant: John Berlin Title: _____
   Phone: [redacted] Email: John@JohnDBerlin.com
5. Number of Video Gaming Terminals to be operated: 5
6. Type of Video Gaming Terminals to be operated: _____
7. Name of Licensed Video Gaming Terminal Operator(s): Prairie State Gaming
8. Are you an Illinois Resident or duly authorized to conduct business within the State of Illinois?
   Yes X No _____
9. Have you made an application for a similar license for premises other than described in this location?
   Yes _____ No X If yes, give date, location of premises and disposition of application: ____
10. Has any license previously issued to you by State, Federal, or Local Authorities been revoked?
    Yes _____ No X If yes, state reasons therefore and date of revocation: _____

Please submit the following with application:

a. A copy of a valid Illinois Gaming Board License
b. A copy of a valid Illinois Liquor License
c. A twenty-five-dollar ($25.00) license fee per terminal

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): #_____ Terminal (2): #_____ Terminal (3): #_____

Terminal (4): #_____ Terminal (5): #_____

Serial Numbers for each terminal:

Terminal (1): # 2103645 Terminal (2): # B170504579 Terminal (3): # 5114275

Terminal (4): # 2374144 Terminal (5): # B1709 18489

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application: _____

Copy of the license issued by the Illinois Gaming Board: _____

Village of Poplar Grove Liquor License number: _____

Village Board Approved / Date: _____

Village Clerk Signature : _____

VPG License Numbers Per Terminal:

Terminal (1) _____ **Terminal (2)** _____

Terminal (3) _____ **Terminal (4)** _____

Terminal (5) _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/31/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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

American Eagle Insurance Agency
6935 11th St #7
New Milford, IL 61109

CONTACT NAME: John D Berlin
PHONE (A/C, No, Ext): 8158739300 FAX (A/C, No): 8158739329
E-MAIL ADDRESS: john@johndberlin.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Blackboard Ins Co	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Lucky Dawg, LLC
13551 Julie Dr
Poplar Grove, IL 61065

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	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ LIQUOR LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			DTHIBP-08076-01	06/09/2018	06/09/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1000000 $ 100000 $ 5000 $ 1000000 $ 2000000 $ 2000000 $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ N/A If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER 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)

CERTIFICATE HOLDER

Village of Poplar Grove
Poplar Grove, IL

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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Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/07/2019	AP	ADOBE SYSTEMS INCORPORATED	Invoice: 903225890 Ref#: 15241(ADOBE PRO SUB ANNUAL FY20-CLERK)		
AP Trx #: 7641					
		ADOBE PRO SUB ANNUAL FY20-CLERK	01-50-4214	191.12	
		Vnd: 0423 Invoice: 903225890	01-00-2200		191.12
		Expected Check Run: 06/07/2019		191.12	191.12
04/01/2019	AP	BOONE COUNTY MOTOR FUEL TAX FUND	Invoice: 3938 Ref#: 15143(SALT & ICE ABRASIVE PURCHASES NOV.2018-M)		
AP Trx #: 7642					
		SALT&ICE ABRASIVE NOV.2018-MARCH2019	01-53-4304	2,568.51	
		Vnd: 0040 Invoice: 3938	01-00-2200		2,568.51
		Expected Check Run: 06/07/2019		2,568.51	2,568.51
06/07/2019	AP	BOYD, CARINA	Invoice: MAY2019 Ref#: 15233(OSF MTG, IMTF WORKSHOP TRAVEL&TOLLS MAY)		
AP Trx #: 7643					
		OSF MTG,IMTF WORKSHOP TRVL&TOLLS MAY2019	01-50-4205	83.41	
		Vnd: 0457 Invoice: MAY2019	01-00-2200		83.41
		Expected Check Run: 06/07/2019		83.41	83.41
06/07/2019	AP	CARPENTER STREET HOTEL	Invoice: 04302019 Ref#: 15238(HOTEL STAY VPG PRES. SPRINGFIELD CONF. A)		
AP Trx #: 7644					
		HOTEL STAY VPG PRES. SPRINGFIELD CONF.	01-50-4207	231.89	
		Vnd: MISC Invoice: 04302019	01-00-2200		231.89
		Expected Check Run: 06/07/2019		231.89	231.89
04/30/2019	AP	COMED	Invoice: 0099144153MAY2019 Ref#: 15149(502 WACO WAY L/S 4/4-5/3/19)		
AP Trx #: 7645					
		502 WACO WAY L/S 4/4-5/3/19	31-75-4204	35.72	
		Vnd: 0278 Invoice: 0099144153MAY2019	31-00-2200		35.72
		Expected Check Run: 06/07/2019		35.72	35.72
04/30/2019	AP	COMED	Invoice: 0507019070MAY2019 Ref#: 15150(RT 173 W/T 4/4-5/3/19)		
AP Trx #: 7646					
		RT 173 W/T 4/4-5/3/19	31-70-4204	650.35	
		Vnd: 0278 Invoice: 0507019070MAY2019	31-00-2200		650.35
		Expected Check Run: 06/07/2019		650.35	650.35

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	COMED	Invoice: 0699087057MAY2019 Ref#: 15151(12305 RT 76 L/S 4/4-5/3/19)		
AP Trx #: 7647					
		12305 RT 76 L/S 4/4-5/3/19	31-75-4204	32.89	
		Vnd: 0278 Invoice: 0699087057MAY2019	31-00-2200		32.89
		Expected Check Run: 06/07/2019			
				32.89	32.89
04/30/2019	AP	COMED	Invoice: 0798466001MAY2019 Ref#: 15152(105 BULLARD ST. L/S 4/4-5/3/19)		
AP Trx #: 7648					
		105 BULLARD ST. L/S 4/4-5/3/19	31-75-4204	103.21	
		Vnd: 0278 Invoice: 0798466001MAY2019	31-00-2200		103.21
		Expected Check Run: 06/07/2019			
				103.21	103.21
04/30/2019	AP	COMED	Invoice: 1419002002MAY2019 Ref#: 15153(228 BOEING TRL W/T 4/4-5/3/19)		
AP Trx #: 7649					
		228 BOEING TRL W/T 4/4-5/3/19	31-70-4204	78.46	
		Vnd: 0278 Invoice: 1419002002MAY2019	31-00-2200		78.46
		Expected Check Run: 06/07/2019			
				78.46	78.46
04/30/2019	AP	COMED	Invoice: 1659118047MAY2019 Ref#: 15154(100 S. STATE ST. W#2 4/4-5/3/19)		
AP Trx #: 7650					
		100 S. STATE ST. W#2 4/4-5/3/19	31-70-4204	69.54	
		Vnd: 0278 Invoice: 1659118047MAY2019	31-00-2200		69.54
		Expected Check Run: 06/07/2019			
				69.54	69.54
04/30/2019	AP	COMED	Invoice: 1923071033MAY2019 Ref#: 15155(610 S STATE ST. NWWTP 4/4-5/3/19		
AP Trx #: 7651					
		610 S STATE ST. NWWTP 4/4-5/3/19	31-75-4204	4,197.21	
		Vnd: 0278 Invoice: 1923071033MAY2019	31-00-2200		4,197.21
		Expected Check Run: 06/07/2019			
				4,197.21	4,197.21
04/30/2019	AP	COMED	Invoice: 2151017026MAY2019 Ref#: 15156(13505 HARVEST WAY L/S 4/4-5/3/19		
AP Trx #: 7652					
		13505 HARVEST WAY L/S 4/4-5/3/19	31-75-4204	156.90	
		Vnd: 0278 Invoice: 2151017026MAY2019	31-00-2200		156.90
		Expected Check Run: 06/07/2019			
				156.90	156.90

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	COMED	Invoice: 3291029012MAY2019 Ref#: 15157(12211 RT 76 SWWTP 4/4-5/3/19)		
AP Trx #: 7653					
		12211 RT 76 SWWTP 4/4-5/3/19	31-75-4204	5,825.30	
		Vnd: 0278 Invoice: 3291029012MAY2019	31-00-2200		5,825.30
		Expected Check Run: 06/07/2019			
				5,825.30	5,825.30
04/30/2019	AP	COMED	Invoice: 3399123028MAY2019 Ref#: 15158(1000 WACO WAY L/S 4/4-5/3/19)		
AP Trx #: 7654					
		1000 WACO WAY L/S 4/4-5/3/19	31-75-4204	353.75	
		Vnd: 0278 Invoice: 3399123028MAY2019	31-00-2200		353.75
		Expected Check Run: 06/07/2019			
				353.75	353.75
04/30/2019	AP	COMED	Invoice: 4659084049MAY2019 Ref#: 15159(203 BEAVER ST. L/S 4/4-5/3/19)		
AP Trx #: 7655					
		203 BEAVER ST. L/S 4/4-5/3/19	31-75-4204	75.98	
		Vnd: 0278 Invoice: 4659084049MAY2019	31-00-2200		75.98
		Expected Check Run: 06/07/2019			
				75.98	75.98
04/30/2019	AP	COMED	Invoice: 5379007025MAY2019 Ref#: 15160(4870 WOODSTOCK RD W#5&6 4/4-5/3/		
AP Trx #: 7656					
		4870 WOODSTOCK RD W#5&6 4/4-5/3/19	31-70-4204	1,016.20	
		Vnd: 0278 Invoice: 5379007025MAY2019	31-00-2200		1,016.20
		Expected Check Run: 06/07/2019			
				1,016.20	1,016.20
04/30/2019	AP	COMED	Invoice: 5691014002MAY2019 Ref#: 15161(4420 MENGE LN W#4 4/4-5/3/19)		
AP Trx #: 7657					
		4420 MENGE LN W#4 4/4-5/3/19	31-70-4204	642.33	
		Vnd: 0278 Invoice: 5691014002MAY2019	31-00-2200		642.33
		Expected Check Run: 06/07/2019			
				642.33	642.33
04/30/2019	AP	COMED	Invoice: 1233092031MAY2019 Ref#: 15207(COMMUNITY & DUSK TO DAWN STREET		
AP Trx #: 7658					
		COMMUNITY STREET LIGHTING 3/21-4/19/19	01-53-4230	4,067.02	
		DUSK2DAWN STREET LIGHTING 3/21-4/19/19	01-53-4230	80.97	
		Vnd: 0278 Invoice: 1233092031MAY2019	01-00-2200		4,147.99
		Expected Check Run: 06/07/2019			
				4,147.99	4,147.99

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/07/2019	AP	COMED	Invoice: 0027089050MAY2019 Ref#: 15226(291 PRAIRIE KNOLL L/S 4/24-5/23/		
AP Trx #: 7659					
		291 PRAIRIE KNOLL L/S 4/24-5/23/19	31-75-4204	224.52	
		Vnd: 0278 Invoice: 0027089050MAY2019	31-00-2200		224.52
		Expected Check Run: 06/07/2019			
				224.52	224.52
06/07/2019	AP	COMED	Invoice: 0582051009MAY2019 Ref#: 15227(4194 DAWSON LK L/S 4/24-5/23/19)		
AP Trx #: 7660					
		4194 DAWSON LK L/S 4/24-5/23/19	31-75-4204	174.41	
		Vnd: 0278 Invoice: 0582051009MAY2019	31-00-2200		174.41
		Expected Check Run: 06/07/2019			
				174.41	174.41
06/07/2019	AP	COMED	Invoice: 2143026020-JUNE2019 Ref#: 15244(5500 WHITING RD L/S 4/26-5/28/		
AP Trx #: 7661					
		5500 WHITING RD L/S 4/26-5/28/19	31-75-4204	113.99	
		Vnd: 0278 Invoice: 2143026020-JUNE2019	31-00-2200		113.99
		Expected Check Run: 06/07/2019			
				113.99	113.99
06/07/2019	AP	DACH FENCE CO.	Invoice: 564-1 Ref#: 15252(SAFETY FENCE @ EPI ADDT'L MONTH RENTAL)		
AP Trx #: 7662					
		SAFETY FENCE @ EPI ADDT'L MONTH RENTAL	01-51-4223	150.00	
		Vnd: 0083 Invoice: 564-1	01-00-2200		150.00
		Expected Check Run: 06/07/2019			
				150.00	150.00
04/30/2019	AP	ENTRE COMPUTER SOLUTIONS	Invoice: 00121256-2 Ref#: 15167(LABOR-SET UP 8 CHROME NOTEPADS/12-BATTE		
AP Trx #: 7663					
		LABOR-8 CHROME NOTEPADS/12-BACKUPS	01-50-4400	1,020.00	
		Vnd: 0440 Invoice: 00121256-2	01-00-2200		1,020.00
		Expected Check Run: 06/07/2019			
				1,020.00	1,020.00
04/30/2019	AP	ENTRE COMPUTER SOLUTIONS	Invoice: 00121057 Ref#: 15168(IT SERVICES INCIDENT 2/19/19 #247611)		
AP Trx #: 7664					
		IT SERVICES INCIDENT 2/19/19 #247611	01-50-4223	225.00	
		Vnd: 0440 Invoice: 00121057	01-00-2200		225.00
		Expected Check Run: 06/07/2019			
				225.00	225.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/07/2019	AP	FOX VALLEY INTERNET, INC.	Invoice: 2453758 Ref#: 15220(NWWTP & SWWTP INTERNET 5/25-6/24/19)		
AP Trx #: 7665					
		NWWTP & SWWTP INTERNET 5/25-6/24/19	31-50-4202	54.90	
		Vnd: 0097 Invoice: 2453758	31-00-2200		54.90
		Expected Check Run: 06/07/2019		54.90	54.90
06/07/2019	AP	FRONTIER	Invoice: 224159 Ref#: 15222(VILLAGE PHONE LINES X13 MAY 2019)		
AP Trx #: 7666					
		2170497024 SPECIAL ACCESS LINES	31-50-4202	82.06	
		8155440520 PRAIRIE KNOLL L/S	31-50-4202	46.23	
		8155443817 WACO WAY L/S	31-50-4202	55.79	
		8155476487 WOODSTOCK W#5&6	31-50-4202	46.33	
		8155477209 12211 RT76 SWWTP	31-50-4202	56.78	
		8157650565 COUNTRYSIDE L/S	31-50-4202	50.82	
		8157650940 RT173 W#3	31-50-4202	46.23	
		8157651774 NWWTP TOWER	31-50-4202	79.62	
		8157651859 BEAVER RD L/S	31-50-4202	44.15	
		8157651914 WHITING RD L/S	31-50-4202	62.50	
		8157652456 610 S STATE NWWTP	31-50-4202	105.66	
		8157659169 COUNTYSIDE W#4	31-50-4202	46.23	
		8157659391 DAWSON LK L/S	31-50-4202	44.26	
		Vnd: 0096 Invoice: 224159	31-00-2200		766.66
		Expected Check Run: 06/07/2019		766.66	766.66
04/30/2019	AP	HARDY PRO-AIR SYSTEMS & SERVICE	Invoice: 28032 Ref#: 15217(SHIPPING FOR WARRANTY WORK ON BLOWER-WWT)		
AP Trx #: 7667					
		SHIPPING - WARRANTY WORK ON BLOWER-WWTP	31-75-4411	175.00	
		Vnd: 0447 Invoice: 28032	31-00-2200		175.00
		Expected Check Run: 06/07/2019		175.00	175.00
06/07/2019	AP	HILDEN, MITCH	Invoice: MAY292019 Ref#: 15235(TRAVEL&TOLLS UW CLASS MAY 2019)		
AP Trx #: 7668					
		TRAVEL&TOLLS UW CLASS MAY 2019	31-70-4207	95.11	
		TRAVEL&TOLLS UW CLASS MAY 2019	31-75-4207	95.10	
		Vnd: 0112 Invoice: MAY292019	31-00-2200		190.21
		Expected Check Run: 06/07/2019		190.21	190.21
06/07/2019	AP	HYDE OUT BAR & GRILL	Invoice: 05222019 Ref#: 15243(NAT'L PUBLIC WORKS WEEK LUNCH MTG 5/22/1)		
AP Trx #: 7669					
		NATL PUBLIC WORKS WEEK LUNCH MTG 5/22/19	01-53-4500	48.60	
		Vnd: 0474 Invoice: 05222019	01-00-2200		48.60
		Expected Check Run: 06/07/2019		48.60	48.60

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/07/2019	AP	IGFOA	Invoice: 0620-06212019 Ref#: 15232(IGFOA GOVERNMENTAL ACCT. SEMINAR 6/2		
AP Trx #: 7670					
		IGFOA GOVERNMENTAL ACCT SEMINAR JUNE2019	01-50-4207	225.00	
		Vnd: 0120 Invoice: 0620-06212019	01-00-2200		225.00
		Expected Check Run: 06/07/2019			
				225.00	225.00
06/07/2019	AP	J.B.R. INC. DBA FUNDWAYS OF IL.INC.	Invoice: NF06152019 Ref#: 15170(2019 NEIGHBORS FEST FUN SLIDE)		
AP Trx #: 7671					
		2019 NEIGHBORS FEST FUN SLIDE	01-52-4224	1,925.00	
		Vnd: 0488 Invoice: NF06152019	01-00-2200		1,925.00
		Expected Check Run: 06/07/2019			
				1,925.00	1,925.00
05/23/2019	AP	LINNEA & JOSH LERCH	Invoice: REFUND OVERPYMT 0015 Ref#: 15205(UB refund for account: 001500		
AP Trx #: 7672					
		WATER BASE	31-00-1401	44.77	
		Vnd: MISC Invoice: REFUND OVERPYMT 0015	31-00-2200		44.77
		Expected Check Run: 06/07/2019			
				44.77	44.77
06/07/2019	AP	MEDIACOM	Invoice: 8384912250090060MY20 Ref#: 15221(VH PHONE,INTERNET,EMAIL HOSTI		
AP Trx #: 7673					
		VH PHONE,INTERNET,EMAIL HOSTING JUNE2019	01-50-4202	678.69	
		Vnd: 0163 Invoice: 8384912250090060MY20	01-00-2200		678.69
		Expected Check Run: 06/07/2019			
				678.69	678.69
06/07/2019	AP	MR. GOODWATER	Invoice: 06012019 Ref#: 15247(COOLER RENTAL/DRINKING WATER@VH,PW,WWTP)		
AP Trx #: 7674					
		COOLER RENTAL/DRINKING WATER@VH MAY2019	01-50-4302	4.88	
		DRINKING WATER @ PW MAY 2019	01-53-4302	4.88	
		COOLER RENTAL @WWTP MAY 2019	31-75-4302	8.00	
		Vnd: 0329 Invoice: 06012019	01-00-2200		9.76
		Vnd: 0329 Invoice: 06012019	31-00-2200		8.00
		Expected Check Run: 06/07/2019			
				17.76	17.76
04/30/2019	AP	NICOR GAS	Invoice: 07465530330MAY2019 Ref#: 15181(4870 WOODSTOCK RD W#5&6 4/17-5/		
AP Trx #: 7675					
		4870 WOODSTOCK RD W#5&6 4/17-5/17/19	31-70-4204	44.59	
		Vnd: 0186 Invoice: 07465530330MAY2019	31-00-2200		44.59
		Expected Check Run: 06/07/2019			
				44.59	44.59

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	NICOR GAS	Invoice: 12314476859MAY2019 Ref#: 15182(4194 DAWSON LK RD L/S 4/12-5/10		
AP Trx #: 7676					
		4194 DAWSON LK RD L/S 4/12-5/10/19	31-75-4204	29.60	
		Vnd: 0186 Invoice: 12314476859MAY2019	31-00-2200		29.60
		Expected Check Run: 06/07/2019			
				29.60	29.60
04/30/2019	AP	NICOR GAS	Invoice: 17034425508MAY2019 Ref#: 15183(13505 HARVEST WAY L/S 4/10-5/10		
AP Trx #: 7677					
		13505 HARVEST WAY L/S 4/10-5/10/19	31-75-4204	109.58	
		Vnd: 0186 Invoice: 17034425508MAY2019	31-00-2200		109.58
		Expected Check Run: 06/07/2019			
				109.58	109.58
04/30/2019	AP	NICOR GAS	Invoice: 22409207747MAY2019 Ref#: 15184(12211 RT76 SWWTP 4/12-5/10/19)		
AP Trx #: 7678					
		12211 RT76 SWWTP 4/12-5/10/19	31-75-4204	975.64	
		Vnd: 0186 Invoice: 22409207747MAY2019	31-00-2200		975.64
		Expected Check Run: 06/07/2019			
				975.64	975.64
04/30/2019	AP	NICOR GAS	Invoice: 22898582741MAY2019 Ref#: 15185(203 BEAVER DR. L/S 4/11-5/10/19		
AP Trx #: 7679					
		203 BEAVER DR. L/S 4/11-5/10/19	31-75-4204	30.85	
		Vnd: 0186 Invoice: 22898582741MAY2019	31-00-2200		30.85
		Expected Check Run: 06/07/2019			
				30.85	30.85
04/30/2019	AP	NICOR GAS	Invoice: 24868703307MAY2019 Ref#: 15186(1001 WACO WAY C/L/S 4/17-5/17/1		
AP Trx #: 7680					
		1001 WACO WAY C/L/S 4/17-5/17/19	31-75-4204	32.13	
		Vnd: 0186 Invoice: 24868703307MAY2019	31-00-2200		32.13
		Expected Check Run: 06/07/2019			
				32.13	32.13
04/30/2019	AP	NICOR GAS	Invoice: 30139401027MAY2019 Ref#: 15187(4420 MENGE LN W#4 4/12-5/10/19)		
AP Trx #: 7681					
		4420 MENGE LN W#4 4/12-5/10/19	31-70-4204	46.73	
		Vnd: 0186 Invoice: 30139401027MAY2019	31-00-2200		46.73
		Expected Check Run: 06/07/2019			
				46.73	46.73

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	NICOR GAS	Invoice: 31857320001MAY2019 Ref#: 15188(100 S STATE ST. W#2 04/11-5/10/		
AP Trx #: 7682					
		100 S STATE ST. W#2 04/11-5/10/19	31-70-4204	39.00	
		Vnd: 0186 Invoice: 31857320001MAY2019	31-00-2200		39.00
		Expected Check Run: 06/07/2019			
				39.00	39.00
04/30/2019	AP	NICOR GAS	Invoice: 72878472371MAY2019 Ref#: 15189(610 S STATE ST. NWWTP 4/11-5/10		
AP Trx #: 7683					
		610 S STATE ST. NWWTP 4/11-5/10/19	31-75-4204	197.06	
		Vnd: 0186 Invoice: 72878472371MAY2019	31-00-2200		197.06
		Expected Check Run: 06/07/2019			
				197.06	197.06
04/30/2019	AP	NICOR GAS	Invoice: 77254215526MAY2019 Ref#: 15190(287 PRAIRIE KNOLL L/S 4/17-5/17		
AP Trx #: 7684					
		287 PRAIRIE KNOLL L/S 4/17-5/17/19	31-75-4204	31.49	
		Vnd: 0186 Invoice: 77254215526MAY2019	31-00-2200		31.49
		Expected Check Run: 06/07/2019			
				31.49	31.49
04/30/2019	AP	NICOR GAS	Invoice: 94988910009MAY2019 Ref#: 15191(211 W GROVE RT 173 W#3 4/13-5/1		
AP Trx #: 7685					
		211 W GROVE RT 173 W#3 4/13-5/15/19	31-70-4204	52.30	
		Vnd: 0186 Invoice: 94988910009MAY2019	31-00-2200		52.30
		Expected Check Run: 06/07/2019			
				52.30	52.30
06/07/2019	AP	NST SKILLPATH	Invoice: 12073943 Ref#: 15239(TRAINING CONF6/25/19 W/HANDBOOK-ACCT&BIL)		
AP Trx #: 7686					
		TRAINING CONF.6/25/19 ACCT&BILLING	01-50-4207	212.89	
		Vnd: MISC Invoice: 12073943	01-00-2200		212.89
		Expected Check Run: 06/07/2019			
				212.89	212.89
06/07/2019	AP	PITNEY BOWES INC.	Invoice: 1012744708 Ref#: 15194(10,000 PRE-ADDRESSED WINDOW ENVELOPES)		
AP Trx #: 7687					
		10,000 PRE-ADDRESSED WINDOW ENVELOPES	01-50-4300	535.00	
		Vnd: 0211 Invoice: 1012744708	01-00-2200		535.00
		Expected Check Run: 06/07/2019			
				535.00	535.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/07/2019	AP	QUILL CORPORATION	Invoice: 7263465 Ref#: 15195(30X60 GARBAGE BAGS QTY100)		
AP Trx #: 7688					
		30X60 GARBAGE BAGS QTY100	01-50-4301	17.67	
		Vnd: 0219 Invoice: 7263465	01-00-2200		17.67
		Expected Check Run: 06/07/2019		17.67	17.67
06/07/2019	AP	QUILL CORPORATION	Invoice: 7271029 Ref#: 15196(NOTE PADS, STICKY NOTES, FORKS & BROOM)		
AP Trx #: 7689					
		LARGE YELLOW ANGLE BROOM	01-50-4301	6.76	
		NOTE PADS, STICKY NOTES, FORKS	01-50-4300	51.41	
		Vnd: 0219 Invoice: 7271029	01-00-2200		58.17
		Expected Check Run: 06/07/2019		58.17	58.17
06/07/2019	AP	QUILL CORPORATION	Invoice: 7666433 Ref#: 15265(CODE/BLDG PERMIT PAPER,FOLDERS)		
AP Trx #: 7690					
		CODE/BLDG PERMIT PAPER,FOLDERS	01-50-4300	9.73	
		Vnd: 0219 Invoice: 7666433	01-00-2200		9.73
		Expected Check Run: 06/07/2019		9.73	9.73
06/07/2019	AP	QUILL CORPORATION	Invoice: 76663513 Ref#: 15266(VIDEO GAMING 8 1/2X11 LABEL PAGES WITH Q)		
AP Trx #: 7691					
		VIDEO GAMING 8 1/2X11 LABEL PAGES W/QC	01-50-4300	4.22	
		Vnd: 0219 Invoice: 76663513	01-00-2200		4.22
		Expected Check Run: 06/07/2019		4.22	4.22
06/07/2019	AP	QUILL CORPORATION	Invoice: 76663513CR Ref#: 15267(RETURN VIDEO GAMING 8 1/2X11 LABEL PAGE		
AP Trx #: 7692					
		RETURN VIDEO GAMING 8 1/2X11 LABEL PAGES	01-50-4300		4.22
		Vnd: 0219 Invoice: 76663513CR	01-00-2200	4.22	
		Expected Check Run: 06/07/2019		4.22	4.22
04/30/2019	AP	REGION 1 PLANNING COUNCIL	Invoice: 156-FY19 Ref#: 15197(GRANT PLANNING SRVC: DOG PARK APRIL 2019)		
AP Trx #: 7693					
		GRANT PLANNING SRVC: DOG PARK APRIL 2019	01-50-4237	637.50	
		Vnd: 0470 Invoice: 156-FY19	01-00-2200		637.50
		Expected Check Run: 06/07/2019		637.50	637.50

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	REGION 1 PLANNING COUNCIL	Invoice: 107-FY19 Ref#: 15198(GRANT SRVCS:PEOPLE FOR BIKES JAN.2019)		
AP Trx #: 7694					
		GRANT SRVCS:PEOPLE FOR BIKES JAN.2019	01-50-4237	2,513.60	
		Vnd: 0470 Invoice: 107-FY19	01-00-2200		2,513.60
		Expected Check Run: 06/07/2019			
				2,513.60	2,513.60
06/07/2019	AP	ROBERTSON LOCK SERVICE	Invoice: 12593 Ref#: 15268(W#3 EXITLOCK W/COMBINATION & KEY)		
AP Trx #: 7695					
		W#3 EXITLOCK W/COMBINATION & KEY	31-70-4240	135.00	
		Vnd: 0227 Invoice: 12593	31-00-2200		135.00
		Expected Check Run: 06/07/2019			
				135.00	135.00
04/30/2019	AP	ROCKFORD BUSINESS SYSTEMS	Invoice: 14406 Ref#: 15213(COPY MACHINE MAINTENANCE 2/1-4/30/2019)		
AP Trx #: 7696					
		COPY MACHINE MAINTENANCE 2/1-4/30/2019	01-50-4214	381.79	
		Vnd: 0220 Invoice: 14406	01-00-2200		381.79
		Expected Check Run: 06/07/2019			
				381.79	381.79
04/30/2019	AP	SABEL MECHANICAL LLC.	Invoice: 3298-1 Ref#: 15199(GRUNFOS BOOSTER FOR WELL PUMP)		
AP Trx #: 7697					
		GRUNFOS BOOSTER FOR WELL PUMP	31-75-4411	2,905.33	
		Vnd: 0408 Invoice: 3298-1	31-00-2200		2,905.33
		Expected Check Run: 06/07/2019			
				2,905.33	2,905.33
06/07/2019	AP	TRIO SYSTEMS LLC	Invoice: 8224 Ref#: 15240(SONICLEAR RECORDING SYSTEM MAINTENANCE/S)		
AP Trx #: 7698					
		SONICLEAR RECORDING SYSTEM MAINT. FY20	01-50-4214	295.00	
		Vnd: 0414 Invoice: 8224	01-00-2200		295.00
		Expected Check Run: 06/07/2019			
				295.00	295.00
06/07/2019	AP	U GOTTA JUMP	Invoice: 2019-068 Ref#: 15242(NEIGBORS FEST DUNK TANK FY20)		
AP Trx #: 7699					
		NEIGBORS FEST DUNK TANK FY20	01-52-4224	175.00	
		Vnd: MISC Invoice: 2019-068	01-00-2200		175.00
		Expected Check Run: 06/07/2019			
				175.00	175.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/07/2019	AP	U.S. CELLULAR	Invoice: 0311433959 Ref#: 15245(PW&WWTP FW/HOTSPOT,VPG CLERK CELL PHONE		
AP Trx #: 7700					
		PW&WWTP FW/HOTSPOT 4/22-6/21/19	01-53-4202	128.10	
		VPG CLERK CELL PHONE 4/22-6/21/19	01-57-4202	47.58	
		Vnd: 0261 Invoice: 0311433959	01-00-2200		175.68
		Expected Check Run: 06/07/2019			
				175.68	175.68
06/07/2019	AP	WEX BANK - MARATHON FLEET CARD	Invoice: 59299168 Ref#: 15204(PUBLIC WORKS FUEL MAY 2019)		
AP Trx #: 7701					
		PUBLIC WORKS FUEL MAY 2019	01-53-4303	1,234.44	
		Vnd: 0429 Invoice: 59299168	01-00-2200		1,234.44
		Expected Check Run: 06/07/2019			
				1,234.44	1,234.44
06/07/2019	AP	WYDHAM HOTEL GROUP	Invoice: 04302019 Ref#: 15236(MEAL@ SPRINGFIELD CONF. OWEN COSTANZA)		
AP Trx #: 7702					
		MEAL@ SPRINGFIELD CONF. OWEN COSTANZA	01-50-4205	15.88	
		Vnd: MISC Invoice: 04302019	01-00-2200		15.88
		Expected Check Run: 06/07/2019			
				15.88	15.88
06/07/2019	AP	WYDHAM HOTEL GROUP-SAPUTO'S	Invoice: 04302019 Ref#: 15237(DINNER W/ MAYOR CHAMBERLIN & REP.SOSNOWS)		
AP Trx #: 7703					
		DINNER W/ MAYOR CHAMBERLIN & REP.SOSNOWS	01-50-4205	148.65	
		Vnd: MISC Invoice: 04302019	01-00-2200		148.65
		Expected Check Run: 06/07/2019			
				148.65	148.65
				37,544.01	37,544.01

Cash/Payable Account Totals:

ACCOUNTS PAYABLE	01-00-2200	17,915.97
ACCOUNTS PAYABLE	31-00-2200	19,619.60
	TOTAL INCREASE IN PAYABLE:	37,535.57

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	ABBY PEST ELIMINATION LLC	Invoice: 7757,7758,7759,7760 Ref#: 15274(PEST CONTROL @VH, PW SHOP,NWWT		
AP Trx #: 7729					
		PEST CONTROL @VH INSIDE #7757 6/6/19	01-50-4301	45.00	
		PEST CONTROL @PW SHOP #7760 6/6/19	01-53-4301	65.00	
		PEST CONTROL @NWWTP #7759 6/6/19	31-75-4301	160.00	
		PEST CONTROL@VH EXTERIOR SPRING #7758	01-50-4301	195.00	
		Vnd: 0371 Invoice: 7757,7758,7759,7760	01-00-2200		305.00
		Vnd: 0371 Invoice: 7757,7758,7759,7760	31-00-2200		160.00
		Expected Check Run: 06/19/2019		465.00	465.00
06/19/2019	AP	AMAZON.COM	Invoice: 113-5658599-3487400 Ref#: 15131(PHONE MOUNT PW TRUCKS X3)		
AP Trx #: 7730					
		PHONE MOUNT PW TRUCKS X3	01-53-4302	35.07	
		Vnd: 0338 Invoice: 113-5658599-3487400	01-00-2200		35.07
		Expected Check Run: 06/19/2019		35.07	35.07
06/19/2019	AP	AMAZON.COM	Invoice: 111-3558894-0741049 Ref#: 15132(NEIGHBORS FEST 2019-SIDEWALK C		
AP Trx #: 7731					
		NEIGHBORS FEST-SIDEWALK CHALK 6-JUMBP PK	01-52-4224	89.94	
		Vnd: 0338 Invoice: 111-3558894-0741049	01-00-2200		89.94
		Expected Check Run: 06/19/2019		89.94	89.94
06/19/2019	AP	AMAZON.COM	Invoice: 113-0897288-9197019 Ref#: 15133(UNDER ARMOR POLO 1-XL DARK GRE		
AP Trx #: 7732					
		UNDER ARMOR POLO 1-XL DARK GREEN	01-53-4080	39.50	
		Vnd: 0338 Invoice: 113-0897288-9197019	01-00-2200		39.50
		Expected Check Run: 06/19/2019		39.50	39.50
06/19/2019	AP	AMAZON.COM	Invoice: 113-0897288-9197019C Ref#: 15134(RETURN-UNDER ARMOR POLO 1-XL		
AP Trx #: 7733					
		RETURN-UNDER ARMOR POLO 1-XL DARK GREEN	01-53-4080		39.50
		Vnd: 0338 Invoice: 113-0897288-9197019C	01-00-2200	39.50	
		Expected Check Run: 06/19/2019		39.50	39.50
06/19/2019	AP	AMAZON.COM	Invoice: 113-5546653-4791416 Ref#: 15135(RIVAL POLO 1-XL BLACK & WHITE)		
AP Trx #: 7734					
		RIVAL POLO 1-XL BLACK & WHITE	01-53-4080	39.90	
		Vnd: 0338 Invoice: 113-5546653-4791416	01-00-2200		39.90
		Expected Check Run: 06/19/2019		39.90	39.90

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	AMAZON.COM	Invoice: 113-5546653-47914162 Ref#: 15136(RETURN RIVAL POLO 1-XL BLACK		
AP Trx #: 7735					
		RETURN RIVAL POLO 1-XL BLACK & WHITE CR	01-53-4080		39.90
		Vnd: 0338 Invoice: 113-5546653-47914162	01-00-2200	39.90	
		Expected Check Run: 06/19/2019		39.90	39.90
06/19/2019	AP	AMAZON.COM	Invoice: 113-4685169-7469015 Ref#: 15137(1-XL UNDER ARMOR POLO FOREST G		
AP Trx #: 7736					
		1-XL UNDER ARMOR POLO FOREST GREEN	01-50-4500	46.90	
		Vnd: 0338 Invoice: 113-4685169-7469015	01-00-2200		46.90
		Expected Check Run: 06/19/2019		46.90	46.90
06/19/2019	AP	AMAZON.COM	Invoice: 113-5800689-7605844 Ref#: 15138(5'X8' FLAG @ VETS MEM. PARK)		
AP Trx #: 7737					
		5'X8' FLAG @ VETS MEM. PARK	01-52-4304	50.39	
		Vnd: 0338 Invoice: 113-5800689-7605844	01-00-2200		50.39
		Expected Check Run: 06/19/2019		50.39	50.39
06/19/2019	AP	AMAZON.COM	Invoice: 133-4282337-3453850 Ref#: 15214(UNDER ARMOUR GOLF POLO XL-BLAC		
AP Trx #: 7738					
		UNDER ARMOUR GOLF POLO XL-BLACK PWD	01-53-4080	41.49	
		Vnd: 0338 Invoice: 133-4282337-3453850	01-00-2200		41.49
		Expected Check Run: 06/19/2019		41.49	41.49
06/19/2019	AP	AMAZON.COM	Invoice: 113-2906255-3527443 Ref#: 15215(CHANGING TABLES FOR VH RESTROO		
AP Trx #: 7739					
		CHANGING TABLES FOR VH RESTROOMS (2)	01-50-4219	379.98	
		Vnd: 0338 Invoice: 113-2906255-3527443	01-00-2200		379.98
		Expected Check Run: 06/19/2019		379.98	379.98
06/19/2019	AP	AUTOMOTIVE SOLUTIONS, INC.	Invoice: 24121 Ref#: 15216(2019-ROOF TOP LIGHT/MOUNT WITH INSTALL)		
AP Trx #: 7740					
		2019-ROOF TOP LIGHT/MOUNT WITH INSTALL	01-53-4407	1,178.95	
		Vnd: 0490 Invoice: 24121	01-00-2200		1,178.95
		Expected Check Run: 06/19/2019		1,178.95	1,178.95

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 11349 Ref#: 15139(BLDG-REVIEW & CODE ENFORCEMENT INSPECTIO)			
AP Trx #: 7741					
		BLDG-REVIEW & INSPECTIONS MARCH 2019	01-50-4215	2,900.00	
		CODE ENFORCEMENT INSPECTIONS MARCH 2019	01-50-4216	1,852.50	
		Vnd: 0356 Invoice: 11349	01-00-2200		4,752.50
		Expected Check Run: 06/19/2019			
				4,752.50	4,752.50
04/30/2019	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 11350 Ref#: 15140(BLDG-REVIEW & CODE ENFORCEMENT INSPECTIO)			
AP Trx #: 7742					
		BLDG-REVIEW INSPECTIONS APRIL 2019	01-50-4215	4,400.00	
		CODE ENFORCEMENT INSPECTIONS APRIL 2019	01-50-4216	1,896.05	
		Vnd: 0356 Invoice: 11350	01-00-2200		6,296.05
		Expected Check Run: 06/19/2019			
				6,296.05	6,296.05
06/19/2019	AP	BLAIN'S FARM & FLEET Invoice: 2711 Ref#: 15141(OPERATING MATERIALS@WWTP)			
AP Trx #: 7743					
		OPERATING MATERIALS@WWTP	31-70-4302	43.05	
		OPERATING MATERIALS@WWTP	31-75-4302	43.05	
		Vnd: 0361 Invoice: 2711	31-00-2200		86.10
		Expected Check Run: 06/19/2019			
				86.10	86.10
06/19/2019	AP	BLAIN'S FARM & FLEET Invoice: 1468 Ref#: 15234(VISE GRIP)			
AP Trx #: 7744					
		VISE GRIP	01-53-4302	18.99	
		GIFT CARD USED ON VISE GRIP	01-53-4302		17.33
		Vnd: 0361 Invoice: 1468	01-00-2200		1.66
		Expected Check Run: 06/19/2019			
				18.99	18.99
06/19/2019	AP	BLAKE OIL COMPANY Invoice: 399067 Ref#: 15142(DIESEL FUEL@PW SHOP 5/14/19)			
AP Trx #: 7745					
		DIESEL FUEL@PW SHOP 5/14/19	01-53-4303	638.82	
		Vnd: 0049 Invoice: 399067	01-00-2200		638.82
		Expected Check Run: 06/19/2019			
				638.82	638.82
06/19/2019	AP	BONNELL INDUSTRIES, INC. Invoice: 0187230-IN Ref#: 15144(PLOW LATCH REPAIR)			
AP Trx #: 7746					
		PLOW LATCH REPAIR	01-53-4229	265.00	
		Vnd: 0052 Invoice: 0187230-IN	01-00-2200		265.00
		Expected Check Run: 06/19/2019			
				265.00	265.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 4021443039 Ref#: 15145(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/JEAN C		
AP Trx #: 7747					
		SOAP,SANI-CLIPS,FLOORMAT WK#2 MAY2019	01-50-4301	12.60	
		UNIFORM/JEAN CLEANING WK#2 MAY2019	01-53-4107	42.25	
		Vnd: 0098 Invoice: 4021443039	01-00-2200		54.85
		Expected Check Run: 06/19/2019		54.85	54.85
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 4021443039CR Ref#: 15146(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/JEAN		
AP Trx #: 7748					
		SOAP,SANI-CLIPS,FLOORMAT WK#2 MAY2019	01-50-4301		12.60
		UNIFORM/JEAN CLEANING WK#2 MAY2019	01-53-4107		42.25
		Vnd: 0098 Invoice: 4021443039CR	01-00-2200	54.85	
		Expected Check Run: 06/19/2019		54.85	54.85
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 402199551 Ref#: 15147(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/JEAN CL		
AP Trx #: 7749					
		SOAP,SANI-CLIPS,FLOORMAT WK#3 MAY2019	01-50-4301	12.60	
		UNIFORM/JEAN CLEANING WK#3 MAY2019	01-53-4107	42.25	
		Vnd: 0098 Invoice: 402199551	01-00-2200		54.85
		Expected Check Run: 06/19/2019		54.85	54.85
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 4021999551CR Ref#: 15148(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/JEAN		
AP Trx #: 7750					
		SOAP,SANI-CLIPS,FLOORMAT WK#3 MAY2019	01-50-4301		12.60
		UNIFORM/JEAN CLEANING WK#3 MAY2019	01-53-4107		42.25
		Vnd: 0098 Invoice: 4021999551CR	01-00-2200	54.85	
		Expected Check Run: 06/19/2019		54.85	54.85
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 4022485913 Ref#: 15206(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/JEAN C		
AP Trx #: 7751					
		SOAP,SANI-CLIPS,FLOORMAT WK#	01-50-4301	12.60	
		UNIFORM/JEAN CLEANING WK#	01-53-4107	42.25	
		Vnd: 0098 Invoice: 4022485913	01-00-2200		54.85
		Expected Check Run: 06/19/2019		54.85	54.85
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 4022890469 Ref#: 15228(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/JEAN C		
AP Trx #: 7752					
		SOAP,SANI-CLIPS,FLOORMAT WK#5 MAY 2019	01-50-4301	12.60	
		UNIFORM/JEAN CLEANING WK#5 MAY 2019	01-53-4107	42.25	
		Vnd: 0098 Invoice: 4022890469	01-00-2200		54.85
		Expected Check Run: 06/19/2019		54.85	54.85

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	CINTAS CORPORATION #355	Invoice: 4022890469CREDIT Ref#: 15229(SOAP,SANI-CLIPS,FLOORMAT,UNIFORM/		
AP Trx #: 7753					
		SOAP,SANI-CLIPS,FLOORMAT MAY 2019 CREDIT	01-50-4301		12.60
		UNIFORM/JEAN CLEANING MAY 2019 CREDIT	01-53-4107		42.25
		Vnd: 0098 Invoice: 4022890469CREDIT	01-00-2200	54.85	
		Expected Check Run: 06/19/2019			
				54.85	54.85
06/19/2019	AP	CITY OF BELVIDERE	Invoice: 05-2019 Ref#: 15231(PLANNING SERVICES MAY 2019)		
AP Trx #: 7754					
		PLANNING SERVICES MAY 2019	01-50-4237	80.00	
		Vnd: 0079 Invoice: 05-2019	01-00-2200		80.00
		Expected Check Run: 06/19/2019			
				80.00	80.00
06/19/2019	AP	CORE & MAIN LP	Invoice: K517294 Ref#: 15162(8-IPERL METERS,MANHOLE HOOK, HYD.WRENCH,)		
AP Trx #: 7755					
		MANHOLE HOOK, HYD.WRENCH,ELBOW	31-70-4302	215.04	
		8-3/4" IPERL METERS	31-70-4306	1,080.00	
		Vnd: 0347 Invoice: K517294	31-00-2200		1,295.04
		Expected Check Run: 06/19/2019			
				1,295.04	1,295.04
06/19/2019	AP	CORE & MAIN LP	Invoice: K559966 Ref#: 15163(SANITARY SEWER GASKET COVERS X2, NON ROC)		
AP Trx #: 7756					
		SANITARY SEWER GASKET COVERS X2	20-00-4302	231.12	
		NON ROCKING FRAMES X 2	20-00-4302	244.76	
		Vnd: 0347 Invoice: K559966	20-00-2200		475.88
		Expected Check Run: 06/19/2019			
				475.88	475.88
06/19/2019	AP	CORE & MAIN LP	Invoice: K524243 Ref#: 15164(NON ROCKING FRAMES X13, SANITARY SEWER G)		
AP Trx #: 7757					
		NON ROCKING FRAMES X13	20-00-4302	1,676.74	
		SANITARY SEWER GASKETS X13	20-00-4302	1,472.78	
		Vnd: 0347 Invoice: K524243	20-00-2200		3,149.52
		Expected Check Run: 06/19/2019			
				3,149.52	3,149.52
06/19/2019	AP	CORE & MAIN LP	Invoice: K499761 Ref#: 15165(COUPLING & GALVANIZED NIPPLE@NWWTP)		
AP Trx #: 7758					
		COUPLING & GALVANIZED NIPPLE@NWWTP	31-75-4302	130.16	
		Vnd: 0347 Invoice: K499761	31-00-2200		130.16
		Expected Check Run: 06/19/2019			
				130.16	130.16

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	CORE & MAIN LP	Invoice: K595508 Ref#: 15248(COUPLING @ WWTP)		
AP Trx #: 7759					
		COUPLING @ WWTP	31-75-4302	72.16	
		Vnd: 0347 Invoice: K595508	31-00-2200		72.16
		Expected Check Run: 06/19/2019		72.16	72.16
06/19/2019	AP	CORE & MAIN LP	Invoice: K573546-CM Ref#: 15249(RETURN REPAIR CLAMP-WATER LINE@NWWTP)		
AP Trx #: 7760					
		RETURN REPAIR CLAMP-WATER LINE@NWWTP	31-75-4302		61.14
		Vnd: 0347 Invoice: K573546-CM	31-00-2200	61.14	
		Expected Check Run: 06/19/2019		61.14	61.14
06/19/2019	AP	CORE & MAIN LP	Invoice: K592663 Ref#: 15250(REPAIR CLAMP FOR WATER LINE@NWWTP)		
AP Trx #: 7761					
		REPAIR CLAMP FOR WATER LINE@NWWTP	31-75-4302	25.21	
		Vnd: 0347 Invoice: K592663	31-00-2200		25.21
		Expected Check Run: 06/19/2019		25.21	25.21
06/19/2019	AP	CORE & MAIN LP	Invoice: K610334-CM Ref#: 15251(RETURNED REPAIR CLAMP FOR NWWTP)		
AP Trx #: 7762					
		RETURNED REPAIR CLAMP FOR NWWTP	31-75-4302		25.21
		Vnd: 0347 Invoice: K610334-CM	31-00-2200	25.21	
		Expected Check Run: 06/19/2019		25.21	25.21
06/19/2019	AP	COUNTRYSIDE AUTOMOTIVE	Invoice: 24147 Ref#: 15166(2012 FORD EVAC/RECHARGE/FREON SYSTEM)		
AP Trx #: 7763					
		2012 FORD EVAC/RECHARGE/FREON SYSTEM	01-53-4226	1,128.79	
		Vnd: 0352 Invoice: 24147	01-00-2200		1,128.79
		Expected Check Run: 06/19/2019		1,128.79	1,128.79
06/19/2019	AP	ENTRE COMPUTER SOLUTIONS	Invoice: 00122791 Ref#: 15208(IT SERVICES INCIDENT 5/20/19)		
AP Trx #: 7764					
		IT SERVICES INCIDENT 5/20/19	01-50-4223	275.00	
		Vnd: 0440 Invoice: 00122791	01-00-2200		275.00
		Expected Check Run: 06/19/2019		275.00	275.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	ENTRE COMPUTER SOLUTIONS	Invoice: 00122729 Ref#: 15209(IT SERVICES INCIDENT 5/17/19)		
AP Trx #: 7765					
		IT SERVICES INCIDENT 5/17/19	01-50-4223	375.00	
		Vnd: 0440 Invoice: 00122729	01-00-2200		375.00
		Expected Check Run: 06/19/2019		375.00	375.00
06/19/2019	AP	ENTRE COMPUTER SOLUTIONS	Invoice: 00123011 Ref#: 15246(IT SERVICES INCIDENT 5/30/19)		
AP Trx #: 7766					
		IT SERVICES INCIDENT 5/30/19	01-50-4223	100.00	
		Vnd: 0440 Invoice: 00123011	01-00-2200		100.00
		Expected Check Run: 06/19/2019		100.00	100.00
06/19/2019	AP	ENTRE COMPUTER SOLUTIONS	Invoice: 00123274 Ref#: 15253(IT SERVICES MAY 2019)		
AP Trx #: 7767					
		IT SERVICES MAY 2019	01-50-4223	356.00	
		Vnd: 0440 Invoice: 00123274	01-00-2200		356.00
		Expected Check Run: 06/19/2019		356.00	356.00
06/19/2019	AP	HBA ROCKFORD	Invoice: 0919,1017,1121-2019 Ref#: 15223(GENERAL MEMBERSHIP MEETINGS 9/		
AP Trx #: 7768					
		GEN.MEMBERSHIP MTG 9/19,10/17,11/21/2019	01-50-4207	120.00	
		Vnd: 0483 Invoice: 0919,1017,1121-2019	01-00-2200		120.00
		Expected Check Run: 06/19/2019		120.00	120.00
06/19/2019	AP	HERITAGE ENGINEERING, LTD.	Invoice: 15073 Ref#: 15169(ADD'L INGRESS/EGRESS EASEMENT IL 76 #442)		
AP Trx #: 7769					
		ADD'L INGRESS/EGRESS EASEMENT IL76 MAY19	01-50-4212	400.00	
		Vnd: 0473 Invoice: 15073	01-00-2200		400.00
		Expected Check Run: 06/19/2019		400.00	400.00
06/19/2019	AP	HILDEN, MITCH	Invoice: 06052019 Ref#: 15275(UW CLASS MILEAGE, MEALS, TOLLS 6/5/19)		
AP Trx #: 7770					
		UW CLASS MILEAGE, MEALS, TOLLS 6/5/19	31-70-4207	48.66	
		UW CLASS MILEAGE, MEALS, TOLLS 6/5/19	31-75-4207	48.66	
		Vnd: 0112 Invoice: 06052019	31-00-2200		97.32
		Expected Check Run: 06/19/2019		97.32	97.32

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	HIRE TRACI II LLC	Invoice: 2391 Ref#: 15230(CUSTODIAL SERVICES MAY 2019 4WKS 2 FULL)		
AP Trx #: 7771					
		CUSTODIAL SERVICES MAY 2019 4WKS	01-50-4219	350.00	
		Vnd: 0384 Invoice: 2391	01-00-2200		350.00
		Expected Check Run: 06/19/2019			
				350.00	350.00
06/19/2019	AP	ILLINOIS MUNICIPAL LEAGUE	Invoice: IMLSEPT19-21-19TREAS Ref#: 15276(IML 106TH CONF. -TREASURER 9/		
AP Trx #: 7772					
		IML 106TH CONF. -TREASURER 9/19-9/21/19	01-50-4207	310.00	
		Vnd: 0330 Invoice: IMLSEPT19-21-19TREAS	01-00-2200		310.00
		Expected Check Run: 06/19/2019			
				310.00	310.00
06/19/2019	AP	ILLINOIS MUNICIPAL LEAGUE	Invoice: IML 9-19-9-21-19PRES Ref#: 15277(IML 106TH CONF. -PRESIDENT 9/		
AP Trx #: 7773					
		IML 106TH CONF. -PRESIDENT 9/19-9/21/19	01-50-4207	310.00	
		Vnd: 0330 Invoice: IML 9-19-9-21-19PRES	01-00-2200		310.00
		Expected Check Run: 06/19/2019			
				310.00	310.00
04/30/2019	AP	MCMAHON ASSOCIATES, INC.	Invoice: 0701513 Ref#: 15171(ENGINEERING AS NEEDED APRIL 2019)		
AP Trx #: 7774					
		ENGINEERING AS NEEDED APRIL 2019	01-50-4212	2,046.28	
		Vnd: 0159 Invoice: 0701513	01-00-2200		2,046.28
		Expected Check Run: 06/19/2019			
				2,046.28	2,046.28
04/30/2019	AP	MCMAHON ASSOCIATES, INC.	Invoice: 0701514 Ref#: 15172(ENGINEERING HAWTHORN MEADOWS APRIL 2019)		
AP Trx #: 7775					
		ENGINEERING HAWTHORN MEADOWS APRIL 2019	01-00-1330	754.60	
		Vnd: 0159 Invoice: 0701514	01-00-2200		754.60
		Expected Check Run: 06/19/2019			
				754.60	754.60
04/30/2019	AP	MCMAHON ASSOCIATES, INC.	Invoice: 0701515 Ref#: 15173(MFT 2019 PAVEMENT MAITENANCE APRIL 2019)		
AP Trx #: 7776					
		MFT 2019 PAVEMENT MAITENANCE APRIL 2019	20-00-4232	835.51	
		Vnd: 0159 Invoice: 0701515	20-00-2200		835.51
		Expected Check Run: 06/19/2019			
				835.51	835.51

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2019	AP	MCMAHON ASSOCIATES, INC.	Invoice: 0701516 Ref#: 15174(ESTES SUBDIVISION PLAT REVIEW APRIL 2019)		
AP Trx #: 7777					
		ESTES SUBDIVISION PLAT REVIEW APRIL 2019	01-50-4212	646.80	
		Vnd: 0159 Invoice: 0701516	01-00-2200		646.80
		Expected Check Run: 06/19/2019			
				646.80	646.80
04/30/2019	AP	MCMAHON ASSOCIATES, INC.	Invoice: 0701518 Ref#: 15175(IL 173 WATER MAIN IMPROVEMENTS APRIL 201)		
AP Trx #: 7778					
		IL173 WATER MAIN IMPROVEMENTS APRIL 2019	01-50-4212	1,066.60	
		Vnd: 0159 Invoice: 0701518	01-00-2200		1,066.60
		Expected Check Run: 06/19/2019			
				1,066.60	1,066.60
04/30/2019	AP	MCMAHON ASSOCIATES, INC.	Invoice: 0701517 Ref#: 15176(ENGINEERING EPI DEMOLITION APRIL 2019)		
AP Trx #: 7779					
		ENGINEERING EPI DEMOLITION APRIL 2019	01-50-4212	3,880.34	
		Vnd: 0159 Invoice: 0701517	01-00-2200		3,880.34
		Expected Check Run: 06/19/2019			
				3,880.34	3,880.34
06/19/2019	AP	MENARDS	Invoice: 13882 Ref#: 15177(PARTS TO FIX WATER LINE@WWTP)		
AP Trx #: 7780					
		PARTS TO FIX WATER LINE@WWTP	31-75-4302	14.69	
		Vnd: 0165 Invoice: 13882	31-00-2200		14.69
		Expected Check Run: 06/19/2019			
				14.69	14.69
06/19/2019	AP	MENARDS	Invoice: 13454 Ref#: 15178(CLEANING SUPPLIES@WWTPS)		
AP Trx #: 7781					
		CLEANING SUPPLIES@WWTPS	31-75-4302	30.92	
		Vnd: 0165 Invoice: 13454	31-00-2200		30.92
		Expected Check Run: 06/19/2019			
				30.92	30.92
06/19/2019	AP	MENARDS	Invoice: 13132 Ref#: 15179(CLEANING SUPPLIES, LIGHT BULBS@NWWTP)		
AP Trx #: 7782					
		CLEANING SUPPLIES, LIGHT BULBS@NWWTP	31-75-4302	120.81	
		Vnd: 0165 Invoice: 13132	31-00-2200		120.81
		Expected Check Run: 06/19/2019			
				120.81	120.81

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	MENARDS	Invoice: 13124 Ref#: 15180(TRUCK SUPPLIES/TOOLS)		
AP Trx #: 7783					
		TRUCK SUPPLIES/TOOLS	01-53-4301	113.31	
		Vnd: 0165 Invoice: 13124	01-00-2200		113.31
		Expected Check Run: 06/19/2019			
				113.31	113.31
06/19/2019	AP	MENARDS	Invoice: 15080 Ref#: 15254(5A ELECTRONIC FUSE 2/CD)		
AP Trx #: 7784					
		5A ELECTRONIC FUSE 2/CD	31-75-4301	5.23	
		Vnd: 0165 Invoice: 15080	31-00-2200		5.23
		Expected Check Run: 06/19/2019			
				5.23	5.23
06/19/2019	AP	MENARDS	Invoice: 15050 Ref#: 15255(VH SHED-LOCK, GORILLA MICROCLOTH, 48" LE)		
AP Trx #: 7785					
		VILLAGE HALL SHED POWERBOLT LOCK	01-50-4301	69.95	
		GORILLA MICROFIBER CLOTH	01-53-4226	4.99	
		2-48" LED LIGHTS @LIONS PARK BATHROOMS	01-52-4304	75.94	
		Vnd: 0165 Invoice: 15050	01-00-2200		150.88
		Expected Check Run: 06/19/2019			
				150.88	150.88
06/19/2019	AP	MENARDS	Invoice: 14905 Ref#: 15256(FURNACE REPAIR @100 STATE ST. RENTAL DOG)		
AP Trx #: 7786					
		FURNACE REPAIR @100 STATE ST. RENTAL	01-50-4220	3.28	
		Vnd: 0165 Invoice: 14905	01-00-2200		3.28
		Expected Check Run: 06/19/2019			
				3.28	3.28
06/19/2019	AP	MENARDS	Invoice: 14880 Ref#: 15257(HEADWORKS LIGHTS, POWER WASHER CORD ADAP)		
AP Trx #: 7787					
		POWER WASHER;CORD, ADAPTER, PLUG	01-53-4227	37.94	
		HEADWORKS LIGHTS(2)	31-75-4301	49.98	
		Vnd: 0165 Invoice: 14880	01-00-2200		37.94
		Vnd: 0165 Invoice: 14880	31-00-2200		49.98
		Expected Check Run: 06/19/2019			
				87.92	87.92
06/19/2019	AP	MENARDS	Invoice: 14881 Ref#: 15258(POWER WASHER FITTINGS)		
AP Trx #: 7788					
		POWER WASHER FITTINGS	01-53-4227	5.64	
		Vnd: 0165 Invoice: 14881	01-00-2200		5.64
		Expected Check Run: 06/19/2019			
				5.64	5.64

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	P.C. TECH 2 U	Invoice: 6981 Ref#: 15219(ONSITE SET UP BS&A ON TREASURER LAPTOP A)		
AP Trx #: 7789					
		ONSITE SET UP BS&A ON TREASURER LAPTOP	01-50-4223	160.00	
		ONSITE SET UP SCAN TO FOLDER@WORKSTATION	01-50-4223	80.00	
		CREDIT ON LABOR	01-50-4223		100.15
		Vnd: 0489 Invoice: 6981	01-00-2200		139.85
		Expected Check Run: 06/19/2019			
				240.00	240.00
06/19/2019	AP	P.C. TECH 2 U	Invoice: 7031 Ref#: 15259(ONSITE TROUBLE SHOOT EMAIL BS&A, MAP DRI)		
AP Trx #: 7790					
		ONSITE TROUBLE SHOOT EMAIL BS&A,MAPDRIVE	01-50-4223	240.00	
		Vnd: 0489 Invoice: 7031	01-00-2200		240.00
		Expected Check Run: 06/19/2019			
				240.00	240.00
06/19/2019	AP	ROCK ROAD COMPANIES	Invoice: P0013-7-19-00104-1ST Ref#: 15260(2019 MFT PROGRAM PYMT#1 BLR13		
AP Trx #: 7791					
		2019 MFT PROGRAM PYMT#1 BLR13230	20-00-4409	152,271.41	
		Vnd: 0435 Invoice: P0013-7-19-00104-1ST	20-00-2200		152,271.41
		Expected Check Run: 06/19/2019			
				152,271.41	152,271.41
06/19/2019	AP	SCHUMACHER LANDSCAPING, INC.	Invoice: 05232019 Ref#: 15261(VILLAGE HALL LANDSCAPE MULCH 27YDS 5/20-)		
AP Trx #: 7792					
		VH LANDSCAPE MULCH 27 YDS 5/20-5/21/19	01-52-4225	756.00	
		Vnd: 0325 Invoice: 05232019	01-00-2200		756.00
		Expected Check Run: 06/19/2019			
				756.00	756.00
06/19/2019	AP	SOSNOWSKI SZETO, LLP	Invoice: 450002.0006-3087 Ref#: 15269(LEGAL SERVICES: WESTERGREN 5/20/1		
AP Trx #: 7793					
		LEGAL SERVICES: WESTERGREN 5/20/19	01-50-4213	140.00	
		Vnd: 0319 Invoice: 450002.0006-3087	01-00-2200		140.00
		Expected Check Run: 06/19/2019			
				140.00	140.00
06/19/2019	AP	SOSNOWSKI SZETO, LLP	Invoice: 450002.0003-3085 Ref#: 15270(LEGAL SERVICES: LABOR MAY 2019)		
AP Trx #: 7794					
		LEGAL SERVICES: LABOR MAY 2019	01-50-4213	2,020.00	
		Vnd: 0319 Invoice: 450002.0003-3085	01-00-2200		2,020.00
		Expected Check Run: 06/19/2019			
				2,020.00	2,020.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	SOSNOWSKI SZETO, LLP	Invoice: 450002.0001-3084 Ref#: 15271(LEGAL SERVICES: FORREST PALLET 5/		
AP Trx #: 7795					
		LEGAL SERVICES: FORREST PALLET 5/2019	01-50-4213	910.00	
		Vnd: 0319 Invoice: 450002.0001-3084	01-00-2200		910.00
		Expected Check Run: 06/19/2019			
				910.00	910.00
06/19/2019	AP	SOSNOWSKI SZETO, LLP	Invoice: 450002.0000-3083 Ref#: 15272(LEGAL SERVICES: GENERAL & CLERK M		
AP Trx #: 7796					
		LEGAL SERVICES: GENERAL MAY 2019	01-50-4213	4,866.45	
		LEGAL SERVICES: CLERK MAY 2019	01-57-4213	140.00	
		Vnd: 0319 Invoice: 450002.0000-3083	01-00-2200		5,006.45
		Expected Check Run: 06/19/2019			
				5,006.45	5,006.45
06/19/2019	AP	SOSNOWSKI SZETO, LLP	Invoice: 450002.0009-3089 Ref#: 15273(TORRES/GEORGE 14042 TALLGRASS TRL		
AP Trx #: 7797					
		14042 TALLGRASS TRL LITG. MAY 2019	01-50-4213	1,030.00	
		Vnd: 0319 Invoice: 450002.0009-3089	01-00-2200		1,030.00
		Expected Check Run: 06/19/2019			
				1,030.00	1,030.00
06/19/2019	AP	STEINER ELECTRIC COMPANY	Invoice: S006339902.001 Ref#: 15262(WACO WAY L/S THERMAL RELAY)		
AP Trx #: 7798					
		WACO WAY L/S THERMAL RELAY	31-75-4301	73.45	
		Vnd: 0248 Invoice: S006339902.001	31-00-2200		73.45
		Expected Check Run: 06/19/2019			
				73.45	73.45
06/19/2019	AP	STEINER ELECTRIC COMPANY	Invoice: S006364314.001 Ref#: 15263(AUTO DIALER BATTERIES X3)		
AP Trx #: 7799					
		AUTO DIALER BATTERIES X3	31-70-4301	18.99	
		Vnd: 0248 Invoice: S006364314.001	31-00-2200		18.99
		Expected Check Run: 06/19/2019			
				18.99	18.99
06/19/2019	AP	TEST INC.	Invoice: 190500285 Ref#: 15200(IEPA FLUORIDE TESTING 1EA@SOUTH, NORTH,)		
AP Trx #: 7800					
		FLUORIDE TESTING 1EA@SOUTH,NORTH,WEST	31-70-4310	46.50	
		Vnd: 0355 Invoice: 190500285	31-00-2200		46.50
		Expected Check Run: 06/19/2019			
				46.50	46.50

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
06/19/2019	AP	TEST INC.	Invoice: 190500444 Ref#: 15201(IEPA COLIFORM TESTING X2@WEST)		
AP Trx #: 7801					
		IEPA COLIFORM TESTING X2@WEST	31-70-4310	24.00	
		Vnd: 0355 Invoice: 190500444	31-00-2200		24.00
		Expected Check Run: 06/19/2019			
				24.00	24.00
06/19/2019	AP	TEST INC.	Invoice: 190500441 Ref#: 15202(IEPA COLIFORM TESTING X3@SOUTH)		
AP Trx #: 7802					
		IEPA COLIFORM TESTING X3@SOUTH	31-70-4310	36.00	
		Vnd: 0355 Invoice: 190500441	31-00-2200		36.00
		Expected Check Run: 06/19/2019			
				36.00	36.00
06/19/2019	AP	TEST INC.	Invoice: 190500439 Ref#: 15203(IEPA COLIFORM TESTINGX4@NORTH)		
AP Trx #: 7803					
		IEPA COLIFORM TESTINGX4@NORTH	31-70-4310	48.00	
		Vnd: 0355 Invoice: 190500439	31-00-2200		48.00
		Expected Check Run: 06/19/2019			
				48.00	48.00
06/19/2019	AP	TEST INC.	Invoice: 1176526 Ref#: 15278(WATER & SEWER CONTRACT JULY 2019)		
AP Trx #: 7804					
		WATER & SEWER CONTRACT JULY 2019	31-75-4236	16,493.75	
		Vnd: 0355 Invoice: 1176526	31-00-2200		16,493.75
		Expected Check Run: 06/19/2019			
				16,493.75	16,493.75
06/19/2019	AP	USA BLUE BOOK	Invoice: 900968 Ref#: 15264(GLASS FIBER FILTERS,ELECTRODE STORAGE, T)		
AP Trx #: 7805					
		GLASS FIBER FILTERS,ELECTRODE STORAGE	31-75-4302	363.78	
		Vnd: 0262 Invoice: 900968	31-00-2200		363.78
		Expected Check Run: 06/19/2019			
				363.78	363.78
06/19/2019	AP	WILLIAM CHARLES CONSTRUCTION, LLC	Invoice: 116594 Ref#: 15218(UPM COLD PATCH 4.00 UNITS 5/15/19)		
AP Trx #: 7806					
		UPM COLD PATCH 4.00 UNITS 5/15/19	01-53-4228	540.00	
		Vnd: 0268 Invoice: 116594	01-00-2200		540.00
		Expected Check Run: 06/19/2019			
				540.00	540.00
				214,045.50	214,045.50

Cash/Payable Account Totals:

ACCOUNTS PAYABLE	01-00-2200	37,429.36
MFT ACCOUNTS PAYABLE	20-00-2200	156,732.32
ACCOUNTS PAYABLE	31-00-2200	19,105.74

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
			TOTAL INCREASE IN PAYABLE:		213,267.42

McMAHON
ENGINEERS ARCHITECTS

To: **The Village President and Board of Trustees**

From: **Chris Dopkins, P.E., Village Engineer**

Re: **Cleaning and Televising of Sanitary Sewer – Phase I**

Date: **June 5, 2019**

You may recall that the Village budgeted funds to begin a program for cleaning and televising the sanitary sewer system. There are numerous purposes to implement a cleaning and televising program:

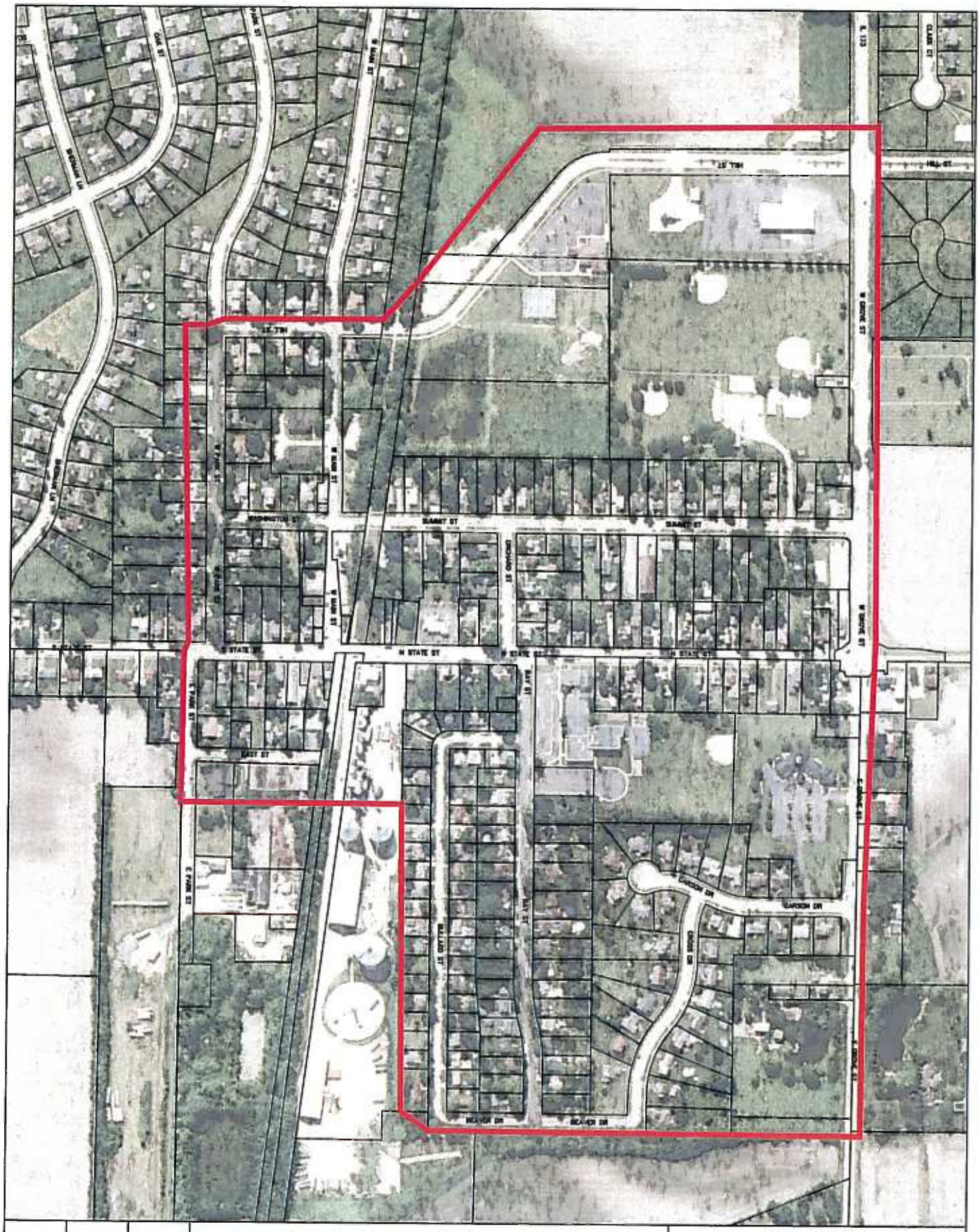
- To help manage collection system issues in a proactive vs. reactive manner by identifying and fixing problem areas before catastrophic failure occurs.
- To help prioritize and budget for needed maintenance and replacement of sanitary sewer,
- To help minimize inflow and infiltration (often referred to as "I&I") into the sanitary sewer collection system.
- To help meet the requirements of mandated capacity, management, operations and maintenance (CMOM) programs. CMOM programs are being mandated by the Federal EPA and in turn state EPAs, and are often requirements of an NPDES permit renewal. The purpose of a CMOM program is to assure that a sewage system is properly managed, operated and maintained and has adequate capacity to convey peak flows. CMOM programs help insure that feasible steps are taken to eliminate excessive infiltration and inflow from the system, and the program must mitigate the impact of overflows on waters of the state, the environment and public health.

The first phase of the cleaning and televising program will take place in the oldest parts of the Village shown on the attached drawing as (1) the Village has experienced sanitary sewer and service failures in this part of town in the recent past; and (2) this is the oldest infrastructure and one would reasonably expect the oldest infrastructure to have the most problems. The scope of contractor's work is to:

1. Clean the sanitary sewers and televise the same. Cleaning is divided into categories by pipe diameter and by heavy or light duty cleaning.
2. Inspect the manholes using a "Level II" inspection, method, meaning that either a person is physically entering the manhole, or high definition camera is inserted into the manhole to complete the inspection.
3. If there are service laterals protruding into the sanitary sewer main, they will be removed via grinding.
4. Provide deliverables of the inspections. Deliverables are typically written reports and video reports.

The deliverables are then reviewed by our office, and we will generate a short report that summarizes the findings and recommend improvements. We will also provide an opinion of probable cost for the improvements. If approved by the Board in June, we would bid the project in July, award a contract in August and begin cleaning and televising in mid September. Final report would be delivered to the Village by the end of November. As a side note, it is best to conduct the cleaning/televising during the spring or fall months as it typically rains during those times which makes it easier to spot infiltration and inflow entering the system.

Please do not hesitate to contact me at 636-9590 if I may provide additional assistance.



VILLAGE OF POPLAR GROVE
PHASE I CLEAN & TELEVISE
LOCATON MAP

DATE	PROJECT NO.	SCALE
JUNE 4, 2019	P0013-	NONE

McMAHON
ENGINEERS ARCHITECTS
1700 HUTCHINS ROAD, MACHESNEY PARK, IL 61115
Tel: (815) 636-9590 Fax: (815) 636-9591
www.mcmgrp.com

RESOLUTION 19-____

A RESOLUTION OF THE VILLAGE OF POPLAR GROVE RESOLVING TO PROCURE ENGINEERING SERVICES FOR THE PHASE I CLEAN & TELEVISE OF SANITARY SEWER

WHEREAS, the Village of Poplar Grove ("Village") desires to implement a cleaning and televising program for its sanitary sewer system for use in planning of future maintenance and/or replacement of sanitary sewers; and

WHEREAS, pursuant to State Statute, public works projects in excess of $25,000 are required to be publically bid, unless such bid requirement is waived via supermajority vote of the Board of Trustees; and

WHEREAS, it is necessary to provide plans, contract documents and specifications to undergo the public bidding and permitting processes necessary to replace the transmission main; and

WHEREAS, the Village desires to engage the services of McMahon Associates, Inc. to prepare the above referenced documents.

NOW THEREFORE BE IT RESOLVED, by the President and Board of Trustees of the Village of Poplar Grove, Boone County, Illinois that by the adoption of this Resolution:

1. The above recitals are incorporated herein and made part hereof.
2. The Village hereby approves the engineering agreement hereto as Exhibit A and made part of this resolution.
3. The Village President is hereby authorized to sign the engineering agreement for the Phase I Cleaning and Televising Program.

The Village Clerk of Poplar Grove shall attest the same after the signature of the Village President.

Adopted this ___ day of _____, 2019.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS _____ DAY OF _____, 2019

AS FOLLOWS:

VOTING "AYE": _____

_____

VOTING "NAY": _____

_____

ABSENT, ABSTAIN, OTHER _____

_____

APPROVED_____, 2019

_____

VILLAGE PRESIDENT

ATTEST:

_____

VILLAGE CLERK

McMAHON
ENGINEERS | ARCHITECTS

AGREEMENT
For Professional Services

Village of Poplar Grove
200 South Hill Street
Poplar Grove, IL 61065

Date: June 4, 2019

McM. No. M0032-79-0001.00

PROJECT DESCRIPTION:

The Village of Poplar Grove wishes to initiate a Village-wide assessment of its aging sanitary sewer infrastructure by implementing a cleaning & televising program. The Village intends to utilize the information provided in the deliverables for planning future maintenance and replacement programs. This first phase of the program is proposed for 2019 and will focus on the area generally bordered by IL 173, Hill Street, Park Street and Beaver Drive.

SCOPE OF SERVICES:

McMAHON ASSOCIATES, INC. agrees to provide the following Scope Of Services for this project:

- Preparation of bidding documents, including but not limited to specifications, contract quantities and exhibits.
- Answer Contractor questions and issue addenda when appropriate and conduct a pre-bid meeting with preparation of meeting minutes.
- Provide review of bid results and written recommendation to the Village Board for contract award.
- Prepare contract documents for the Village and successful Contractor's signature.
- Conduct pre-construction meeting; and provide construction engineering services on a part-time, as-needed basis as requested by the Village of Poplar Grove.
- Post-Construction services include the review of deliverables (i.e. televising videos, reports, etc.) and recommendation of maintenance and/or replacement actions for sanitary sewer and manholes with associated opinion of probable construction costs.

Items Not Included In The Scope Of Services:
The following items are not included in the Scope Of Services for this project:

- The Village of Poplar Grove is responsible for bid advertisement costs.

SPECIAL TERMS: (Refer Also To General Terms & Conditions - Attached)

The Scope of Services and Compensation sections contained in this agreement, as well as any memorandum, letters, and other written and verbal correspondence and dialog pertaining to this agreement are considered confidential and proprietary, and shall not be released or otherwise made available to any 3rd party without the without the expressed written consent of the McMahon Associates, Inc.

COMPENSATION: (Does Not Include Permit Or Approval Fees)
McMAHON ASSOCIATES, INC. agrees to provide the Scope Of Services described above for the following compensation:

☒ Rates Per Attached Fee Schedule

☐ Lump Sum: **Design/Bidding Budget (T&E) - $3,700**
Construction Budget (T&E) - $2,600

☐ Other: **Post-Construction Budget (T&E) - $5,600**

COMPLETION SCHEDULE:

The following schedule is proposed:

Advertise For Bids – July 15, 2019
Open Bids – August 2, 2019
Award Contract – August 21, 2019
Start Construction – September 16, 2019

ACCEPTANCE:

The General Terms & Conditions And The Scope Of Services (Defined In The Above Agreement) Are Accepted, and McMAHON ASSOCIATES, INC. Is Hereby Authorized To Proceed With The Services.

☒ This Agreement Confirms Our Written Proposal, Dated: June 4, 2019
☐ This Agreement Confirms Our Verbal Estimate Given On: _____

The Agreement Fee Is Firm For Acceptance Within Sixty (60) Days From Date Of This Agreement.

OWNER: Village of Poplar Grove

By: _____
(Authorized Signature)

Title: Village President

Date: June 10, 2019

McMAHON ASSOCIATES, INC.
Machesney Park, Illinois

By: _____
Nick J. Arps, P.E.

Title: Project Engineer

Date: June 4, 2019

Project Manager: _____
Christopher D. Dopkins, P.E.
Senior Project Engineer

1700 Hutchins Road
Machesney Park, IL 61115
815-636-9590 ▪ 815-636-9591 - FAX

ID. \FORMS\SF-AGREEMENTS\SF-AGREE-IL.doc

Revised: August 29, 2018

McMAHON ENGINEERS ARCHITECTS McMAHON ASSOCIATES, INC. GENERAL TERMS & CONDITIONS

1. McMAHON ASSOCIATES, INC. (hereinafter referred to as 'McMAHON') will bill the Owner monthly with net payment due in 30-days. Past due balances shall be subject to a service charge at a rate of 1.0% per month. In addition, McMAHON may, after giving 48-hours notice, suspend service under any Agreement until the Owner has paid in full all amounts due for services rendered and expenses incurred. These expenses include service charges on past due invoices, collection agency fees and attorney fees incurred by McMAHON to collect all monies due McMAHON. McMAHON and Owner hereby acknowledge that McMAHON has and may exercise lien rights on subject property.

2. The stated fees and Scope Of Services constitute our best estimate of the fees and tasks required to perform the services as defined. This Agreement, upon execution by both parties hereto, can be amended only by written instrument signed by both parties. For those projects involving conceptual or process development services, activities often cannot be fully defined during initial planning. As the project progresses, facts uncovered may reveal a change in direction, which may alter the Scope. McMAHON will promptly inform the Owner in writing of such situations so changes in this Agreement can be negotiated, as required.

3. The stipulated fee is firm for acceptance by the Owner for 60-days from date of Agreement publication.

4. Costs and schedule commitments shall be subject to re-negotiation for delays caused by the Owner's failure to provide specified facilities or information, or for delays caused by unpredictable occurrences, including without limitation, fires, floods, riots, strikes, unavailability of labor or materials, delays or defaults by suppliers of materials or services, process shutdowns, acts of God or the public enemy, or acts or regulations of any governmental agency. Temporary delay of services caused by any of the above, which results in additional costs beyond those outlined, may require re-negotiation of this Agreement.

5. Reimbursable expenses incurred by McMAHON in the interest of the project including, but not limited to, equipment rental will be billed to the Owner at cost plus 10% and sub-consultants at cost plus 12%. When McMAHON, subsequent to execution of an Agreement, finds that specialized equipment must be purchased to provide special services, the cost of such equipment will be added to the agreed fee for professional services only after the Owner has been notified and agrees to these costs.

6. McMAHON will maintain insurance coverage in the following amounts:

Worker's Compensation	Statutory
General Liability	
Bodily Injury - Per Incident / Annual Aggregate	$1,000,000 / $2,000,000
Automobile Liability	
Bodily Injury	$1,000,000
Property Damage	$1,000,000
Professional Liability Coverage	$2,000,000

If the Owner requires coverage or limits in addition to the above stated amounts, premiums for additional insurance shall be paid by the Owner. McMAHON's liability to Owner for any indemnity commitments, reimbursement of legal fees, or for any damages arising in any way out of performance of our contract is limited to ten (10) times McMAHON's fee not to exceed to $500,000.

7. The Owner agrees to provide such legal, accounting and insurance counseling services as may be required for the project for the Owner's purpose. All unresolved claims, disputes and other matters in question between the Owner and McMAHON shall be submitted to mediation, if an agreement cannot be reached by Owner and McMAHON.

8. Termination of this Agreement by the Owner or McMAHON shall be effective upon 7-days written notice to the other party. The written notice shall include the reasons and details for termination; payment is due as stated in paragraph 1. If the Owner defaults in any of the Agreements entered into between McMAHON and the Owner, or if the Owner fails to carry out any of the duties contained in these terms and conditions, McMAHON may, upon 7-days written notice, suspend its services without further obligation or liability to the Owner unless, within such 7-day period, the Owner remedies such violation to the reasonable satisfaction of McMAHON.

9. Re-use of any documents or AutoCAD representations pertaining to this project by the Owner for extensions of this project or on any other project shall be at the Owner's risk and the Owner agrees to defend, indemnify and hold harmless McMAHON from all claims, damages and expenses, including attorneys' fees arising out of such re-use of the documents or AutoCAD representations by the Owner or by others acting through the Owner.

10. Purchase Orders - In the event the Owner issues a purchase order or other instrument related to the Engineer's services, it is understood and agreed that such document is for Owner's internal accounting purposes only and shall in no way modify, add to or delete any of the terms and conditions of this Agreement. If the Owner does issue a purchase order, or other similar instrument, it is understood and agreed that the Engineer shall indicate the purchase order number on the invoice(s) sent to the Owner.

11. McMAHON will provide all services in accordance with generally accepted professional practices. McMAHON will not provide or offer to provide services inconsistent with or contrary to such practices nor make any other warranty or guarantee, expressed or implied, nor to have any Agreement or contract for services subject to the provisions of any uniform commercial code. Similarly, McMAHON will not accept those terms and conditions offered by the Owner in its purchase order, requisition or notice of authorization to proceed, except as set forth herein or expressly accepted in writing. Written acknowledgment of receipt, or the actual performance of services subsequent to receipt, of any such purchase order, requisition or notice of authorization to proceed is specifically deemed not to constitute acceptance of any terms or conditions contrary to those set forth herein.

12. McMAHON intends to serve as the Owner's professional representative for those services, as defined in this Agreement, and to provide advice and consultation to the Owner as a professional. Any opinions of probable project costs, approvals and other decisions made by McMAHON for the Owner are rendered on the basis of experience and qualifications, and represent our professional judgment. Nothing contained in this Agreement shall create a contractual relationship with, or a cause of action, in favor of a third party against either the Architect or McMAHON.

13. This Agreement shall not be construed as giving McMAHON the responsibility or authority to direct or supervise construction means, methods, techniques, sequence or procedures of construction selected by Contractors or Subcontractors, or the safety precautions and programs incident to the work of the Contractors or Subcontractors.

14. The Owner shall be responsible for maintenance of the structure, or portions of the structure, which have been completed and have been accepted for its intended use by the Owner. All structures are subject to wear and tear, and environmental and man-made exposures. As a result, all structures require regular and frequent monitoring and maintenance to prevent damage and deterioration. Such monitoring and maintenance is the sole responsibility of the Owner. McMAHON shall have no responsibility for such issues or resulting damages.

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McMAHON
ENGINEERS ARCHITECTS

To: **The Village President and Board of Trustees**

From: **Chris Dopkins, P.E., Village Engineer**

Re: **IL 173 Water Main Replacement**

Date: **June 5, 2019**

As you are well aware, the existing water main at the northwest corner of IL 173/State had failed numerous times, and has since been taken out of service. The main itself is located within the IL 173 right of way beneath the northerly curb line, and the main is in very poor condition and simply needs to be replaced and the Village has authorized engineering earlier this year. I am pleased to advise that the plans for the water main replacement are currently being reviewed by Village Staff and are nearly ready for public bid letting and permitting. Attached to this memorandum is a resolution that will authorize bid letting for consideration at the June Finance and Board Meetings.

I look forward to discussing this at the Finance Committee meeting, In the mean time, please do not hesitate to contact me at 636-9590 if I may provide additional assistance.

RESOLUTION 19-___

A RESOLUTION OF THE VILLAGE OF POPLAR GROVE TO AUTHORIZE BID LETTING FOR THE IL 173 WATER MAIN IMPROVEMENTS

WHEREAS, the water main located along IL 173 between State Street and Summit Street has failed and requires replacement; and

WHEREAS, the Village of Poplar Grove, Illinois ("Village") desires to replace the water main and to that end has (1) secured an easement along the north side of IL 173; and (2) has authorized the Village Engineer to prepare plans and specifications for public bid letting; and

WHEREAS, pursuant to the Village's purchasing policies and State Statute, projects in excess of $25,000 are to be publically bid; and

WHEREAS, plans and specifications for the replacement of the water main are ready for public bid letting; and

WHEREAS, the Village has determined that it is in the best interest of the Village and its citizens to undergo the public bid letting process to obtain proposals for the replacement of the water main as set forth herein.

NOW THEREFORE BE IT RESOLVED by the President and Board of Trustees of the Village of Poplar Grove, Boone County, Illinois, that:

1. The above recitals are incorporated herein and made part hereof.

2. The Village Engineer is hereby authorized to advertise the construction drawings and corresponding specifications for the IL 173 Water Main Improvements for public bid letting as provided by Ordinance and State Statue.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS _____ DAY OF _____, 2019

AS FOLLOWS:

VOTING "AYE": _____

_____

VOTING "NAY": _____

_____

ABSENT, ABSTAIN, OTHER _____

APPROVED_____, 2019

_____
VILLAGE PRESIDENT

ATTEST:

VILLAGE CLERK:_____