



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

**Check Class of License Applied for:**

<input type="radio"/> Class A (6 Day, On Premise, Full Kitchen) \$900	<input type="radio"/> Class F (BYOB with Food) \$150
<input type="radio"/> Class B (6 Day, Retail off Premise) \$500	<input type="radio"/> Class G (Golf) \$900
<input type="radio"/> Class BB (Boutique) \$5000	<input type="radio"/> Class H (Local Catering) \$250
<input type="radio"/> Class C (6 Day, Less 12% on Premise) \$700	<input type="radio"/> Class I (Non-Local Cater) \$350
<input type="radio"/> Class D (Sunday) \$100	<input type="radio"/> Class J (Beer Garden) \$100
<input checked="" type="radio"/> Class E (Event) \$100	

**OFFICE USE ONLY**

License No: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License Expires: \_\_\_\_\_

Liquor: \_\_\_\_\_ Gaming: \_\_\_\_\_

Tobacco: \_\_\_\_\_ Fees: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

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

**SECTION 1: Applicant Information:**

Applicant Name: Heather Prather Date of Birth: 6-6-1980

Address: [REDACTED] Phone: [REDACTED]

Primary Contact Person: Heather Prather Phone: [REDACTED]

Business Name: S&S Collaborations Phone: [REDACTED]

d/b/a Name: \_\_\_\_\_

Premise Address: 116 W. Locust St Belvidere IL 61008

**Entity Information (if applicable):**

Date of formation: 2024 Illinois Secretary of State Number: [REDACTED]

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: Russell Caldwell (if leased, attach a copy of the lease to the application)

Renter of Premises: Heather Prather Illinois Liquor License No.: [REDACTED]

[ ] 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: Lloyd's - London Policy Number: [REDACTED]

Coverage Limit: 1,000,000 Policy Effective Date: 12-1-24 Expiration Date: 12-1-25



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**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.*

<div>1) Name: <u>Heather</u> <u>A</u> <u>Prather</u></div> <div><div>6-6-1980</div><div></div><div>IL</div><div>owner</div><div>100%</div></div> <div><div>Date of Birth</div><div>Driver's License No.</div><div>State</div><div>Title</div><div>% Ownership</div></div>				
<div>2) Name: _____</div> <div><div>First</div><div>Middle</div><div>Last</div></div> <div><div>Date of Birth</div><div>Driver's License No.</div><div>State</div><div>Title</div><div>% Ownership</div></div>				
<div>3) Name: _____</div> <div><div>First</div><div>Middle</div><div>Last</div></div> <div><div>Date of Birth</div><div>Driver's License No.</div><div>State</div><div>Title</div><div>% Ownership</div></div>				
<div>4) Name: _____</div> <div><div>First</div><div>Middle</div><div>Last</div></div> <div><div>Date of Birth</div><div>Driver's License No.</div><div>State</div><div>Title</div><div>% Ownership</div></div>				
<div>5) Name: _____</div> <div><div>First</div><div>Middle</div><div>Last</div></div> <div><div>Date of Birth</div><div>Driver's License No.</div><div>State</div><div>Title</div><div>% Ownership</div></div>				
<div>6) Name: _____</div> <div><div>First</div><div>Middle</div><div>Last</div></div> <div><div>Date of Birth</div><div>Driver's License No.</div><div>State</div><div>Title</div><div>% Ownership</div></div>				





# VILLAGE OF POPLAR GROVE

200 N. Hill Street, Poplar Grove, IL 61065

POPLAR GROVE

## Peddler's License

Notice: This form must be completed, submitted, and approved before business may commence.

Peddler's Name: Heather Prather

Peddler's Phone Number: 815 289-3291

Peddler's Sales Tax Number: \_\_\_\_\_

Company Name: S&S Collaborations Co. Contact: Heather

Address: 116 W. Locust St City: Belvidere State: IL Zip Code: 61008

Description of Articles or Merchandise Peddled: (Coffee, ice cream, & food)  
(Alcoholic Beverages)

Non Vehicle: Tents/Canopies: \_\_\_\_\_ Umbrellas: \_\_\_\_\_ Tables: \_\_\_\_\_

Number of: Carts: \_\_\_\_\_ Wagons: \_\_\_\_\_ Autos/Vehicles: 2 Plate # [REDACTED]

A: Choose One: (Fee PER cart, wagon, auto or any other vehicle for a peddler or hawker)

☒ \$50 Annual License ☒ 2

B: Choose One: (Fee for peddler's or hawkers not using any vehicle)

☐ \$40 Annual License

Peddler's Signature: Heather Prather Date: 8-7-25

ALL LICENSES WILL EXPIRE DECEMBER 31 EACH YEAR

### OFFICE USE ONLY:

License Approved By: \_\_\_\_\_

VPG Administrator

Number: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Paid: \_\_\_\_\_

# State of Illinois Liquor License



April 7, 2025



Letter ID: [REDACTED]

License No.: [REDACTED]

Expiration Date: [REDACTED]

License Type: [REDACTED]

Account ID: [REDACTED]



01/02

S & S COLLABORATIONS, LLC  
S&S COLLABORATIONS  
4405 WINDSWEPT WAY  
LOVES PARK IL 61111-4429

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

Letter ID: L1771300264

License Number

**STATE OF ILLINOIS**  
**LIQUOR CONTROL COMMISSION**  
Governor JB Pritzker  
Executive Director Lisa Gardner



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

S & S COLLABORATIONS, LLC  
S&S COLLABORATIONS  
116 W LOCUST ST  
BELVIDERE IL 61008-3619

Boone

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

**RETAILER  
ON-PREMISES**

ISSUE DATE:

04/07/25

Effective:

04/07/25

THIS LICENSE  
EXPIRES ON:

02/28/26

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

Warehouse: N/A

Sales Tax Acct # 45452393

THIS LICENSE NOT TRANSFERABLE  
AS TO PRINCIPAL