

VILLAGE OF POPLAR GROVE
200 N. HILL ST
POPLAR GROVE IL 61065
Phone : (815) 765-3201

Received From: HYDEOUT BAR & GRILL
Date: 05/10/2024 Time: 3:27:28 PM
Receipt: 98396
Cashier: KATIE

ITEM REFERENCE	AMOUNT
LIQUOR LIQUOR LICENSES	
LIQUOR CLASS K	\$50.00
TOTAL	\$50.00
CHECK 5289	\$50.00
Total Tendered:	\$50.00
Change:	\$0.00



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

Check Class of License Applied for: *Initial Application will include a \$100 administrative fee

<input type="radio"/> Class A (6 Day, On Premise, Full Kitchen) \$900	<input type="radio"/> Class F (BYOB with Food) \$150	OFFICE USE ONLY License No: _____ Date Issued: _____ License Expires: _____ Liquor: _____ Gaming: _____ Tobacco: _____ Fees: _____ Cash: _____ Check #: _____
<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 type="radio"/> Class E (Event) \$100	<input type="radio"/> Class K (Sealed Delivery) \$ 50	

SECTION 1: Applicant Information:

Applicant Name: Benny Bjar NEB16 Date of Birth: [REDACTED]
Address: 13502 Julie Dr Phone: (815) 765-7061
Primary Contact Person: BENNY Phone: [REDACTED]
Business Name: Hyde Out BAR Phone: ()
d/b/a Name: ARVAT 5 INC
Premise Address: _____

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: _____
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: Kaufman Insurance Policy Number: [REDACTED]
Coverage Limit: _____ Policy Effective Date: _____ Expiration Date: _____



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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.*

1) Name: <u>NADRIT</u> <u>NEBIV</u>	First	Middle	Last
<u>[REDACTED]</u> <u>IL</u> <u>President</u> <u>20</u>	Date of Birth	Driver's License No.	State Title % Ownership
2) Name: <u>FLAMOR</u> <u>NEBIV</u>	First	Middle	Last
<u>[REDACTED]</u> <u>IL</u> <u>Secretary</u> <u>20</u>	Date of Birth	Driver's License No.	State Title % Ownership
3) Name: <u>BUJAR I</u> <u>NEBIV</u>	First	Middle	Last
<u>[REDACTED]</u> <u>IL</u> <u>Treasurer</u> <u>20</u>	Date of Birth	Driver's License No.	State Title % Ownership
4) Name: <u>MURAT</u> <u>NEBIV</u>	First	Middle	Last
<u>[REDACTED]</u> <u>IL</u> <u>Vice President</u> <u>20</u>	Date of Birth	Driver's License No.	State Title % Ownership
5) Name: <u>KASEM</u> <u>NEBIV</u>	First	Middle	Last
<u>[REDACTED]</u> <u>IL</u> <u>Vice President</u> <u>20</u>	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