

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

Check Class of License Applied for:

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

▼ Class E (Event) \$100					
*Initial Application will include a \$100 administrative fee.					
SECTION 1: Applicant Information:					
Applicant Name: Dicol Cloellner Date of Birth:					
Address: 5151 Orth Cd Phone: ()					
Primary Contact Person: Diane Cloellner Phone: (818) \$5-17-3115					
Business Name: Wings + Wheels Museum Phone: (815) 547.3115					
d/b/a Name:					
Premise Address: 5757 Orth Road, Poplar Grove, In 61065					
Entity Information (if applicable):					
Date of formation: 05 17 1997 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 M NO Has applicant ever made an application for a liquor license which was denied? [] YES M NO Has applicant ever had any previous liquor license suspended or revoked? [] YES M NO Has the applicant ever been convicted of a felony? [] YES M NO Has the applicant ever been convicted of a gambling offense? [] YES M 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.					
*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 2-2-3-4-2					
*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					



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Section 2: Owner & Officer Information:

(See attached)

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:					
, , , , , , , , , ,	First	Middle		Last	
Date of Birth	Driver's License No.	State	Title	% Ownership	
2) Name: __	First	Middle		Last	
Date of Birth	Driver's License No.	State	Title	% Ownership	
2))					
3) Name: _	First	Middle		Last	
Date of Birth	Driver's License No.	State	Title	% Ownership	
4) Name:					
4) Name	First	Middle		Last	
Date of Birth	Driver's License No.	State	Title	% Ownership	
5) Name					
5) Name: _	First	Middle		Last	
Date of Birth	Driver's License No.	State	Title	% Ownership	
6) Nama:					
o) Name: _	First	Middle		Last	
Date of Birth	Driver's License No.	State	Title	% Ownership	



Board of Director Information

<u>Name</u>	<u>Title</u>	Phone
Connie Fowler	President / Director	Acceptable Association and the second and the second association as of the second association and the second association as of the second association and the second association as of the second as of
Greg Fowler	Vice President / Director	
Curt Tobin	Treasurer / Director	
Stephanie Plourde	Secretary / Director	
Pamela Lopez-Fettes	Director	
Steve Osseck	Director	
JimBob Slocum	Director	
Spitty Tata	Director	
Dick VanEvera	Director	

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

LIQUOR LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: ENP

Named Insured is the same as it appears in the Common Policy Declarations

Legal Entity / Business Description

ORGANIZATION (ANY OTHER)

LIMITS OF INSURANCE

Each Common Cause Limit

\$ 1,000,000

Aggregate Limit

\$ 1,000,000

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE	ADVANCE PR	EMIUM
CLUBS		2,000	3.635	268	MP

TOTAL PREMIUM \$ 268

FORMS AND / OR ENDORSEMENTS APPLICABLE TO LIQUOR LIABILITY COVERAGE PART:

GA115 12/04

LIQUOR LIABILITY COVERAGE FORM

CG0305 01/96

DEDUCTIBLE LIABILITY INSURANCE

GA4206IL 10/01

ILLINOIS CHANGES - KNOWN INJURY OR DAMAGE

OP ID: EK

1,000,000

1,000,000

1,000,000

500,000

ACORE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/13/2022

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 Neis Insurance Agency, Inc. 45 North Virginia St. Crystal Lake, IL 60014 Randolph J Funk	815-455-6960	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: C		
Sovial cultural Commission Statement		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: The Cincinnati Companies	10677	
INSURED Poplar Grove Aviation Education Ass	Education Assoc	INSURER B:		
Poplar Grove Aviation Education Ass 5151 Orth Rd, Suite 1A Poplar Grove, IL 61065		INSURER C:		
opiai Grove, iz Groos		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. ADDL SUBR TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR 02/21/2022 02/21/2023 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-JECT 2,000,000 LOC PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** 02/21/2022 02/21/2023 BODILY INJURY (Per person) ANY AUTO S SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$
PROPERTY DAMAGE
(Per accident) \$ X HIRED ONLY NON-OWNED AUTOS ONLY X X 1,000,000 UMBRELLA LIAB OCCUR EACH OCCURRENCE 02/21/2022 02/21/2023 **EXCESS LIAB** CLAIMS-MADE 1,000,000 AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 03/14/2022 02/21/2023 1,000,000

N/A

E

CERTIFICATE HOLDER	CANCELLATION
Illinois Liquor Control Commission	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
100 W Randolp Ste 5-300 Chicago, IL 60601	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

If yes, describe under DESCRIPTION OF OPERATIONS below

Policy is continuous until cancelled.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD

Property

Liquor Liab.

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E.L. EACH ACCIDENT

02/21/2022 02/21/2023 BPP

02/21/2022 02/21/2023 Limit

be attached if more space is required)

E.L. DISEASE - EA EMPLOYEE \$

L. DISEASE - POLICY LIMIT

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.

Otto a. Alits	
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
Operations Manager	
(TITLE OR POSITION)	(TITLE OR POSITION)
11/7/22	
{DATE SIGNED}	(DATE SIGNED)
STATE OF Illina's	
COUNTY OF MHENCH) SS KAT NOTARY PUE MY COMMISS	FICIAL SEAL FELYN JASTER BLIC, STATE OF ILLINOIS SION EXPIRES: 08/10/2026
SUBSCRIBED AND SWORN TO BEFORE ME	
THIS DAY OF November , 2022	
NOTARY PUBLIC	

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

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.	Connie Fowler	Basset on the Fly	10/31/22
	Danielle Slater	Basset on the Try	10/20/22
3.	Kimberly Sendelback	Basset Chicago	11/3/22
	Gregory Forvier	Basset on the Ply	11/2/22
	Diane Goellner	Basset on the Fly	11/122
	Hardd Goellnen	Basset on the Fly	11/7/22
	Gina Delrosc	IL Liquor Control Commission	1/9/22
8.		l	
	·		
15.			



BASSET # FLY

2626 Cole Ave, Suite 300 #512, Dallas, TX 75204 312-366-3383 support@bassetonthefly.com www.bassetonthefly.com

Per ILCC rules, this temporary BASSET card is valid for 30 days only. Your official 3-year BASSET card will be mailed by the Illinois Liquor Control Commission (ILCC).



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BASSET Chicago

CERTIFICATE OF COMPLETION

Awarded To

Kimberly Sendelbach

FOR SUCCESSFUL COMPLETION OF:

BASSET Certification - English

Date: 2022-11-03

cert_cfh4ttnn

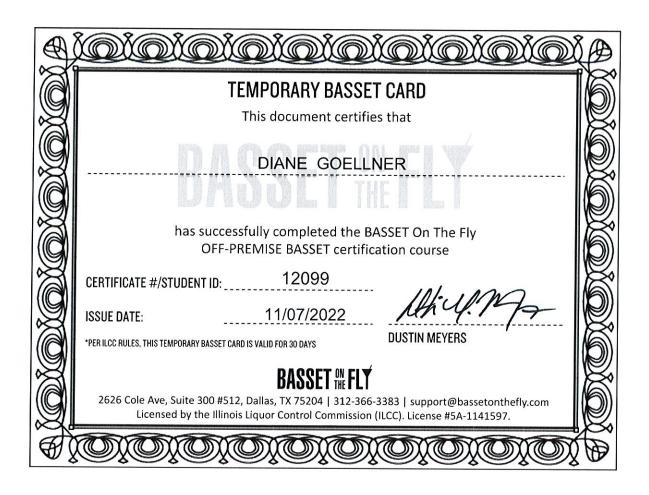




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ILLINOIS LIQUOR CONTROL COMMISSION
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 1/9/2022 Expires: 1/9/2025 Trainer's IL Liquor License Number: 5A-0110606

GINA DELROSE 1503 FREMONT STREET BELVIDERE IL 61008

Card is not transferrable

LCCB-01 (N-01/15)

P-000423