

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

Check	Class	of	License	A	nnlied	for:

d	Class A (6 Day, On Premise, Full Kitchen) \$900	0	Class F (BYOB with Food) \$150	OFFICE USE ONLY License No:
0	Class B (6 Day, Retail off Premise) \$500	0	Class G (Golf) \$900	Date Issued:
0	Class BB (Boutique) \$5000	0	Class H (Local Catering) \$250	License Expires: Liquoi (1201) Gaming:
0	Class C (6 Day, Less 12% on Premise) \$700	0	Class I (Non-Local Cater) \$350	Tobacco:Fees. 1200
Ø	Class D (Sunday) \$100	ø	Class J (Beer Garden) \$100	Cash: Check #: 2001
0	Class E (Event) \$100			

Class D (Sunday) \$100	Q Class J (Beel Galden) 5100
Class E (Event) \$100 *Initial Application will include a \$100 ac	dministrative fee.
SECTION 1: Applicant Information:	
Applicant Name: Grusepe Call	C Date of Birth:
Address:	Phone: (
Primary Contact Person: Gruse PPA	Citilo Phone: (
Business Name: GOE LLC	Phone: ()
d/b/a Name: Callo's Pizza	1 + Italian Restaurant
Premise Address: 13555 Route	74
Entity Information (if applicable):	
Date of formation: 01 03 2024	Illinois Secretary of State Number: file # 19125973
Assumed Name; If any:	
Is Entity in good standing with Illinois Sec	eretary of State: ROT Registration #:
	iness in Illinois:
General Information: (applies to any	yone 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 YNO Has applicant ever had a [] YES YNO Has the applicant ever b [] YES YNO Has the applicant ever b [] YES YNO Do you possess a curren [] YES YNO Are you, or any other ow *If yes to any of the above, please explain of the Book of the above of t	nt federal wagering or gambling device stamp? wher, in your place of business, a public official? on a separate sheet and attach to application.
Applicant must provide a copy of their additional insurer pursuant to Village (r dram shop insurance naming the Village as certificate holder and Ordinance 2-2-3-A-2 .
Insurance Company:	Policy Number:

Policy Effective Date:

Coverage Limit:

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: _	Giuseppa			Callo
Date of Birth	Driver's License No.	TL State	Title	Last (()) 0 () () () () () () () () () () () () ()
2) Name: _	First	Middle		Last
	Driver's License No.		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

POPLAR GROVE

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	
(TITLE OR POSITION)	(TITLE OR POSITION)
7/22/2024	
(DATE SIGNED)	(DATE SIGNED)
STATE OF TUINGIS	
COUNTY OF Winnebase) SS	
SUBSCRIBED AND SWORN TO BEFORE ME	
THIS 22 DAY OF JULY , 2024	
NOTARY PUBLIC	
OFFICIAL SEAL	

TINA M MATTHEWS NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires July 13, 2027 **ACORĎ**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/18/2024

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.

301 E Main St Suite 1 ROCKION, IL 61072 ADDRESS: INSURER A: SOCiety Insurance Company INSURER A: Society Insurance Company INSURER B: INSURER	604 0004	FAX (24%)		ACT	SAN			own Insurance Agend	PROD
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Village of Poplar Grove 200 N. Hill Street 61065 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEI ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	ED BEFORE IVERED IN	REOF. NOTICE WILL BE DEL	DATE THE	EXPIRATION PROANCE WIT	THE		Grove	200 N. Hill Street	
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