Village of Poplar Grove

APPLICATION FOR LICENSE TO SELL ALCOHOLIC LIQUOR AT RETAIL

Check Class of License Applied for:

○ 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	

OFFICE USE ONLY
License No: _____
Date Issued: _____
License Expires: _____
Liquor: 700 Gaming: _____
Tobacco: _____ Fees: 700
Cash: _____ Check #: 2544

Initial Application will include a $100 administrative fee.

SECTION 1: Applicant Information:

Applicant Name: PARAG MODI Date of Birth: [redacted]

Address: [redacted] Phone: ([redacted])

Primary Contact Person: DIXAL LOTWALA Phone: ([redacted])

Business Name: GREAT HIMALAYA LLC Phone: (815) 765-0746

d/b/a Name: COUNTRYSIDE LIQUERS

Premise Address: 13525 RTE 76, POPLAR GROVE, IL 61065

Entity Information (if applicable):

Date of formation: 05/02/17 Illinois Secretary of State Number: _____

Assumed Name; If any: _____

Is Entity in good standing with Illinois Secretary of State: YES ROT Registration #: _____

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

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

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

Renter of Premises: _____ Illinois Liquor License No.: 1A-1134623

[ ] YES [X] NO 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?

**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: Lloyd's of London Policy Number: LIQ10642609

Coverage Limit: Policy Effective Date: Expiration Date:

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.*

1) Name: PARAG (First) [redacted] (Middle) MODI (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Manager (Title) 43%. (% Ownership)

2) Name: DIXAL (First) [redacted] (Middle) LOTWALA (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Manager (Title) 43%. (% Ownership)

3) Name: DAVID (TAK) (First) [redacted] (Middle) HA (Last)
[redacted] (Date of Birth) [redacted] (Driver's License No.) IL (State) Clerk (Title) 14%. (% 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)

Premium Summary Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.	LIQ/106426.10/005
Policy Number:	LIQ/106426.10
Assured Name (Licensee):	Affiliated Marketing, Inc./Miska's Liquors Stores, Inc. (Suburban)/Ideal Promotions
Insurer:	Certain Underwriters at Lloyd's, London
Effective Date:	01 March 2021

In consideration of the additional/(return) premium shown below, it is hereby understood and agreed that the attached endorsements apply.

ILLINOIS LICENSED
Lloyd's Illinois, Inc. for Underwriters at Lloyd's, London
26 February 2021

Total Additional/(Return) Due: $36.00

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Date of Issue: 26 February 2021

By:

Endorsement LIQ/106426.10/005 – Change to Location ONE Details
Attached to and forming part of Certificate No. LIQ/106426.10
UNDERWRITERS AT LLOYD'S, LONDON (not incorporated)

Effective Date
With effect from 01 March 2021 to 01 July 2021 both days at 12:01 a.m. Central Standard Time the following Statements have been changed:
And location details are restated as below.
Changes apply to the Schedule of Warranties and all other Policy endorsements applicable to the location.

ILLINOIS LICENSED

Lloyd's Illinois, Inc. for Underwriters at Lloyd's, London
26 February 2021

Statement 1. (A) Name and Address of Assured (Licensee)
Affiliated Marketing, Inc./Miska's Liquors Stores, Inc. (Suburban)/Ideal Promotions
101 W. 22nd St, #202
Lombard
Illinois
60148

(B) Name and Address of Assured (Owner)
Miska's Liquors Stores, Inc. (Suburban)
See Schedule of Locations
Attached
.
Illinois

Statement 2. This Insurance is limited to sales or gifts of alcoholic liquor made by the Licensee(s) named in Statement 1(A) at the following premises:
See Schedule of Locations
Includes Wine Tasting in IL
Illinois

which are **inside** the corporate limits of such city, town or village

Statement 3. The insured premises will close **before 3am** which time represents the latest closing time of the insured premises on any day of the week during the Insurance period.

Statement 4. The classification of risk, amount of gross annual receipts from sales of alcoholic liquor, and the premium for the Insurance period are as stated below:

Classification of Risk	Amount of Gross Annual Receipts	Premium
TAVERN	$406000	See Premium
PACKAGE STORE	$15092272	Summary LII M (01/07)

Statement 5. No company nor Underwriters at Lloyd's, London has cancelled or refused to issue or renew Liquor Liability Insurance on the risk herein described during the past five years, except as follows:
No Reason: N/A

LIMIT OF LIABILITY
Combined Single Limit **$1,000,000**

Donald Gaddis Company, Inc

THE ASSURED WARRANTS THAT THE FOREGOING WARRANTY STATEMENTS ARE FULL, TRUE AND COMPLETE AND THAT THE BREACH OF ANY OF SAID WARRANTIES SHALL RENDER THIS INSURANCE NULL AND VOID.

ENDORSEMENT NO. LIQ/106426.10/005

IN CONSIDERATION OF **$36.00 ADDITIONAL PREMIUM**, IT IS AGREED THAT THE FOLLOWING LOCATION IS HEREBY AMENDED:

LOC #13 COUNTRYSIDE LIQUORS
Great Himalaya LLC DBA:
13525 Route 76
Popular Grove, IL 60165
RECEIPTS PACKAGE: $400,000.00 RECEIPTS BAR: $5,000

ADDITIONAL PREMIUM: $36.00 EFFECTIVE: March 1, 2021

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

EFFECTIVE DATE OF THIS ENDORSEMENT: MARCH 1, 2021 ATTACHING TO AND FORMING A PART OF CERTIFICATE NO. LIQ/106426.10 NAME OF INSURED: AFFILIATED MARKETING, INC/MISKA'S LIQUORS STORES, INC. (SUBURBAN / IDEAL PROMOTIONS

UNDERWRITERS AT LLOYDS, LONDON

Donald Gaddis Co., Inc.



GREAT-8 OP ID: CW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2021

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 847-291-0660 Dasco Insurance Agency, Inc. 628 Academy Dr Northbrook, IL 60062	CONTACT NAME: Dasco Insurance Agency, Inc. PHONE (A/C, No, Ext): 847-291-0660 FAX (A/C, No): 847-480-9889 E-MAIL ADDRESS: conniew@dascoins.com
INSURED Great Himalaya LLC dba Countryside Liquors 13525 IL Rte 76 Poplar Grove, IL 61065	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Lloyd's of London INSURER B : INSURER C : 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			LIQ10642609	07/01/2020	07/01/2021	CSL	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

On Site Consumption added to the Policy as of March 1, 2021

Location Address: 13525 IL Rte 76
Poplar Grove IL 61065

CERTIFICATE HOLDER

Village of Poplar Grove
Liquor License Dept.
100 Ray Street
Poplar Grove, IL 61065

CANCELLATION

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

Connie Wiggins

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GREAT-8 OP ID: CW

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Location Address: 13525 IL Rte 76, Poplar Grove IL 61065

CERTIFICATE HOLDER STATE-2

Illinois Liquor
Control Commission
100 West Randolph
Suite #7-801
Chicago, IL 60601

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Connie Wiggins

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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.

P.R. MODI
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

MANAGER
(TITLE OR POSITION)

(TITLE OR POSITION)

03-04-2021
(DATE SIGNED)

(DATE SIGNED)

STATE OF IL)

COUNTY OF Boone) SS

OFFICIAL SEAL
HEIDE ANNE KACKLEY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/31/2022

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 4th DAY OF March, 20 21

NOTARY PUBLIC

VILLAGE OF POPLAR GROVE

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(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

MANAGER
(TITLE OR POSITION)

03/03/2021
(DATE SIGNED)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

CHAIRMAN ASIAN MEDIA USA.
(TITLE OR POSITION)

03/03/2021
(DATE SIGNED)

STATE OF IL.)

COUNTY OF IL.) SS

"OFFICIAL SEAL"
SURYAKANT BODIWALA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/4/2024

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 03 DAY OF MARCH, 2021

NOTARY PUBLIC