Fly In
8/16/26
7Am-3pm

# 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 |
| X Class E (Event) $100 | |

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

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

**SECTION 1: Applicant Information:**

Applicant Name: Heather Prather Date of Birth: [redacted]

Address: 4405 Windswept Way Phone: [redacted]

Primary Contact Person: Heather Prather Phone [redacted]

Business Name: S:S Collaborations Phone: [redacted]

d/b/a Name: _____

Premise Address: 116 W. Locust St Belvidere IL 61008

**Entity Information (if applicable):**

Date of formation: _____ 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 [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: _____ Policy Number: _____

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: Heather (First) A (Middle) Prather (Last)

[redacted] (Date of Birth / Driver's License No.) IL (State) Owner (Title) 100% (% Ownership)

2) Name: _____ (First / Middle / Last)

Date of Birth | Driver's License No. | State | 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

# BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

March 26, 2024

Letter ID: L0431083560

01/01

HEATHER PRATHER
4405 WINDSWEPT WAY
LOVES PARK IL 61111

**License No.:** 5A-0110606
**Expiration Date:** 3/25/2027
**License Type:** Basset Card

**Your "Student ID number" is: 28538379**

**Your "Trainer's ID number" is: 5A-0110606**

**Your BASSET Card is located BELOW**

## DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

**IMPORTANT:**

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

**ILLINOIS LIQUOR CONTROL COMMISSION**
50 W. Washington Street, Suite 209 - Chicago, IL 60601
**BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD**

**Date of Certification: 3/25/2024 Expires: 3/25/2027**
Trainer's IL Liquor License Number: 5A-0110606
**HEATHER PRATHER**
[redacted]

****Card is not transferrable****

LCCB-01 (N-01/15)

P-000466

# BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

July 7, 2025

Letter ID: L1164796008

TRISTIN PRATHER
4405 WINDSWEPT WAY
LOVES PARK IL 61111

01/01

**License No.:** 5A-0110606
**Expiration Date:** 06/11/2028
**License Type:** Basset Card

**Your "Student ID number" is: 16479998**

**Your "Trainer's ID number" is: 5A-0110606**

**Your BASSET Card is located BELOW**

## DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

**IMPORTANT:**

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

**ILLINOIS LIQUOR CONTROL COMMISSION**
50 W. Washington Street, Suite 209 - Chicago, IL 60601
**BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD**

**Date of Certification: 06/11/2025 Expires: 06/11/2028**
Trainer's IL Liquor License Number: 5A-0110606
**TRISTIN PRATHER**
[redacted]

****Card is not transferrable****

LCCB-01 (N-01/15)

P-000344

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2026

**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 | CONTACT NAME: Diane Roberts |
|---|---|
| Coyle-Kiley Insurance Agency, Inc.<br>810 N Alpine Rd<br><br>Rockford<br><br>IL 61107-3673 | PHONE No, Ext): [redacted] FAX (A/C, No): [redacted]<br>E-MAIL ADDRESS: [redacted] |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Underwriters at Lloyd's-London | 15792 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**

S & S Collaboration Inc.
116 w Locust St

Belvidere

IL 61008

**COVERAGES** **CERTIFICATE NUMBER:** 24/25 Liq Liability **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 ☐ OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| A | Liquor Liability | | | [redacted] | 12/01/2024 | 12/01/2025 | Each Common Cause<br>Aggregate | $1,000,000<br>$1,000,000 |

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

PGA Fly In 7:00am – 3:00pm 8/16/26

11619 Rte 76
Poplar Grove
IL 61065

**CERTIFICATE HOLDER**

Village Of Poplar Grove
200 N Hill St
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 REPRESEN[redacted]

# License Details

RETURN TO LICENSE LOOKUP > (/s/license-lookup)

## License

**License Number**
[redacted]

**License Class**
1A - RETAILER

**Retail Type**
ON PREMISES

**Sales Tax Account #**
[redacted]

**Expiration Date**
2/28/2027

**Application Status**
Renewal

**License Status**
Active

## Business

**Licensee Name**
S & S COLLABORATIONS, LLC

**Business Name**
S&S COLLABORATIONS

**Address**
116 W LOCUST ST
BELVIDERE IL, 610083619

**County**
Boone County

**Type**
Other

**Owners**
PRATHER, HEATHER OWNER 100.00