



Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

• Class A (6 Day, On Premise, Full Kitchen) \$900	• Class F (BYOB with Food) \$150
• Class B (6 Day, Retail off Premise) \$500	• Class G (Golf) \$900
• Class BB (Boutique) \$5000	• Class H (Local Catering) \$250
• Class C (6 Day, Less 12% on Premise) \$700	• Class I (Non-Local Cater) \$350
• Class D (Sunday) \$100	• Class J (Beer Garden) \$100
• Class E (Event) \$100	• Class K (Sealed Delivery) \$ 50

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

SECTION 1: Applicant Information:

Applicant Name: Thomas Felker Date of Birth: [REDACTED]

Address: [REDACTED] Phone: [REDACTED]

Primary Contact Person: Janet Rodriguez Phone: (815) 765-1300

Business Name: Felker Pharmacy, INC. Phone: (815) 7654-1300

d/b/a Name: Poplar Grove Snyders Pharmacy

Premise Address: 13521 IL. Rt. 76 Poplar Grove, IL 61065-0100

Entity Information (if applicable):

Date of formation: July 26th 1983 Illinois Secretary of State Number: 5740-606-2

Assumed Name: If any: Snyders Pharmacy

Is Entity in good standing with Illinois Secretary of State:
Yes

If foreign Entity, date registered to do business in Illinois: _____

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

Owner of Premises: Thomas Felker (if leased, attach a copy of the lease to the application)

Renter of Premises: _____ Illinois Liquor License No.: 1A-0083427

- ☐ 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: National Specialty Ins. Co. Policy Number: 22608

Coverage Limit: 1,000,000 Policy Effective Date: 8-11-2022 Expiration Date: 8-10-2023



Village of Poplar Grove

**APPLICATION FOR LICENSE TO SELL
ALCOHOLIC LIQUOR AT RETAIL**

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.*

<p>• Name: <u>Thomas</u> <u>Eaton</u> <u>Felker</u></p> <p><small>First Middle Last</small></p>				
<p><u>[REDACTED]</u> IL <u>Pres.</u> <u>100</u></p> <p><small>Date of Birth Driver's License No. State Title % Ownership</small></p>				
<p>• Name: _____</p> <p><small>First Middle Last</small></p> <p><small>Date of Birth Driver's License No. State Title % Ownership</small></p>				

• Name: _____ First Middle Last				
_____	_____	_____	_____	_____
Date of Birth	Driver's License No.	State	Title	% Ownership

• Name: _____ First Middle Last				
_____	_____	_____	_____	_____
Date of Birth	Driver's License No.	State	Title	% Ownership

• Name: _____ First Middle Last				
_____	_____	_____	_____	_____
Date of Birth	Driver's License No.	State	Title	% Ownership

• Name: _____ First Middle Last				
_____	_____	_____	_____	_____
Date of Birth	Driver's License No.	State	Title	% Ownership

APPLICATION FOR SPECIAL USE

VILLAGE OF POPLAR GROVE

Poplar Grove Village Hall
200 North Hill Street
Poplar Grove, Illinois 61065

FOR OFFICE USE ONLY

Case Number _____
Filing Date _____
Zone District _____

PZC Date _____
Admin Date _____
VB Date _____

If this application is approved, it is understood that it shall only authorize the special use described in the application with any conditions placed on the special use per the governing body. If the conditions are not met and/or the use is not established (or substantially underway) within one (1) year from the date of approval, the special use shall be null and void.

PLEASE PRINT IN BLACK INK OR TYPE

- 1) The address or general location of the property for which this application is filed is:

13521 IL RTE 76
POPLAR GROVE, IL 61065 and its
Parcel Identification Number is: 0326451007

- 2) **Applicant Name:** POPLAR GROVE SNYDER PHARMACY

Mailing address: 13521 IL RTE 76

POPLAR

Zip 61065

Daytime Phone 815-765-1300

Fax: _____

Email: SNYDER56356@POPGRV.IL.GOV

- 3) **Property Owner Name:** THOMAS FELKER

Mailing Address: SAME AS ABOVE

Zip: _____

Daytime Phone: [REDACTED]

Fax: _____

- 4) **Attorney Name:** NA

Mailing Address: _____

Zip: _____

Daytime Phone: _____

Fax: _____

Email: _____

- 5) **Project Manager:** In order to reduce confusion, planning staff requests one contact person be designated to discuss issues concerning this petition.

Name: NA

Mailing Address: _____

Zip: _____

Daytime Phone: _____ Fax: _____ Email: _____

- 6) Describe the current use of the subject property: PHARMACY

- 7) List the Special Use, as specified within the Zoning Ordinance, that you are seeking the approval of and describe the proposed use of the subject property in detail:

GAMING LICENSE

- 8) Total number of acres the Special Use will occupy: 2 ACRES

- 9) **LIST THE OWNERS OF RECORD:** Applicants shall list the owner of record for all properties located adjacent to and across the street or alley from the perimeter of the subject property. This information is found at the Supervisor of Assessments Office, 1208 Logan Ave. or the Belvidere-Boone County Planning Office. Verifying the accuracy of information is the responsibility of the applicant (use additional pages if necessary).

PIN #	Name/Trust No.	Street	City	Zip
0326451008	COUNTRY SIDE MARKET	13515 RTE 76	POPLAR GROVE	61065
0326402010	GROVE FELLOWSHIP	4270 COUNTRYSIDE	POPLAR GROVE	61065
0326402006	COUNTRYSIDE LIQUOR	13537 RTE 76	POPLAR GROVE	61065
032630018	OAKLAND MHC	13150 RTE 76	POPLAR GROVE	61065
03263				

- 10) **SUPPORTING INFORMATION:** Attach a vicinity map and a site plan drawn to scale regarding your proposal. Illustrate any existing and proposed buildings, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, refuse and service areas, and dimensions of setbacks and yard areas, as they apply to this application and as may be required by the Zoning Ordinance. Also include a detailed written statement relative to the above listed requirements, fully explaining your proposal and any measures to mitigate negative affects of your proposal on neighboring properties.

Incomplete applications will be returned to the applicant after sixty (60) days.

Natural Resource Information: Pursuant to state law, a copy of this application is to be provided to the Boone County Soil and Water Conservation District (SWCD). The SWCD is located at 211 N. Appleton Road, Belvidere, and may be contacted at (815)544-2677. Their business hours are Monday through Friday 8:00 a.m. to 4:30 p.m. An application fee is required. The SWCD has thirty (30) days to respond and provide their Natural Resource Information (NRI) Report to the Planning Office. **The SWCD must send a report to the Planning Department for your application to proceed.**

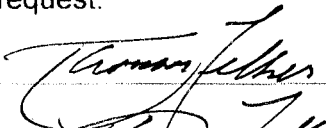
NOTE: The "Endangered Species Act" entitles the Illinois Department of Natural Resources (IDNR) to review all special use permit applications for their impact on endangered or protected species. Illinois law allows thirty (30) days for their response. The applicant is responsible for contacting the IDNR, via the EcoCAT website at DNR.EcoCAT@illinois.gov.

The "National Historic Preservation Act" entitles the Illinois Historic Preservation Agency to review all special use permit applications for their impact on cultural or historical resources if the proposed development involves State or Federal funding. Illinois law allows thirty (30) days for their response. The applicant is responsible for contacting the Illinois Historic Preservation Agency at (1-217-782-4836).

DECLARATION

I, the applicant, of the above legally described property on which the special use is proposed, have provided answers to the questions given herein that are true to the best of my knowledge. I have been granted permission by the property owner(s) of the above legally described property to apply for a special use on said property.

By virtue of my application for a special use, I do hereby declare that the appropriate appointed and elected officials responsible for the review of my application are given permission to visit and inspect the property proposed for a special use in order to determine the suitability of the request.

Applicant Signature:  Date Signed: 12-8-22

Owner(s) Signature:  Date Signed: 12-8-22

Date Signed: _____

Staff Signature: _____ Date Signed: _____

Filing Fee - Amount Paid: _____ Check Number: _____

FILING PROCEDURE

- A. Submit this form and supporting information accompanied by an application fee (make checks payable to the ***Village of Poplar Grove***). See the attached fee schedule.
- B. Submit application and supporting information with fee to the Boone County Soil and Water Conservation District.
- C. Selection of newspaper publication. See the attached newspaper selection sheet.
- D. Applicants must appear before the Village's Planning and Zoning Commission, Administrative Committee and the Village Board.

**Special Use for Corporations, Partnerships, and Joint Venture
(If Applicable)**

1. Is the petitioner or applicant a corporation, partnership or joint venture?

CORPORATION

2. State the name for which the business is conducting business under.

POPLAR GROVE SNYDER PHARMACY

3. Are you acting for yourself, or in the capacity of agent, alter ego or representative of a principal?

MYSELF

4. State the name(s) and address(es) of the actual and true principal(s).

THOMAS FELKER

5. State the names and address of all officers, directors and all stockholders or shareholders owning any interest in excess of 20% of all outstanding stock of such corporation (use a separate sheet if necessary).

THOMAS FELKER 100%

[REDACTED]

LEGAL NOTICE REQUIRED

According to Illinois State Statutes, "notice of each hearing shall be published at least 15 days in advance thereof in a newspaper of general circulation published in the township or road district in which such property is located."

A Notice of Public Hearing will be completed by Planning Staff for publication in a newspaper of local distribution. Please select one of the following newspapers for publication:

*******THE COST OF THE PUBLICATION IS TO BE PAID BY THE APPLICANT*******

☐ **Belvidere Daily Republican**
(815) 547-0084 (publishes 5 days a week)

☐ **Boone County Journal**
(815) 544-4430 (publishes weekly)

NOTE: Fees are based on the length of the Notice of Public Hearing. If you wish to seek the lowest price, please contact the above newspapers at the telephone numbers provided.

CERTIFIED MAIL NOTICE REQUIRED FOR APPLICATIONS

The cost of the required mailing is the responsibility of the applicant and is not included in the required application fee.

In order to complete the required mailing notice the procedure is as follows:

- The applicant shall provide the required names and addresses of the owners of record within the application form.
- Staff will prepare the required forms and labels for the certified mailings.
- The green cards (receipts showing the mailings were received) are delivered to the planning department by the post office and must be received prior to the public hearing as proof that the mailings have been completed and provided as required.
- Two options exist for covering the cost of postage.
 - The Village will cover the cost to mail the letters upfront, an invoice will be provided to the applicant with payment required prior to the public hearing (payable to the Village of Poplar Grove). If payment is not received prior to the public hearing the case will be delayed until such time as payment is received.
 - The applicant may pick up the completed mailings, take them to the post office and pay the required fee at that time. If this option is chosen, the white receipts shall be provided to village staff to verify that the mailings were sent out and sent out at the proper time.

NOTE: Cost of the mailing is based on the number of letters and weight of each mailing.

NRI No. _____

Natural Resource Information Report

Boone County Soil and Water Conservation District
211 North Appleton Road, Belvidere, Illinois 61008-1983
815-544-2677 Ext. 3

Owner's Name: _____

Address: _____

Petitioner's Name: _____

Address: _____

Contact Information:

Phone Number(s): () _____

E-Mail Address: _____

If a letter, would you like a copy for your records? Yes ☐ or No ☐

We will send copies via e-mail unless specifically told to mail.

Note: If a report is required the applicant will receive a copy, in addition to the applicant's legal representation, if applicable.

Type of Request:

☐ Change in Zoning from _____ to _____

☐ Subdivision- Attach proposed plat, if available.

☐ Variance (Explain Type) _____

☐ Other (Describe) _____

Legal Description Attached: Yes ☐ or No ☐.

If yes, Section _____ and Township _____. Note: Please include a map outlining the exact boundaries of the parcel.

If no, please list the address of the property for the proposed request:

Street/Road Address _____

Village, Town, or City _____

Parcel Identification Number(s), if
known

Total Acres

NRI No. _____

Natural Resource Information Fee Schedule

0-5 Acres	\$400.00
5 or more Acres	\$400.00 plus \$20.00 per acre for each acre over five acres
Letter/No Report	\$75.00

Note: Unfortunately, we do not accept credit or debit cards at this time. Before the report or letter can be started a payment must be received in full. We are sorry for any inconveniences.

Checks payable to:

Boone County SWCD
211 North Appleton Road
Belvidere, IL 61008-1983

I (We) understand the filling of this application allows an authorized representative of the Boone County Soil & Water Conservation District to visit and conduct any necessary on-site investigations on the site described above. Completion of this report may require 30 days as allowed under State Law.

Petitioner's Name Printed

Petitioner's Name Signed

Date of Request

Approved by the Soil & Water Conservation District Board

Date of Approval

This report is issued as a guide in making land use decisions and does not preclude further refinement of soil type boundary lines during more detailed on-site investigations. Interpretations are based on criteria established by the National Soils Handbook (USDA-Natural Resources Conservation Service) and are subject to change by this office and appropriate agencies.

VILLAGE OF POPLAR GROVE FEE SCHEDULE

Annexation:	\$500 + \$75/acre (or portion thereof)
Map Amendment (Rezoning):	To all Districts \$350 + \$75/acre (or portion thereof)
Variances:	In all Districts \$250
Special Uses:	In all Districts (except MHP's) \$250 when accessory to a primary use \$600 when establishing a primary use
Planned Community Developments (Special Use) and Mobile Home Parks:	\$600 (annexation, map amendment and subdivision fees still apply)
Subdivision Plat:	In all Districts <div> <div> <div>Preliminary</div> <div>Final</div> <div>Replat</div> </div> <div> <div>\$400 + \$75/lot</div> <div>\$400 + \$75/lot</div> <div>\$250</div> </div> </div> <div>(Standard review fees, Public Works review fees, inspection fees, bonding fees, etc still apply)</div>
Final Plat Reinstatement/Extension Fee:	\$50% of Initial Plat Fee
Text Amendment:	\$500
Comprehensive Plan Text or Map Amendment:	\$500
Appeal:	\$250
Zoning Verification Letter:	\$25



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/9/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 555 S. Perryville Road Rockford IL 61108	CONTACT NAME: Julie A. Tresemer	
	PHONE (A/C, No, Ext): 815-227-8924	FAX (A/C, No): 815-398-1733
INSURED Poplar Grove Snyder Pharmacy 15321 IL Route 76 Poplar Grove, IL 61065	E-MAIL ADDRESS: julie_tresemer@ajg.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: The Travelers Indemnity Company of CT	NAIC # 25682
	INSURER B: West Bend Mutual Insurance Company	15350
	INSURER C: National Specialty Insurance Company	22608
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 272237423 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y			8/11/2022	8/11/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 6,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				8/11/2022	8/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$				8/11/2022	8/11/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A		8/11/2022	8/11/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	<input checked="" type="checkbox"/> Liquor Liability (Dram Shop)				7/1/2022	7/1/2023	Combined Single Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured: Village of Poplar Grove.

CERTIFICATE HOLDER

CANCELLATION

Village of Poplar Grove
200 N. Hill St.
Poplar Grove IL 61065

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Julie A. Tresemer

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THE ACCEL ADVANTAGE



Snyders Pharmacy



ACCELENTERTAINMENT®

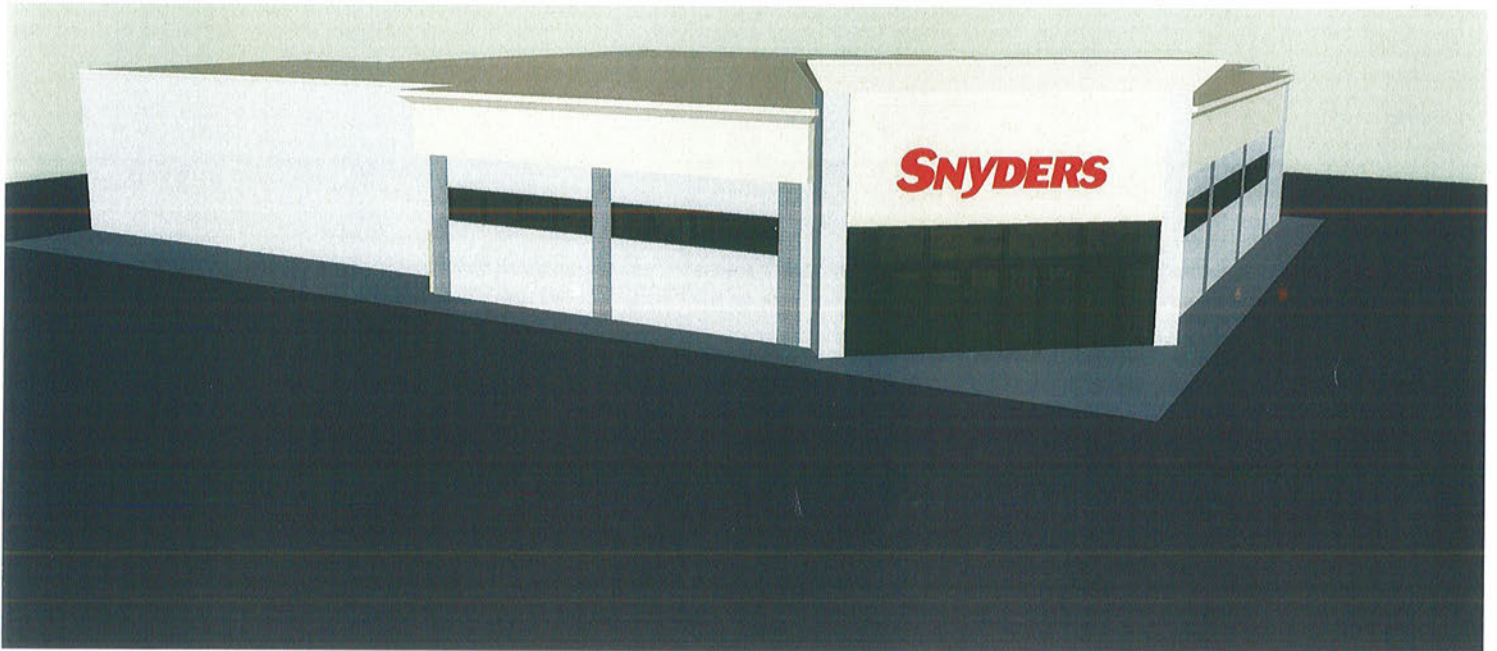


OUR STRATEGY

- 1) Increased awareness that Snyders Pharmacy is a PREMIER gaming location
- 2) Improvements to the gaming area to optimize the player experience leading to increased revenues to Snyders Pharmacy
- 3) Data driven slot machine selection to optimize revenue performance



EXTERIOR



GAMING AREA



GAMING AREA



GAMING AREA



VGTs provided herein shall be for presentation purposes only, final VGT selection and placement may differ.

www.accelentertainment.com
email: leads@accelentertainment.com



GAMING AREA



VGTs provided herein shall be for presentation purposes only, final VGT selection and placement may differ.

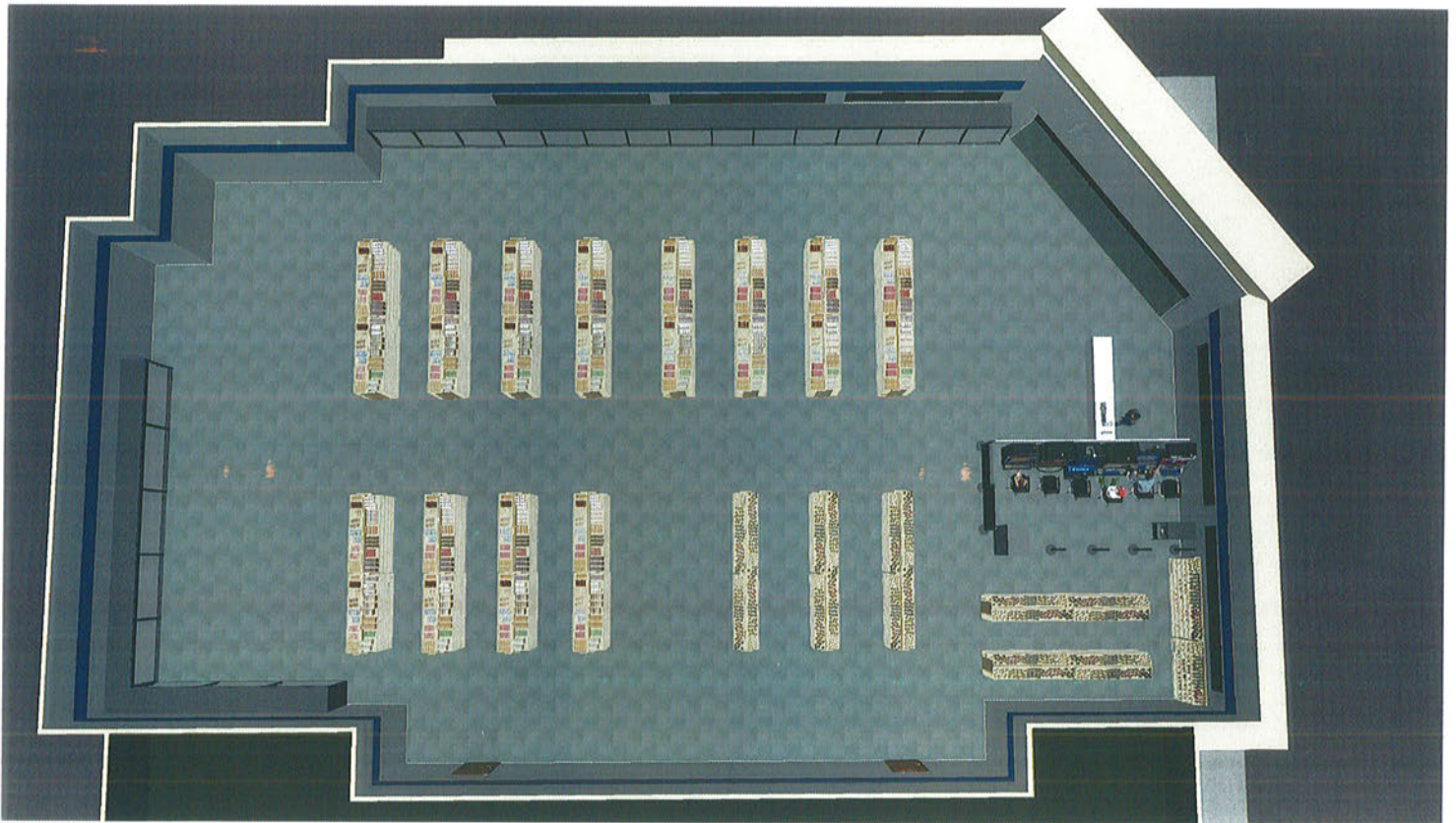
www.accelentertainment.com
email: leads@accelentertainment.com



ACCELENTERTAINMENT®



GAMING AREA



VGTs provided herein shall be for presentation purposes only, final VGT selection and placement may differ.

STANDARD EXTERIOR MARKETING

A wide variety of marketing materials
designed to promote your gaming business –
at no charge to you

Here are a few examples of our standard exterior marketing items
Accel offers:

- **Window decal**
- **Feather flag**
- **A-frame**
- **Banner**



SWEEPSTAKES PROMOTIONS

Current company-wide promotion

AE Player Rewards is a new exclusive loyalty program designed to:

- Differentiate AE in the eyes of players by rewarding their increased loyalty.
- Drive increase player visits as they chase exclusive status level benefits.
- Reward our best players with valuable prizes and opportunities.



Past company-wide promotions

"Mind Blowing Giveaway" "1,000,000 Giveaway" "Accel Entertainment Jeep-A-Week Sweepstakes" "\$50K Sweepstakes"



WORLD-CLASS EQUIPMENT

Accel is the largest buyer of
Video Gaming Terminals in Illinois

41% more Video
Gaming Terminals

than any other Terminal Operator in Illinois *



Buying Power

for best machines and most
popular games.



WONDER WOMAN and all related characters and elements are trademarks of © DC Comics. MONOPOLY is a trademark of Hasbro. Used with permission. ©2018 Hasbro. All rights reserved.

* Based on January 2020 data obtained from the Illinois Gaming Board website (www.igb.illinois.gov).

www.accelentertainment.com
email: leads@accelentertainment.com



ACCEL ENTERTAINMENT



AEPlayer TV

AEPlayer TV is a digital signage platform that can interactively promote slot play, direct customers toward your machines and add an element of intrigue to your gaming area.

