



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

Check Class of License Applied for:

Table with license classes (A through J) and an 'OFFICE USE ONLY' section for license details like number, date, and fees.

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

SECTION 1: Applicant Information:

Applicant Name: Giuseppa Cello, Date of Birth: [redacted], Address: [redacted], Phone: [redacted], Primary Contact Person: Giuseppa Cello, Business Name: GOE LLC, d/b/a Name: Cello's Pizza + Italian Restaurant, Premise Address: 13555 Route 76

Entity Information (if applicable):

Date of formation: 01/03/2024, Illinois Secretary of State Number: file # 14125973, Assumed Name; If any: [blank], Is Entity in good standing with Illinois Secretary of State: yes, ROT Registration #: [blank], If foreign Entity, date registered to do business in Illinois: [blank]

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

Owner of Premises: [blank] (if leased, attach a copy of the lease to the application), Renter of Premises: [blank], Illinois Liquor License No.: [blank]

- 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? [] YES [X] NO

*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: [blank] Policy Number: [blank]

Coverage Limit: [blank] Policy Effective Date: [blank] Expiration Date: [blank]



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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>Giuseppa</u> <u>Maria</u> <u>Ocello</u> First Middle Last	<u>[REDACTED]</u> Date of Birth	<u>IL</u> Driver's License No.	<u>President</u> State Title	<u>100%</u> % Ownership
2) Name: _____ First Middle Last	_____	_____	_____	_____
3) Name: _____ First Middle Last	_____	_____	_____	_____
4) Name: _____ First Middle Last	_____	_____	_____	_____
5) Name: _____ First Middle Last	_____	_____	_____	_____
6) Name: _____ First Middle Last	_____	_____	_____	_____



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.villageofpoplargo.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

(TITLE OR POSITION)

(TITLE OR POSITION)

7/22/2024

(DATE SIGNED)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 22 DAY OF July, 2024

Tina M. Matthews

NOTARY PUBLIC



