

**VILLAGE OF PEOTONE
REGULAR VILLAGE BOARD MEETING
208 E. MAIN STREET, PEOTONE, IL
MONDAY OCTOBER 9, 2023
6:00 PM
AGENDA**

I. CALL TO ORDER

- A. PLEDGE OF ALLEGIANCE
- B. ROLL CALL

II. PUBLIC COMMENTS

III. CONSENT AGENDA

ACTION ITEM

- A. APPROVE MINUTES OF THE SEPTEMBER 25, 2023, REGULAR VILLAGE BOARD MEETING
- B. PAYROLL/ACCOUNTS PAYABLE
- C. APPROVE RENEWAL OF CLASS D-1 LIQUOR LICENSE AND TOBACCO LICENSE FOR SPEEDWAY LLC, 432 E. CORNING AVE, PEOTONE IL

IV. STAFF/COMMITTEE REPORTS

V. MAYOR'S COMMENTS

VI. OLD BUSINESS

VII. NEW BUSINESS

- D. APPROVE NEW BUSINESS REGISTRATION FOR BEAT THE BOUTIQUE, AMANDA SCHOON
113 N. SECOND STREET, PEOTONE, IL ACTION ITEM
- E. APPROVE ORDINANCE AMENDING SECTIONS 112.78 AND 112.35 OF CHAPTER 112 OF
TITLE XI OF THE CODE OF PEOTONE BY ADDING PROVISIONS FOR A CLASS N LIQUOR LICENSE
LARGE TRUCK STOP ACTION ITEM
- F. APPROVE ISSUANCE OF A CLASS N LIQUOR LICENSE FOR JAY AMBE PETROLEUM TWO INC.
DBA PEOTONE TRAVEL CENTER, 601 S. 88TH AVE, PEOTONE, IL ACTION ITEM

VIII. QUESTIONS OF THE PRESS

IX. CORRESPONDENCE / COMMUNICATIONS / PETITIONS

X. ADJOURNMENT

ACTION ITEM

VILLAGE OF PEOTONE

REGULAR VILLAGE BOARD

Minutes of September 25, 2023

I. The Pledge of Allegiance was led by Mayor March at 6:00 pm.

II. Roll call

Village Clerk, Stacey Hartwell, conducted the roll call and following persons were present: Trustee Hudson, Trustee Richards, Trustee Sandberg, Trustee Sluis and Trustee Strba. Also present were the Mayor, the Village Administrator and the Village Attorney.

III. Public Comments: None

IV. Approval of Consent Agenda:

- A. Approve the Minutes of the September 11, 2023, Regular Village Board meeting.
- B. Approve Payroll/Accounts Payable
- C. Approve Hiring Diane Nielsen for Part Time Clerical Support Position in the Administration Department

Moved by Trustee Sluis, Seconded by Trustee Hudson

Roll Call Vote: Trustee Hudson, Trustee Richards, Trustee Sandberg, Trustee Sluis, Trustee Strba

Nays: None

Absent: Trustee Marevka

Motion passed

V. Staff Committee Reports:

Engineer: MFT Resurfacing Project - paving complete, still need to do restoration and punch list. Sidewalk Project – started removal which will continue tomorrow, excavating for Corning weather depending may be pouring concrete Friday. Wilmington Peotone Road – guard rails complete, will start patching tomorrow weather permitting, should take approx. two days and traffic will be a little hectic, once patching complete will do milling and paving.

Public Works: Leaf collection is coming up and will be 10/23/23-12/1/23 weather permitting, branch pick up will be ending 10/23/23, doing crosswalk painting and day to day operations, did training on GIS mapping, asking once again for residents to not blow grass into the street when mowing as it clogs the basins and can be dangerous to motorcycle riders, will be attending a couple training sessions in October including a mutual aid conference. AT&T put in a rush order for restoration on Garfield.

Chief: Submitted a 6 month review and a report to Trustees, the Chief and Seargent are working with the Police Officers on the Safe T Act changes.

Christmas Committee: There was a Committee meeting last week, Trustee Strba was absent, parade route was changed due to a conflict with the USPS, food trucks and locations, sponsorship letters have gone out.

VI. Mayor's Comments: Thanked the Historical Society for hosting the Old Mill Fest, thanked the trustees and staff that attended IML conference last week, presented a flyer for Business After Hours being held on 10/5/23 at Bult Field which Mayor will not be able to attend but felt it would be good to have representation from the Village, the Village received the Government Finance Association Budget Award and acknowledged the work the Treasurer and Administrator put into it, the budget is on the Village website.

VII. Old Business: None

VIII. New Business:

A. Present Certificate of Achievement for Years of Service to Gary Miller, Matt Moore, John Popek and Dan Stankus in the Police Department

B. Presentation of the 2022/2023 Annual Financial Statements for the Year ended March 2023 (Audit)

Courtney Moore from Lauterbach & Amen gave an overview of the Audited Financial Statements. Reported it received a clean opinion which is the highest it can receive and there were no difficulties or disagreements throughout the process. Mayor asked for a motion to accept the budget.

Moved by Trustee Sluis, Seconded by Trustee Richards

Roll Call Vote: Trustee Hudson, Trustee Richards, Trustee Sandberg, Trustee Sluis, Trustee Strba

Nays: None

Absent: Marevka

Motion passed

C. Discuss Village Code Ch. 72.01 – Vehicle Parking

There was discussion on enforcement of the No Parking from 2am-6am in the Downtown area.

Ordinance already exists but had not been enforced in the past few years. Police will be enforcing once again but will start informing before enforcement.

D. Approve Resolution Waiving Competitive Bidding and Authorizing Acceptance of Proposal from Jif Paving for Paving of Southeast Corner of Main St. and Railroad St. in the Amount of \$34,600

Trustee Hudson will have to recuse himself as he owns property. This was not submitted in the original grant but would allow for additional parking during the construction in the downtown area. Engineer spoke and has reservations due to high pricing and will not be able to reuse if Railroad Street is reconstructed in the future, would just be temporary. There was discussion about if it could just be tar and chip, it is a possibility and Public Works Manager will look into. The consensus was to take direction from staff and no motion or action taken.

E. Approve Resolution Waiving Competitive Bidding and Authorizing Acceptance of Proposal from Peotone Sealcoating for parking Lot Sealcoating at Northeast Corner of E. Crawford and N. Railroad St. in the Amount of \$3,350

This would provide approximately 20 parking spaces. The Engineer stated this would be temporary and last a few years and would make it look nicer. There was discussion on just striping it, possibly tar and chip, the Township has a "patcher" that the Village could potentially borrow, there would be more traffic on it if it was being used more. Public Works Manger will look into options. The consensus was to take direction from staff and no motion or action taken.

F. Approve Resolution Waiving Competitive Bidding and Authorizing Acceptance of Proposal from Freehill Asphalt Inc. for Crack Sealing at First St. from Corning to Wilson, Wilson St. from

Railroad Tracks to West St, Crawford St. from West St. to Railroad Tracks, Meyer Glen Subdivision on Wesley, Hauert and Hickory in the Amount of \$24,900

This was in the budget and the company was used last year, it would extend the life of the roads and is smart to do preventative maintenance which could save money.

Moved by Trustee Sluis, Seconded by Trustee Strba

Roll Call Vote: Trustee Hudson, Trustee Richards, Trustee Sandberg, Trustee Sluis, Trustee Strba

Nays: None

Absent: Trustee Marevka

Motion passed

G. Approve Resolution Authorizing the Execution of an Agreement for Services Between the Village of Peotone and GMT LLC for Economic Development, Planning and Marketing Service

The Village has used GMT in the past and felt they were instrumental in forming the TIF District, the Business Development District and also putting together the deal for the Travel Center. The Mayor feels development is coming to the area and the Village should potentially be building some employee housing with the new battery company coming to Manteno. Gene Steinmarch said his goal would be to bring in enough development/business for the Village to make a profit after paying for his services. He currently does not have any businesses in mind and stated retail is hard right now but he does have contacts with several shopping center/retail developments. He has worked with a lot of communities and can provide a list of Mayors to contact for references, they have little social media presence but are older and utilize word of mouth. He will get some contacts to the Administrator. This service was not in the budget and a budget amendment would have to be done. This item is to be tabled to the next meeting.

H. Approve Resolution Adopting a Capital Planning and Reporting Policy

Moved by Trustee Hudson, Seconded by Trustee Sluis

Roll Call Vote: Trustee Hudson, Trustee Richards, Trustee Sandberg, Trustee Sluis, Trustee Strba

Nays: None

Absent: Trustee Marevka

Motion passed

IX. Questions of the Press: Editor stated that the School Board presented a motion that IDOT has identified several hazardous bus stops in Peotone including one on Fourth Street, she said that the section on Fourth Street does not currently have any sidewalk and asked if there were any plans for a sidewalk extension there. The Mayor said he was unaware of the situation and his goal would be to have usable sidewalks on both sides of the street and this would be something the Public Works Manager will look into.

X. Correspondence/Communications/Petitions: None

XI. Adjournment:

Motion by Trustee Sluis, Seconded by Trustee Strba

All said AYE

Nays: None

Absent: Trustee Marevka

Adjournment at 6:50pm

Village of Peotone
Payroll and Accounts Payable Activity
Board Meeting Date -October 9, 2023

Payroll

For the period ending: 9/30/2023
Check Date: 10/6/2023

	Gross Payroll	FICA	IMRF	Total
Village Board	\$ -	\$ -	\$ -	\$ -
Administration	7,441.64	569.28	50.96	8,061.88
Building	2,422.72	176.57	19.16	2,618.45
Police	35,846.55	2,735.37	49.72	38,631.64
Public Works	8,997.47	688.29	68.70	9,754.46
Total	\$ 54,708.38	\$ 4,169.51	\$ 188.54	\$ 59,066.43

Accounts Payable

For the period ending: 10/6/2023
Check Date: 10/9/2023

General Fund	\$ 43,281.77
Building Permit Escrow Fund	365.00
Motor Fuel Tax Fund	-
Capital Improvement Fund	-
Police Pension Fund	1,500.00
Vehicle Service Fund	-
Business Development District Fund	500.00
TIF #1 Fund	250.00
TIF #2 Fund	250.00
Total	\$ 46,146.77



Village of Peotone
 208 E. Main Street - Peotone IL 60468-0430
 AP Invoices - Invoice List V1 - order by date_modified

Unregistered Invoices - G/L Source: A/P - Tentative G/L Register: 730 Batch 1 Tentative G/L Date: 10/3/2023

Invoice #	Vendor #	Name	Trans Code	Trans Date	Due Date	Amount
12794	ALL02	ALL AUTOMOTIVE INC. REPLACEMENT BATTERY - 2021 FORD INTERCEPTOR	BI	09/26/23	10/09/23	\$222.18
		G/L Account	G/L Description		Debit	Credit
			Invoice Amount			\$222.18
		01-51-412	Replacement Battery - 2021 Ford Interceptor		\$222.18	
					\$222.18	\$222.18
694453	ANDR3	Andrea Clark CLEANING SERVICES	BI	09/20/23	10/09/23	\$400.00
		G/L Account	G/L Description		Debit	Credit
			Invoice Amount			\$400.00
		01-50-452	Cleaning Services		\$176.00	
		01-51-452	Cleaning Services		\$104.00	
		01-53-452	Cleaning Services		\$120.00	
					\$400.00	\$400.00
694454	ANDR3	Andrea Clark Cleaning Services	BI	10/02/23	10/09/23	\$400.00
		G/L Account	G/L Description		Debit	Credit
			Invoice Amount			\$400.00
		01-50-452	Cleaning Services		\$176.00	
		01-51-452	Cleaning Services		\$104.00	
		01-53-452	Cleaning Services		\$120.00	
					\$400.00	\$400.00
09262023	COMED	COMED ELECTRIC	BI	09/26/23	10/09/23	\$88.59
		G/L Account	G/L Description		Debit	Credit
			Invoice Amount			\$88.59
		01-53-435	Electric		\$88.59	
					\$88.59	\$88.59
09262023-1	COMED	COMED ELECTRIC	BI	09/26/23	10/09/23	\$64.43
		G/L Account	G/L Description		Debit	Credit
			Invoice Amount			\$64.43
		01-53-436	Electric		\$64.43	
					\$64.43	\$64.43
09262023-2	COMED	COMED ELECTRIC	BI	09/26/23	10/09/23	\$36.87
		G/L Account	G/L Description		Debit	Credit
			Invoice Amount			\$36.87
		01-53-436	Electric		\$36.87	
					\$36.87	\$36.87



Village of Peotone
 208 E. Main Street - Peotone IL 60468-0430
 AP Invoices - Invoice List V1 - order by date_modified

Invoice #	Vendor #	Name	Trans Code	Trans Date	Due Date	Amount	
10022023	COWG1	COWGER, TAMMY	BI	10/02/23	10/09/23	\$163.12	
		CHRISTMAS IN THE VILLAGE - EASELS					
		<u>G/L Account</u>			<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
					Invoice Amount		\$163.12
	01-50-486	Christmas In The Village - Easels			\$163.12		
					\$163.12		\$163.12
4253473	GTEMP	GovTempsUSA	BI	09/14/23	10/09/23	\$1,309.00	
		FINANCIAL CONSULTANT					
		<u>G/L Account</u>			<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
					Invoice Amount		\$1,309.00
	01-50-452	Financial Consultant			\$1,309.00		
					\$1,309.00		\$1,309.00
4257711	GTEMP	GovTempsUSA	BI	09/21/23	10/09/23	\$803.25	
		FINANCIAL CONSULTANT					
		<u>G/L Account</u>			<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
					Invoice Amount		\$803.25
	01-50-452	Financial Consultant			\$803.25		
					\$803.25		\$803.25
36015618	HERI1	HERITAGE FS, INC.	BI	09/18/23	10/09/23	\$1,473.99	
		FUEL					
		<u>G/L Account</u>			<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
					Invoice Amount		\$1,473.99
	01-51-472	Fuel			\$1,252.90		
	01-53-472	Fuel			\$221.09		
					\$1,473.99		\$1,473.99
36015745	HERI1	HERITAGE FS, INC.	BI	09/05/23	10/09/23	\$1,946.11	
		FUEL					
		<u>G/L Account</u>			<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
					Invoice Amount		\$1,946.11
	01-51-472	Fuel			\$1,696.22		
	01-53-472	Fuel			\$249.89		
					\$1,946.11		\$1,946.11
181931941	HUMA1	HUMANA HEALTH PLAN, INC.	BI	09/13/23	10/09/23	\$1,798.85	
		DENTAL INSURANCE					
		<u>G/L Account</u>			<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
					Invoice Amount		\$1,798.85
	01-50-404	Dental Insurance			\$189.51		
	01-51-404	Dental Insurance			\$1,090.80		
	01-52-404	Dental Insurance			\$72.06		
	01-53-404	Dental Insurance			\$446.48		
					\$1,798.85		\$1,798.85



Village of Peotone
 208 E. Main Street - Peotone IL 60468-0430
 AP Invoices - Invoice List V1 - order by date_modified

Invoice #	Vendor #	Name	Trans Code	Trans Date	Due Date	Amount
10012023	IPBC1	Illinois Personnel Benefit Cooperative	BI	10/01/23	10/09/23	\$27,964.83
		HEALTH INSURANCE - OCTOBER 2023				
		G/L Account		G/L Description	Debit	Credit
				Invoice Amount		\$27,964.83
		01-50-404		Health Insurance - October 2023	\$3,861.98	
		01-51-404		Health Insurance - October 2023	\$20,966.98	
		01-52-404		Health Insurance - October 2023	\$763.36	
		01-53-404		Health Insurance - October 2023	\$2,372.51	
					\$27,964.83	\$27,964.83
82617	LAUT1	LAUTERBACH & AMEN, LLP	BI	09/28/23	10/09/23	\$4,500.00
		AUDIT SERVICES				
		G/L Account		G/L Description	Debit	Credit
				Invoice Amount		\$4,500.00
		01-50-447		Audit Services	\$2,000.00	
		35-00-447		Audit Services	\$1,500.00	
		40-00-447		Audit Services	\$500.00	
		41-00-447		Audit Services	\$250.00	
		42-00-447		Audit Services	\$250.00	
					\$4,500.00	\$4,500.00
74944	MELCO	MELCO TIRE	BI	08/23/23	10/09/23	\$1,460.74
		Tire Replacement				
		G/L Account		G/L Description	Debit	Credit
				Invoice Amount		\$1,460.74
		01-53-413		Tire Replacement	\$1,460.74	
					\$1,460.74	\$1,460.74
09252023	MUNO1	MUNOZ CONSTRUCTION	BI	09/25/23	10/09/23	\$365.00
		ESCROW REFUND - 1024 HUMMINGBIRD				
		G/L Account		G/L Description	Debit	Credit
				Invoice Amount		\$365.00
		02-00-212		Escrow Refund - 1024 Hummingbird	\$365.00	
					\$365.00	\$365.00
32701	PEER1	PEERLESS NETWORK, INC.	BI	09/15/23	10/09/23	\$1,305.80
		PHONE SERVICE				
		G/L Account		G/L Description	Debit	Credit
				Invoice Amount		\$1,305.80
		01-50-428		Phone Service	\$323.79	
		01-51-428		Phone Service	\$285.18	
		01-53-428		Phone Service	\$696.83	
					\$1,305.80	\$1,305.80
23-735	SOUT4	SOUTHWEST EXURBAN PUBLISHING, LLC	BI	09/14/23	10/09/23	\$120.00
		Code Corner - Week Of 09/14/2023				
		G/L Account		G/L Description	Debit	Credit
				Invoice Amount		\$120.00
		01-52-444		Code Corner - Week Of 09/14/2023	\$120.00	
					\$120.00	\$120.00



Village of Peotone
 208 E. Main Street - Peotone IL 60468-0430
 AP Invoices - Invoice List V1 - order by date_modified

Invoice #	Vendor #	Name	Trans Code	Trans Date	Due Date	Amount
23-771	SOUT4	SOUTHWEST EXURBAN PUBLISHING, LLC	BI	09/28/23	10/09/23	\$120.00
		CODE CORNER - WEEK OF 09/28/2023				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$120.00
	01-52-444	Code Corner - Week Of 09/28/2023		\$120.00		
				\$120.00		\$120.00
09272023	TONG1	TONGREN LAW OFFICES	BI	09/27/23	10/09/23	\$300.00
		JUDICIAL HEARING OFFICER				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$300.00
	01-51-446	Judicial Hearing Officer		\$300.00		
				\$300.00		\$300.00
09202023	UNITE	UNITED STATES POST OFFICE	BI	09/20/23	10/09/23	\$310.00
		POSTAGE PERMIT RENEWAL				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$310.00
	01-50-443	Postage Permit Renewal - Permit # 26		\$310.00		
				\$310.00		\$310.00
511426132	USBA1	US BANK EQUIPMENT FINANCE	BI	09/21/23	10/09/23	\$182.76
		COPIER LEASE				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$182.76
	01-51-412	Copier Lease		\$182.76		
				\$182.76		\$182.76
131731	WEBF1	WEBFOOT DESIGNS, INC.	BI	09/01/23	10/09/23	\$495.00
		MANAGED SERVICES - WEBSITE				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$495.00
	01-50-450	Managed Services - Website		\$495.00		
				\$495.00		\$495.00
4832243k	WHIT1	WHITMORE ACE HARDWARE	BI	08/08/23	10/09/23	\$33.77
		CONCRETE				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$33.77
	01-53-466	Concrete		\$33.77		
				\$33.77		\$33.77
4832963<	WHIT1	WHITMORE ACE HARDWARE	BI	08/11/23	10/09/23	\$34.17
		GARBAGE BAGS, SANITIZER, GRL TRNR				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$34.17
	01-53-466	Garbage Bags, Sanitizer, Grl Trnr		\$34.17		
				\$34.17		\$34.17



Village of Peotone
 208 E. Main Street - Peotone IL 60468-0430
 AP Invoices - Invoice List V1 - order by date_modified

Invoice #	Vendor #	Name	Trans Code	Trans Date	Due Date	Amount
4835513w	WHIT1	WHITMORE ACE HARDWARE	BI	08/22/23	10/09/23	\$145.76
		CHAIN LOOPS, REPAIR PARTS				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$145.76
	01-53-466	Chain Loops, Repair Parts		\$145.76		
				\$145.76		\$145.76
4840813t	WHIT1	WHITMORE ACE HARDWARE	BI	09/14/23	10/09/23	\$42.99
		STRING LIGHT INCAND				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$42.99
	01-51-485	String Light Incand		\$42.99		
				\$42.99		\$42.99
4842053j	WHIT1	WHITMORE ACE HARDWARE	BI	09/20/23	10/09/23	\$39.58
		DRIVEWAY SEALER				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$39.58
	01-53-466	Driveway Sealer		\$39.58		
				\$39.58		\$39.58
4842353j	WHIT1	WHITMORE ACE HARDWARE	BI	09/21/23	10/09/23	\$19.98
		LIGHT BULBS				
		<u>G/L Account</u>		<u>G/L Description</u>	<u>Debit</u>	<u>Credit</u>
				Invoice Amount		\$19.98
	01-53-466	Light Bulbs		\$19.98		
				\$19.98		\$19.98
Total						\$46,146.77

Totals	
Total Invoices:	29
Total Transactions	1
Total Vendors:	18
Total Amount:	\$46,146.77

Account	Amount
01-50-404 EMPLOYEE'S INSURANCE	\$4,051.49
01-50-428 TELEPHONE/FAX	\$323.79
01-50-443 POSTAGE	\$310.00
01-50-447 ACCOUNTING SERVICES	\$2,000.00
01-50-450 PUBLIC, EDUCATION & GOV. SERVICE	\$495.00
01-50-452 OTHER PROFESSIONAL SERVICES	\$2,464.25
01-50-486 CHRISTMAS IN THE VILLAGE	\$163.12
01-51-404 EMPLOYEE'S INSURANCE	\$22,057.78
01-51-412 EQUIPMENT MAINTENANCE	\$404.94
01-51-428 TELEPHONE/FAX	\$285.18
01-51-446 LEGAL FEES	\$300.00
01-51-452 OTHER PROFESSIONAL SERVICES	\$208.00
01-51-472 GAS & OIL	\$2,949.12
01-51-485 SUNDRY EXPENSE	\$42.99
01-52-404 EMPLOYEE'S INSURANCE	\$835.42
01-52-444 PRINTING/PUBLISHING	\$240.00
01-53-404 EMPLOYEE'S INSURANCE	\$2,818.99
01-53-413 STREET MAINTENANCE	\$1,460.74
01-53-428 TELEPHONE/FAX	\$696.83
01-53-435 UTILITIES	\$88.59
01-53-436 STREET LIGHTING	\$101.30

Fund	Amount
01	\$43,281.77
02	\$365.00
35	\$1,500.00
40	\$500.00
41	\$250.00
42	\$250.00
	\$46,146.77



Account	Amount
01-53-452 OTHER PROFESSIONAL SERVICES	\$240.00
01-53-466 OTHER SUPPLIES	\$273.26
01-53-472 GAS & OIL	\$470.98
02-00-212 ESCROW DEPOSIT	\$365.00
35-00-447 ACCOUNTING SERVICES	\$1,500.00
40-00-447 ACCOUNTING SERVICES	\$500.00
41-00-447 ACCOUNTING SERVICES	\$250.00
42-00-447 ACCOUNTING SERVICES	\$250.00
	<u>\$46,146.77</u>

Vendor	Amount
ALL02	\$222.18
ANDR3	\$800.00
COMED	\$189.89
COWG1	\$163.12
GTEMP	\$2,112.25
HERI1	\$3,420.10
HUMA1	\$1,798.85
IPBC1	\$27,964.83
LAUT1	\$4,500.00
MELCO	\$1,460.74
PEER1	\$1,305.80
SOUT4	\$240.00
TONG1	\$300.00
UNITE	\$310.00
USBA1	\$182.76
WEBF1	\$495.00
WHIT1	\$316.25
MUNO1	\$365.00
	<u>\$46,146.77</u>

Vendor	C/Y 2023 Invoices	C/Y 2023 Payments	F/Y 2024 Invoices	F/Y 2024 Payments
LAUT1	(2) 11300.00	(3) 15800.00	(2) 11300.00	(3) 15800.00
GTEMP	(36) 63120.75	(18) 70092.75	(23) 41392.75	(13) 47664.75
HERI1	(17) 28502.68	(13) 33723.86	(11) 18694.27	(10) 22311.46
HUMA1	(0) 0.00	(0) 0.00	(0) 0.00	(0) 0.00
PEER1	(8) 10702.39	(9) 12225.68	(5) 6485.27	(5) 6485.27
MELCO	(2) 45.00	(3) 2019.86	(2) 45.00	(2) 45.00
MUNO1	(1) 1835.00	(1) 1835.00	(0) 0.00	(0) 0.00
UNITE	(1) 12.30	(1) 12.30	(0) 0.00	(0) 0.00
USBA1	(16) 6982.18	(14) 7730.10	(11) 5392.00	(9) 5595.74
WEBF1	(6) 1590.00	(3) 1590.00	(6) 1590.00	(3) 1590.00
WHIT1	(37) 2059.09	(15) 2240.73	(18) 1251.61	(11) 1431.69
COMED	(38) 50174.63	(12) 50174.63	(19) 27770.32	(8) 33466.59
COWG1	(0) 0.00	(0) 0.00	(0) 0.00	(0) 0.00
SOUT4	(5) 620.00	(3) 620.00	(5) 620.00	(3) 620.00
TONG1	(7) 2100.00	(8) 2400.00	(5) 1500.00	(6) 1800.00



Village of Peotone
208 E. Main Street - Peotone IL 60468-0430
AP Invoices - Invoice List V1 - order by date_modified

ALL02	(12) 1308.15	(6) 1308.15	(11) 1262.18	(6) 1308.15
ANDR3	(12) 4800.00	(11) 4800.00	(12) 4800.00	(11) 4800.00
IPBC1	(1) 29900.57	(1) 29900.57	(1) 29900.57	(1) 29900.57

FOR OFFICE
USE ONLY

LICENSE NO :

DATE ISSUED

EXPIRATION DATE



Application for Retailer's Liquor License

I. APPLICANT - CORPORATE INFORMATION

- If you want your renewal application, your license certificate and other PLCC correspondence sent to your "corporate" address, please check the box to the left.

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #
31-1551430

B. ILLINOIS BUSINESS TAX NUMBER (IDT OR SALES TAX NO.)

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number. You must have this number for a license to be issued. Attach a copy of your Revenue Business Tax certificate. If you need to obtain this number, call the Illinois Department of Revenue in Chicago at (312) 814-5258 or in Springfield at (217) 785-2889.

ILLINOIS BUSINESS TAX #
2873-4785

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE #
1-800-255-0711

D. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME
Speedway LLC

1. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

ADDRESS	CITY	STATE	ZIP
3200 Hackberry Rd	Irving	Texas	75063-0131

2. STATUS OF BUSINESS

Check the applicable box (assumed name sole proprietorship, partnership, Illinois corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of state.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the state of Illinois; in the case of a limited partnership, the date of formation of such partnership, or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5-6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A. SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK _____
- B. PARTNERSHIP DATE OF FORMATION _____
- C. ILLINOIS CORPORATION DATE OF INCORPORATION _____
- D. FOREIGN CORPORATION STATE OF INCORPORATION _____
DATE QUALIFIED TO DO BUSINESS IN _____
- E. LIMITED LIABILITY COMPANY DATE FORMED 7/18/97

If "C", "D" or "E" is checked, indicate your current Secretary of State file number here _____
Attach a copy your Certificate of Good Standing. If you need to obtain this, call the Illinois Secretary of State at (217) 782-6875.

Attached Certificate of Good Standing

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer of director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. Before completing this section, check Question No. 6 - Eligibility.

For each owner/officer/partner 5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

See attachment.

See Attached

A.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE POSITION	TELEPHONE		% OWNED

B.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE POSITION	TELEPHONE		% OWNED

C.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE POSITION	TELEPHONE		% OWNED

D.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE POSITION	TELEPHONE		% OWNED

E.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE POSITION	TELEPHONE		% OWNED

4. BUSINESS PREMISE INFORMATION

If you want your renewal application, your license certificate and other PLCC correspondence sent to your business premise address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business that will be selling or serving beverages at the licensed premises. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)
Speedway #7032

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NUMBER
708-258-6880

C. ADDRESS

In the next four boxes enter the address, city, state, and Zip Code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. If you are purchasing a business that is currently operating, the Commission requires some proof that the business has changed hands - a bill of sale, closing statement, lease, or the previous original liquor license certificate, etc. We request this information because we will need this documentation to inactivate the old license and issue a new license. You should also contact the Illinois Department of Revenue at (312) 814-3063 concerning the filing of a Bulk Sales Stop Order if applicable.

ADDRESS	CITY	STATE	ZIP
432 E Corning Ave	Peotone	IL	60468

D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- | | | |
|--|--|--|
| A. <input type="checkbox"/> DRUGSTORE PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input checked="" type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BARTAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER |

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP	COUNTY

owned

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME		AREA CODE/TELEPHONE		
ADDRESS	CITY	ST	ZIP CODE	COUNTY

5. PREVIOUS LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. FIRST LIQUOR LICENSE APPLICATION-LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc., first application for a Local liquor license at any premises. If you check "no", indicate the date of your Local liquor license application. Also indicate whether the license(s) was granted, denied or withdrawn. Provide the address of any Local liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST LOCAL LICENSE APPLICATION? YES NO

IF NO, PROVIDE DATE FIRST APPLIED: 05/14/2021

DISPOSITION: GRANTED DENIED

B. PREVIOUS LIQUOR LICENSE INFORMATION

WITHDRAWN EXPIRED

Please enter any previous local liquor license number, the date issued, the date it expires, the municipality or county that issued the license, and the date you began selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date the Village of Peotone liquor license is issued.

MUNICIPALITY/COUNTY ISSUING LICENSE	LOCAL LICENSE #	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES
City of Peotone	7032	03/31/2022	04/30/2023	

C. TYPE OF LIQUOR LICENSE

Check which describes the manner in which you intend to sell alcoholic beverages to consumers.

- Class A Class D1 Class O Class Other _____
 Class C-2 Class E Class M
 Class D Class F Class V

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- A. YES NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- B. YES NO Are you delinquent under the "cash beer" law?
- C. YES NO Are you delinquent under the "30-day credit" law?
- D. YES NO Have you ever applied for and been denied a liquor license?
- E. YES NO Have you had any previous liquor license revoked?
- F. YES NO Have you ever been convicted of a felony?
- G. YES NO Have you ever been convicted of a gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)-1 l, "gambling", 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling", and 720 ILCS 5/28-3 "keeping a gambling place"?
- H. YES NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- I. YES NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- J. YES NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?
- K. YES NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?
- L. YES NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

7. HOURS OF OPERATION

List the daily hours open for business. (This information will assist Commission field agents in choosing an inspection time which causes the least disruption to business.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
24/7	24/7	24/7	24/7	24/7	24/7	24/7

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original-rubber stamps are not accepted.

I, THE UNDESIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF PEOTONE TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IF QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF PEOTONE, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, PEOTONE LIQUOR ORDINANCES, VILLAGE OF PEOTONE ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

		
SIGNATURE OF APPLICANT/AUTHORIZED AGENT	TITLE/POSITION	DATE

**VILLAGE OF PEOTONE
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM**

APPLICANT NAME: Kimberly K. Duncan

ADDRESS: _____

CITY/TOWN: Dallas STATE: TX ZIP: 75219

PHONE NO: _____ WORK: _____

BACKGROUND CHECK SHEET:

D.O.B.: _____

DRIVER'S LICENSE#: _____

NEW OR RENEWAL PERMIT: Renewal

List all addresses where you have lived within the last five (5) years:

HOME ADDRESS	CITY	STATE	ZIP
	<u>Dallas</u>	<u>TX</u>	<u>75219</u>
HOME ADDRESS	CITY	STATE	ZIP
	<u>Southlake</u>	<u>TX</u>	<u>75160</u>
HOME ADDRESS	CITY	STATE	ZIP

I hereby authorize any person who is contacted by the Peotone Police Department to release any information pertaining to the background investigation including, but not limited to records or information relating to my past business performance, financial stability, military, police, driving records and character for use by the Peotone Police Department in consideration of my application for Liquor License within the Village of Peotone and for no other purpose.

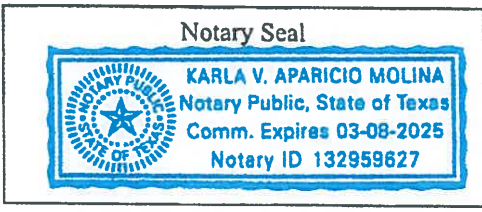
In connection with my application referred to above, I authorize the Village of Peotone to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history.

SIGNATURE: _____

DATE: 5/9/2023

Subscribed and sworn before me this 9 day
of May, 2023

Notary Public

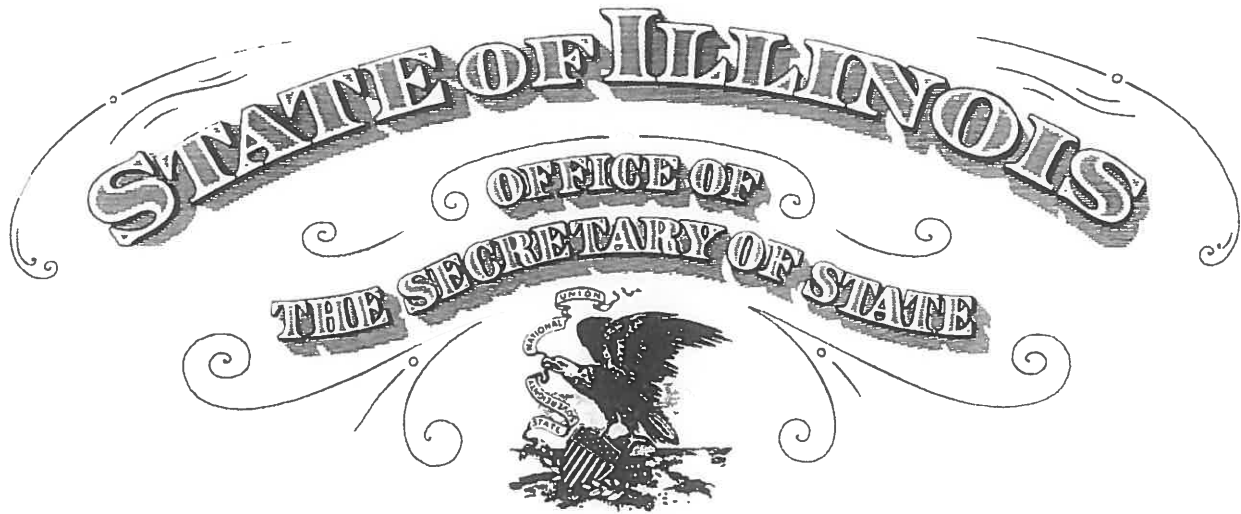


Licensee's current principal officers are

- **President: David L. Seltzer**
730 Ashleigh Lane, Southlake, TX 76092
- **Vice President & Controller: Rory P. King**
511 Meadowlark Place, Heath, TX 75032
- **Vice President & Secretary: Keith A. Jones**
1704 Doubletree Trail, Flower Mound, TX 75028
- **Assistant Secretary: Kimberly K. Duncan**
2728 Hood St. Apt. 808, Dallas, TX 75219
- **James Banker: Director of Tax**
3200 HACKBERRY RD
IRVING TX 75063-0131
- **Jennifer Marie Mendola: Attorney at Law**
500 Woodward Ave. Suite 3500
Detroit, MI 48226

File Number

1264735-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SPEEDWAY LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 11, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MARCH A.D. 2023 .

Authentication #: 2306602960 verifiable until 03/07/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE



April 14, 2023

Village of Peotone - Village Administrator

Re: Speedway LLC
Change of Officer Notification

To Whom It May Concern:

Please be advised that Speedway LLC ("Speedway") has had a change of officers. Accordingly, this letter is intended to serve as notice and a request for approval of the removal of the following officers:

- Glenn Plumbly: Executive Vice President and Chief Operating Officer
- Timothy Rupp: Senior Vice President Marketing
- Joey Allen: Assistant Controller
- Timothy Griffith: President.

The above officers have departed Speedway and effective immediately, Speedway will be reporting the following officers for its alcohol licenses:

- David Seltzer - President
- Keith Jones – Vice President and Secretary
- Kimberly K Duncan - Assistant Secretary
- James Baker – Assistant Secretary

Please be advised that no one individual officer owns 5% or more of any shares of Speedway. Please let us know if any documentation will be required to effect this change.

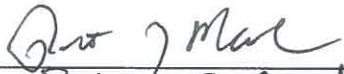
We ask that you kindly approve this notification of change of officer, sign below, and return via email to Charlene Brandt, Regional Manager of Government Affairs at charlene.brandt@7-11.com at your earliest convenience.

Thank you for your consideration.

APPROVED:

Speedway LLC


 Jennifer Mendota
 Assistant Secretary
 Speedway LLC


 By: Peter J March
 Village President



Aon Risk Solutions

March 2, 2023

Ms. Jill Shaw, License Coordinator
7-Eleven / Speedway LLC
500 Speedway Drive
Enon, OH 45323

Bond No: 5638858
Cross Ref: 29S001040
Principal: Speedway LLC
Obligee: Village of Peotone, IL
Description: \$1,000 Liquor License Bond – Class D-1 Beer & Wine License
Speedway #7032 @ 432 E Corning Avenue, Rte. 50

Dear Jill:

Enclosed please find the continuation certificate for the captioned bond that has been executed behalf the surety company.

This continuation certificate evidences renewal coverage of this bond through 03/30/2024.

Should you have any questions or need additional information please let me know.

Respectfully yours,

A handwritten signature in blue ink that reads "Kelly A. Westbrook".

Kelly A. Westbrook
Client Surety Specialist
Enclosure/kaw



CONTINUATION CERTIFICATE

Liberty Mutual Insurance Company

Boston, MA

, Surety upon

a certain Bond No 29S001040

Cross Ref: 5638858

dated effective 05/09/1990

(MONTH-DAY-YEAR)

on behalf of SPEEDWAY LLC

(PRINCIPAL)

and in favor of VILLAGE OF PEOTONE, IL

(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on March 30, 2023

(MONTH-DAY-YEAR)

and ending on March 30, 2024

(MONTH-DAY-YEAR)

Amount of bond \$ 1,000.00

Description of bond Liquor License Bond - Class D-1 Beer & Wine License - Speedway #7032 @ 432 E Corning Avenue, Rte. 50, Peotone, IL 60468

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on March 2, 2023 (MONTH-DAY-YEAR)

Liberty Mutual Insurance Company
175 Berkeley Street, Boston, Massachusetts 02116 610-832-8240

By Attorney-in-Fact Kelly A. Westbrook

AON RISK SERVICES SOUTHWEST, INC. Agent

5005 LBJ Freeway, Suite 1500, Dallas, TX, 75244 Address of Agent

(214) 989-0000 Telephone Number of Agent





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205467-022020

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Don E. Cornell; Joshua Saunders, Kelly A. Westbrook, Mikaelu Peppers, Ricardo J. Reyna, Robbi Morales, Sophie Hunter, Tina McIwan, Tonic Petranck

all of the city of Dallas state of TX each individually if there be more than one named its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 23rd day of April 2021



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 23rd day of April 2021 before me personally appeared David M. Carey who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 26, 2025
Commission number 1126044
Member Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings

Any officer of the Company authorized for that purpose in writing by the chairman or the president and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make execute seal acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make execute seal acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn the undersigned, Assistant Secretary The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 2nd day of March, 2023.



By: Renee C. Llewellyn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/12/2023

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 Aon Risk Services Southwest, Inc. Dallas TX Office 5005 Lyndon B Johnson Freeway Suite 1500 Dallas TX 75244 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED SEI Speedway Holdings, LLC 3200 Hackberry Road Irving TX 75063 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Ironshore Specialty Insurance Company		25445
	INSURER B: ACE American Insurance Company		22667
	INSURER C: Indemnity Insurance Co of North America		43575
	INSURER D: ACE Fire Underwriters Insurance Co.		20702
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570097363331 **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. Limits shown are as requested

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:			XSLG47353105 SIR applies per policy terms & conditions	10/01/2022	10/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
C	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	WLRC50732915 AOS WLRC50733002 AZ, MA	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
B	Liquor Liab Cvg			HDOG4735299A Liquor Liability	01/01/2023	01/01/2024	Each Occurrence \$500,000 Aggregate \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Speedway Unit #7032 located at 432 East Corning Ave., Route 50, Peotone, Illinois 60468-9498.

CERTIFICATE HOLDER**CANCELLATION**

Village of Peotone 208 East Main Street Peotone IL 60468 USA	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 <i>Aon Risk Services Southwest, Inc.</i>

Holder Identifier :

Certificate No : 570097363331



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED SEI Speedway Holdings, LLC	
POLICY NUMBER See Certificate Number: 570097363331			
CARRIER See Certificate Number: 570097363331	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insured Schedule

2Go Tesoro Company;
 7-Eleven, Inc.;
 Giant Four Corners, LLC;
 Giant Stop-N-Go of New Mexico LLC;
 Northern Tier Bakery LLC;
 Northern Tier Retail LLC
 PFJ Southeast LLC;
 SEI Speedway Holdings, LLC;
 Speedway LLC;
 Speedway of Massachusetts LLC;
 Speedway Prepaid Card LLC;
 Speedway Western Holdings LLC;
 Speedway.com LLC
 SWTO LLC;
 Tesoro Northstore Company;
 Tesoro Sierra Properties, LLC;
 Tesoro South Coast Company, LLC;
 Tesoro West Coast Company LLC;
 TRMC Retail LLC
 Western Refining Retail TRS I, LLC;
 Western Refining Retail TRS II, LLC
 Western Refining Retail, LLC
 Western Refining Texas Retail Services, LLC
 WIP LLC



* *



CONTINUATION CERTIFICATE

Liberty Mutual Insurance Company Boston, MA , Surety upon

a certain Bond No. 29S001040

Cross Ref: 5638858

dated effective 05/09/1990 (MONTH-DAY-YEAR)

on behalf of SPEEDWAY LLC (PRINCIPAL)

and in favor of VILLAGE OF PEOTONE , IL (OBLIGEE)

does hereby continue said bond in force for the further period

beginning on March 30, 2023 (MONTH-DAY-YEAR)

and ending on March 30, 2024 (MONTH-DAY-YEAR)

Amount of bond \$ 1,000.00

Description of bond Liquor License Bond - Class D-1 Beer & Wine License - Speedway #7032 @ 432 E Corning Avenue, Rte. 50, Peotone, IL 60468

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on March 2, 2023 (MONTH-DAY-YEAR)

Liberty Mutual Insurance Company 175 Berkeley Street, Boston, Massachusetts 02116 610-832-8240

By Attorney-in-Fact Kelly A. Westbrook

AON RISK SERVICES SOUTHWEST, INC. Agent

5005 LBJ Freeway, Suite 1500, Dallas, TX, 75244 Address of Agent

(214) 989-0000 Telephone Number of Agent





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205467-022020

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Don E. Cornell; Joshua Saunders; Kelly A. Westbrook; Mikaela Peppers; Ricardo J. Reyna; Robbi Morales; Sophinie Hunter; Tina McEwan; Tonie Petranek

all of the city of Dallas state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 23rd day of April, 2021.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 23rd day of April, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 2nd day of March, 2023.



By: Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency, rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

The Village of Peotone

OFFICE : 205 E MAIN STREET
P.O. BOX 430
PEOTONE, ILLINOIS 60468-0430
PHONE: (708) 258-3279
FAX: (708) 258-3850

TOBACCO LICENSE APPLICATION

FEE \$50.00

APPLICANT NAME Keith Jones

HOME ADDRESS _____ TX 75028

TELEPHONE # _____

BUSINESS NAME Speedway LLC DBA Speedway #7032

BUSINESS ADDRESS 432 East Corning Avenue Peotone IL, 60468

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

LLC X

PARTNERS OR PRINCIPAL OFFICERS OF CORPORATION

NAME	ADDRESS	TELEPHONE #
Please see attachment		

BUSINESS ACTIVITY Gas Station/Convenience Store

STATE SALES TAX ID NO. 2873-4785

NEW LICENSE _____ RENEWAL X

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED NO

APPROVED _____ DENIED _____

ATTEST

VILLAGE CLERK

VILLAGE PRESIDENT

Village of Peotone

208 E. Main St. - P.O. Box 430 • Peotone, Illinois 60468
708-258-3279 • Fax 708-258-3850



New Business _____

Renewal

Fee \$25.00

Date of Application

pd copy 9/27/23
9/27/23

APPLICATION FOR BUSINESS REGISTRATION

Your proposed business must be a permitted use within the zoning district in which the property is located in accordance with the Peotone Zoning Ordinance. For verification, please call 708-258-3279

1. Name of Business: Speedway LLC DBA Speedway #7032

Phone No: 708-258-6880 P.O. Box _____ Address 432 E Corning Ave
Peotone IL 60468

2. Name of Business Owner(s): (Include all principals)

Name and Home Address of Business Owner #1: Speedway LLC
PO Box 139044 Dallas Texas 75313

P.O. Box _____ Phone: 972-828-1888

Emergency / After Hours Phone: 708-258-6880

Cell: _____

Name and Home Address of Business Owner #2

P.O. Box _____ Day Phone _____

Emergency / After Hours Phone: _____

Cell: _____

3. Name of Business Manager: Johanna Peters

Home Address _____

P.O. Box _____ Day Phone _____

Emergency / After Hours Phone _____

Cell: _____

4. Name of Property Owner(s): Speedway LLC

Address: 3200 Hackberry Rd. Irving TX 75063

P.O. Box _____ Day Phone _____

Emergency / After Hours Phone: 800-255-0711

Cell: Argia Collins /

5. General Nature of Business (Choose one):

Retail _____ Service _____ Food Service _____ Manufacturing _____
_____ Distribution _____ Non-Profit _____ Home Occupation _____ Other _____

5a. Seating Capacity if applicable: _____

6. Specific Nature of Business (Please describe): Gas station, store

7. Level of Business at this Location: Check one

____ Corporate Headquarters ____ Division Headquarters ____ Franchise
____ Partnership Individual Business

8. Sales or Occupational Tax Number: 2873-4785

9. Days and Hours of Operation: 24 hours

10. Occupancy Date: 05/14/21

11. Number of Employees (other than owner): 5-10 Full-Time _____ Part-Time _____

12. Square Footage of Premises: 1818 sq (to nearest 100 square feet)

13. Has any License or Registration issued to the Applicant ever been Suspended, Revoked, or Cancelled?

Yes _____ No _____ If Yes, please explain:

please see attachment (maybe not this location)

14. Does Your Business Include?

A. Coin Operated Amusement Devices: Yes _____ No
If Yes, how many? _____

B. Coin-Operated Food/Beverage Machines: Yes No
If Yes, how many? _____

C. Sale of Tobacco Products: Yes No _____
If Yes, in what manner? _____ Vending Machine Over-the Counter

D. Sale of Liquor Products: Yes No _____
If Yes, in what manner? Package Liquor _____ By the Drink _____ With a Meal

E. Juke Boxes: Yes _____ No

F. Adult Use: Yes _____ No

If you have answered Yes to any question in Part 14, additional licenses may be required by Village of Peotone ordinances regulating such uses. Applications may be obtained at the Village Hall.

Please review these questions and check **yes** or **no**. If you check **yes** to any of the questions, you will be required to go through the associated Commission and/or staff review process. For further information contact the Village Hall at 708-258-3279.

Are you modifying an existing sign or installing a new sign Yes _____ No X

Describe Sign: _____
(Note: Building permits are required for signs and/or renovations.)

Are you modifying the exterior facade of a building? Yes _____ No X

Are you changing or adding landscaping or lighting to your site? Yes _____ No X

Are you remodeling the interior of a building? Yes _____ No X

Are you proposing a carry-out restaurant or outdoor dining? Yes _____ No X

Are you proposing a new building, building addition, modification to fencing, garbage enclosure, parking lot or drainage? Yes _____ No X

How will deliveries be made? Vendors

Where will customers park? parking lot

If this is a renewal, how many years have you been operating this business in Peotone? 2 years

TO THE BUSINESS REGISTRATION APPLICANT:
It is imperative that this application be filled out in its entirety, regardless of whether it is a new application or a renewal. Please read the following and sign where indicated prior to submitting your application at the Village Hall.

This application will be reviewed by the Village Staff. All registrations shall be subject to all applicable laws, ordinances, rules, and regulations of the Village of Peotone.

Approximately fourteen (14) days will be required for Village review before a business registration can be issued.

Return completed application form to the Village Clerk, Peotone Village Hall, 208 E. Main Street, P.O. Box 430, Peotone, IL 60468. (708) 258-3279. Faxed copies will not be accepted

I hereby swear that all of the information provided within this application for a business registration is true and correct to the best of my knowledge and that I am authorized to complete this application.

Stacy Gruen
(Applicant's Signature)
Licensing Manager

9/27/23
(Date)

APPROVED:
[Signature]
(Zoning Administrator) _____ Date _____

Village Clerk _____ Date _____

New Business

Renewal _____

Fee \$25.00

Date of Application

9-26-23

pd cd# 1033

Village of Peotone

208 E. Main St. - P.O. Box 430 • Peotone, Illinois 60468
708-258-3279 • Fax 708-258-3850



APPLICATION FOR BUSINESS REGISTRATION

Your proposed business must be a permitted use within the zoning district in which the property is located in accordance with the Peotone Zoning Ordinance. For verification, please call 708-258-3279

BEAT The Boutique

1. Name of Business: _____

Phone No: 8159011892 P.O. Box _____ Address: 113 N Second St

2. Name of Business Owner(s): (Include all principals)

Name and Home Address of Business Owner #1: Amanda Schoon
Manteno IL

P.O. Box _____ Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

Name and Home Address of Business Owner #2: _____

P.O. Box _____ Day Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

3. Name of Business Manager: _____

Home Address: _____

P.O. Box _____ Day Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

4. Name of Property Owner(s): Rick Jones / Erica Porter

Address: _____

P.O. Box _____ Day Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

5. General Nature of Business (Choose one):

Retail _____ Service _____ Food Service _____ Manufacturing
_____ Distribution _____ Non-Profit _____ Home Occupation _____ Other

5a. Seating Capacity if applicable: _____

6. Specific Nature of Business (Please describe): _____

Trending western clothing and accessories boutique for women.

7. Level of Business at this Location: Check one

_____ Corporate Headquarters _____ Division Headquarters _____ Franchise
_____ Partnership _____ Individual Business

8. Sales or Occupational Tax Number: 92-2683993

9. Days and Hours of Operation: Tuesday-Saturday 11-6

10. Occupancy Date: 10/1/23

11. Number of Employees (other than owner): _____ Full-Time ² _____ Part-Time

12. Square Footage of Premises: 2000 (to nearest 100 square feet)

13. Has any License or Registration issued to the Applicant ever been Suspended, Revoked, or Cancelled?

_____ Yes _____ No If Yes, please explain:

14. Does Your Business Include?

A. Coin Operated Amusement Devices: Yes _____ No
If Yes, how many? _____

B. Coin-Operated Food/Beverage Machines: Yes No
If Yes, how many? _____

C. Sale of Tobacco Products: Yes _____ No
If Yes, in what manner? _____ Vending Machine _____ Over-the Counter

D. Sale of Liquor Products: Yes _____ No
If Yes, in what manner? _____ Package Liquor _____ By the Drink _____ With a Meal

E. Juke Boxes: Yes _____ No

F. Adult Use: Yes _____ No

If you have answered Yes to any question in Part 14, additional licenses may be required by Village of Peotone ordinances regulating such uses. Applications may be obtained at the Village Hall.

Please review these questions and check **yes** or **no**. If you check **yes** to any of the questions, you will be required to go through the associated Commission and/or staff review process. For further information contact the Village Hall at 708-258-3279.

Are you modifying an existing sign or installing a new sign Yes X No _____

Describe Sign: Flat to building, white, cactus with half circle and business name

(Note: Building permits are required for signs and/or renovations.)

Are you modifying the exterior facade of a building? Yes _____ No X

Are you changing or adding landscaping or lighting to your site? Yes _____ No X

Are you remodeling the interior of a building? Yes _____ No X

Are you proposing a carry-out restaurant or outdoor dining? Yes _____ No X

Are you proposing a new building, building addition, modification to fencing, garbage enclosure, parking lot or drainage? Yes _____ No X

How will deliveries be made? 1 or 2 a week

Where will customers park? In front or the back

If this is a renewal, how many years have you been operating this business in Peotone? _____

TO THE BUSINESS REGISTRATION APPLICANT:
It is imperative that this application be filled out in its entirety, regardless of whether it is a new application or a renewal. Please read the following and sign where indicated prior to submitting your application at the Village Hall.

This application will be reviewed by the Village Staff. All registrations shall be subject to all applicable laws, ordinances, rules, and regulations of the Village of Peotone.

Approximately fourteen (14) days will be required for Village review before a business registration can be issued.

Return completed application form to the Village Clerk, Peotone Village Hall, 208 E. Main Street, P.O. Box 430, Peotone, IL 60468. (708) 258-3279. Faxed copies will not be accepted.

I hereby swear that all of the information provided within this application for a business registration is true and correct to the best of my knowledge and that I am authorized to complete this application.

(Applicant's Signature)

9-26-2023
(Date)

APPROVED:

(Zoning Administrator) Date

Village Clerk Date

Ordinance No. _____

**Ordinance Amending Sections 112.78 and 112.35
of Chapter 112 of Title XI of the Code Of Peotone
by Adding Provisions for a Class N Liquor License - Large Truck Stop**

SECTION 1: That Section 112.18 of Chapter 112 of Title XI of the Code of Peotone be and is hereby amended by adding thereto the following Subsection [M] thereof reading in its entirety as follows:

[M] [1] Class N Large Truck Stop license. A Class N license is only authorized to be issued to a duly licensed “large” truck stop [in excess of 3 acres in size] and authorized to do business as such by the State of Illinois and the Village. If so authorized and approved by the Village a large truck stop may, but need not, include separately [but under one roof] a convenience food store, lounge, bar and/or “gaming room” [as defined and regulated above in [H1] of this Section 112.18]. A Class N license shall authorize the retail sale of alcoholic liquor in individual packages but not for consumption on the premises but solely in the convenience food store and provided there shall be advertisement on public display in said convenience food store of such alcoholic liquors. [DO YOU WANT A LIMIT, SUCH AS PERCENTAGE OF SALES OR SHELF SPACE, AS TO HOW MUCH OF THE STORE IS DEDICATED TO LIQUOR V. OTHER SALES?]. The Class N license shall also authorize the retail sale on the premises in any lounge, bar or gaming room of alcoholic liquor for consumption in said lounge, bar and/or gaming room except as herein otherwise regulated below, and further PROVIDED that such lounge, bar or gaming room is on a separate floor of the building containing the convenience food store and any quick serve or fast food restaurants or in a separate building. Any such lounge, bar or gaming room will be limited to 1 serving bar per room.

The annual fee for such license in 2023 shall be \$_____ prorated to the date any such license may be issued. Thereafter the annual fee shall automatically increase by 3% every year. A list of current fees is available from the Village Clerk. There shall be no more than one Class N license issued or in existence in the Village at any one time. Alcoholic liquor shall be sold and/or served during the permitted service hours set forth in Section 112.35 below. The operation of video gaming terminals shall not be permitted during the hours alcoholic sales or service are prohibited in Section 112.35.

[2] Class N license holders are allowed to apply for a video gaming license through the State and Village. A Class N licensee must have a video gaming license issued by the Village and the Illinois Gaming Board in accordance with the provisions of the Video Gaming Act, ILCS Ch. 230, Act 40, §§ 1 *et seq.*, and shall comply at all times with all provisions of the Illinois Video Gaming Act and all rules, regulations and restrictions imposed by the Illinois Gaming Board and the Village.

[3] Class N licenses are further subject to the following regulations for any gaming room:

[a] The “gaming room” shall be enclosed in a separate room, which shall comply with the Illinois Accessibility Code and all other applicable codes and regulations and shall have a glass door for ingress and egress.

[b] A building permit shall be required for the gaming room.

[c] The entrance to the gaming room shall be visible to at least one employee of the establishment who is over 21 years of age, to ensure that no persons under 21 years of age are present in the gaming room. Entry to the gaming room shall only be accessible by the principal, proprietor, an agent, or an employee of the establishment who is over 21 years of age or other secured means of access approved by the Liquor Commissioner. The licensee must have an employee or agent at the establishment who is over 21 years of age at all times that alcohol is offered for consumption on-premises.

[d] Alcohol shall only be consumed on-site in the gaming room in accordance with the terms of the establishment’s local liquor license. Alcohol may only be served to persons who are actively playing on video gaming terminals.

SECTION 2: That Section 112.35 of Chapter 112 of Title XI of the Code of Peotone be and is hereby amended by adding a new subsection [E] thereof reading in its entirety as follows:

[E][1] The closing hours for Class N liquor licenses for any lounge, bar or gaming room on the licensed premises shall be:

[a] Monday through Friday: 1:00 A.M. to 6:00 A.M.

[b] Saturday and Sunday: 2:00 A.M. to 6:00 A.M.

[2] No alcoholic liquor shall be offered for sale, marketed or sold for off premises consumption by any Class N licensee as follows:

[a] Monday through Friday: midnight to 6:00 A.M.

[b] Saturday: midnight to 6:00 A.M.

[c] Sunday: midnight to 11:00 A.M.

SECTION 3: That this Ordinance shall take effect upon its passage, approval and publication as provided by law. The Village Clerk is hereby authorized and directed to publish this Ordinance in pamphlet form.

PASSED this ____ day of _____, 2023, by the Corporate Authorities of the Village of Peotone on a roll call vote as follows:

AYES: _____

NAYS: _____

ABSENT: _____

APPROVED this ____ day of _____, 2023, by the President of the Village of Peotone.

Village President

ATTEST:

Village Clerk

Taxpayer Notification

Business Authorization



#BWNKMGV
#CNXX X194 3X61 7X44#
JAY AMBE PETROLEUM TWO INC
PEOTONE TRAVEL CENTER
601 S 88TH AVE
PEOTONE IL 60468

August 29, 2023



Letter ID: CNXXX1943X617X44

Account ID: 4500-4609

We have issued your Certificate of Registration.

Welcome!

We have issued your Illinois Business Authorization.

Please verify that all of the information on the Business Authorization is correct. If all of the information is correct, you may print a paper copy from a MyTax Illinois account to visibly display at the business address listed.

Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030
REV.CENTREG@illinois.gov**

217 785-3707

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

JAY AMBE PETROLEUM TWO INC

DBA: PEOTONE TRAVEL CENTER

601 S 88TH AVE
PEOTONE IL 60468

Loc. Code: 099-0016-0-001

Peotone
Will County

Expiration Date:
8/29/2024

Certificate of Registration
Sales and use taxes and fees

(4500-4609)

ILLINOIS REVENUE

[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **08/29/2023**

FORM **BCA 2.10**
ARTICLES OF INCORPORATION
 Business Corporation Act

Filing Fee: \$150
 Franchise Tax: \$ 25
Total: \$175

File #: 72438353

Approved By: MAJ

FILED
AUG 19 2019
Jesse White
Secretary of State

1. Corporate Name: JAY AMBE PETROLEUM TWO INC.

2. Initial Registered Agent: JAGRUTI PATEL

First Name	Middle Initial	Last Name
------------	----------------	-----------

Initial Registered Office: _____

Number	Street	Suite No.	
<u>BOLINGBROOK</u>	<u>IL</u>	<u>60490-3207</u>	<u>WILL</u>
City	ZIP Code	County	

3. Purposes for which the Corporation is Organized:
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>COMMON</u>	<u>100</u>	<u>100</u>	<u>\$ 100</u>

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated AUGUST 19, 2019

Month & Day	Year	Street
<u>JAGRUTI PATEL</u>	<u>BOLINGBROOK</u>	<u>IL</u>
Name	City/Town	State
		<u>60490</u>
		ZIP Code

Date of this notice: 08-20-2019

Employer Identification Number:
84-2779755

Form: SS-4

Number of this notice: CP 575 A

JAY AMBE PETROLEUM TWO INC

BOLINGBROOK, IL 60490

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2779755. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is JAYA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

FOR OFFICE
USE ONLY

LICENSE NO
DATE ISSUED
EXPIRATION DATE



Application for Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

- If you want your renewal application, your license certificate and other PLCC' correspondence sent to your "corporate" address, please check the box to the left.

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #
84-2779755

B. ILLINOIS BUSINESS TAX NUMBER (IDT OR SALES TAX NO.)

Enter the eight-digit Illinois Department of Revenue Business Tax (Sales Tax) Number. You must have this number for a license to be issued. Attach a copy of your Revenue Business Tax certificate. If you need to obtain this number, call the Illinois Department of Revenue in Chicago at (312) 814-5258 or in Springfield at (217) 785-2889.

ILLINOIS BUSINESS TAX #
4500-4609

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE #
(630) 947-3125

D. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME
JAY AMBE PETROLEUM TWO INC

E. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

ADDRESS	CITY	STATE	ZIP
	BOLINGBROOK	IL	60490

F. EMAIL

Enter the name and email address to be used for village correspondence.

NAME	EMAIL ADDRESS
SUHAS PATEL	

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the state of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the village or county that grants the local liquor license.

- A. SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK _____
- B. PARTNERSHIP DATE OF FORMATION 8-19-2019
- C. ILLINOIS CORPORATION DATE OF INCORPORATION 8-19-2019
- D. FOREIGN CORPORATION STATE OF INCORPORATION ILLINOIS
DATE QUALIFIED TO DO BUSINESS IN _____
ILLINOIS _____
- E. LIMITED LIABILITY COMPANY DATE FORMED _____

If "C", "D" or "E" is checked, indicate your current Secretary of State file number here 72438353
Attach a copy your Certificate of Good Standing. If you need to obtain this, call the Illinois Secretary of State at (217) 782-6875.

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer of director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%. (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. Before completing this section, check Question No. 6 - Eligibility.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
PATEL, SUHAS M				BOLINGBROOK	IL	60490
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED
		M	VICE PRESIDENT			

B.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
PATEL, JAGRUTI S				BOLINGBROOK	IL	60490
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED
		F	PRESIDENT			

C.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

D.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

E.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY #	D.O.B.	SEX	TITLE/POSITION	TELEPHONE		% OWNED

4. BUSINESS PREMISE INFORMATION

- If you want your renewal application, your license certificate and other PLCC correspondence sent to your business premise address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business that will be selling or serving beverages at the licensed premises. Note! This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)
PEOTONE TRAVEL CENTER

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NUMBER
630-947-3125

C. ADDRESS

In the next four boxes enter the address, city, state, and Zip Code of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate. If you are purchasing a business that is currently operating, the Commission requires some proof that the business has changed hands - a bill of sale, closing statement, lease, or the previous original liquor license certificate, etc. We request this information because we will need this documentation to inactivate the old license and issue a new license. You should also contact the Illinois Department of Revenue at (312) 814-3063 concerning the filing of a Bulk Sales Stop Order if applicable.

ADDRESS	CITY	STATE	ZIP
601 S 88TH AVE	PEOTONE	IL	60468

D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- | | | |
|--|--|--|
| A. <input type="checkbox"/> DRUGSTORE PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input checked="" type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BAR/TAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER |

E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP	COUNTY

F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME		AREA CODE/TELEPHONE		
BHAGWATI PROPERTIES ONE LLC		630-947-3125		
ADDRESS	CITY	ST	ZIP CODE	COUNTY
1445 SOMERFIELD DR	BOLINGBROOK	IL	60490	WILL

5. PREVIOUS LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. FIRST LIQUOR LICENSE APPLICATION-LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc., first application for a Local liquor license at any premises. If you check "no", indicate the date of your Local liquor license application. Also indicate whether the license(s) was granted, denied or withdrawn. Provide the address of any Local liquor license application. **If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.**

IS THIS YOUR FIRST LOCAL LICENSE APPLICATION? YES NO

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSTION: GRANTED DENIED

B. PREVIOUS LIQUOR LICENSE INFORMATION

WITHDRAWN EXPIRED

Please enter any previous local liquor license number, the date issued, the date it expires, the municipality or county that issued the license, and the date you began selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date the Village of Peotone liquor license is issued.

MUNICIPALITY/COUNTY ISSUING LICENSE	LOCAL LICENSE #	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES

DONT KNOW

C. TYPE OF LIQUOR LICENSE

Check which describes the manner in which you intend to sell alcoholic beverages to consumers.

- Class A
- Class C-2
- Class D
- Class D1
- Class E
- Class F
- Class O
- Class M
- Class V
- Class Other _____

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions must be answered. If the questions are not checked, the application will be rejected. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- A. YES NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- B. YES NO Are you delinquent under the "cash beer" law?
- C. YES NO Are you delinquent under the "30-day credit" law?
- D. YES NO Have you ever applied for and been denied a liquor license?
- E. YES NO Have you had any previous liquor license revoked?
- F. YES NO Have you ever been convicted of a felony?
- G. YES NO Have you ever been convicted of a gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)-1 l, "gambling", 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling", and 720 ILCS 5/28-3 "keeping a gambling place"?
- H. YES NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- I. YES NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- J. YES NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a license, or suppliers of alcoholic products?
- K. YES NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?
- L. YES NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

7. HOURS OF OPERATION

List the daily hours open for business. (This information will assist Commission field agents in choosing an inspection time which causes the least disruption to business.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
24 HRS	24 HRS	24 HRS	24HRS	24HRS	24HRS	24HRS

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original-rubber stamps are not accepted.

I, THE UNDESIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF PEOTONE TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IF QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE VILLAGE OF PEOTONE, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, PEOTONE LIQUOR ORDINANCES, VILLAGE OF PEOTONE ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

<hr/>	VICE PRESIDENT	9-25-2023
SIGNATURE OF APPLICANT/AUTHORIZED AGENT	TITLE/POSITION	DATE

VILLAGE OF PEOTONE
LIQUOR LICENSE BACKGROUND
INVESTIGATION FORM

APPLICANT NAME: SUHAS PATEL

ADDRESS: _____

CITY/TOWN: BOLINGBROOK STATE: IL ZIP: 60490

PHONE NO: _____ WORK: _____

BACKGROUND CHECK SHEET:

D.O.B.: _____

DRIVER'S LICENSE#: _____

NEW OR RENEWAL PERMIT: NEW

List all addresses where you have lived within the last five (5) years:

HOME ADDRESS	CITY	STATE	ZIP
1445 SOMERFIELD DRIVE	BOLINGBROOK	IL	60490

HOME ADDRESS	CITY	STATE	ZIP

HOME ADDRESS	CITY	STATE	ZIP

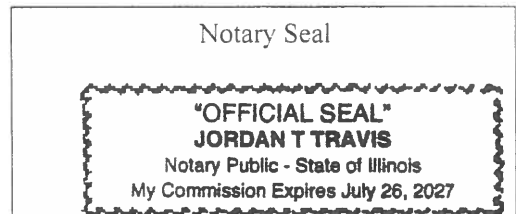
I hereby authorize any person who is contacted by the Peotone Police Department to release any information pertaining to the background investigation including, but not limited to, records or information relating to my past business performance, financial stability, military, police, driving records and character for use by the Peotone Police Department in consideration of my application for Liquor License within the Village of Peotone and for no other purpose.

In connection with my application referred to above, I authorize the Village of Peotone to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history.

SIGNATURE: _____ DATE: 9/27/23

Subscribed and sworn before me this 27 day
of September 2023

Notary Public



VILLAGE OF PEOTONE
LIQUOR LICENSE BACKGROUND
INVESTIGATION FORM

APPLICANT NAME: JAGRUTI PATEL

ADDRESS: _____

CITY/TOWN: BOLINGBROOK STATE: IL ZIP: 60490

PHONE NC: _____ WORK: _____

BACKGROUND CHECK SHEET:

D.O.B.: _____

DRIVER'S LICENSE#: _____ **T**

NEW OR RENEWAL PERMIT: NEW

List all addresses where you have lived within the last five (5) years:

HOME ADDRESS	CITY	STATE	ZIP
	BOLINGBROOK	IL	60490

HOME ADDRESS	CITY	STATE	ZIP

HOME ADDRESS	CITY	STATE	ZIP

I hereby authorize any person who is contacted by the Peotone Police Department to release any information pertaining to the background investigation including, but not limited to, records or information relating to my past business performance, financial stability, military, police, driving records and character for use by the Peotone Police Department in consideration of my application for Liquor License within the Village of Peotone and for no other purpose.

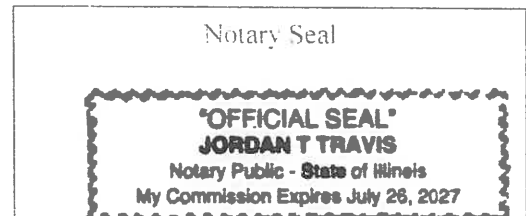
In connection with my application referred to above, I authorize the Village of Peotone to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history.

SIGNATURE: _____

DATE: 9/26/2023

Subscribed and sworn before me this 26 day
of September, 2023

Notary Public



BOND FOR RETAIL DEALER IN ALCOHOLIC LIQUORS

KNOW ALL MEN BY THESE PRESENTS: That _____ of the Village of Peotone, County of Will and State of Illinois, hereinafter called the Principal, and _____ of _____ County of _____ State of _____, hereinafter called the sureties, are held and firmly bound unto the Village of Peotone, a municipal corporation, in the sum of One Thousand Dollars (\$1,000.00), for the payment whereof to the said Village of Peotone, the principal and said sureties bind themselves, their heirs, executors, administrators and assigns jointly and severally firmly by these presents.

Signed, sealed and dated this _____ day of _____, 20____

WHEREAS, the above named Principal has been granted a license as a beverage dealer under the provisions of the Municipal Code of the Village of Peotone, which license will expire on the 30th of March, 20_____ .

NOW, THEREFORE, the condition of the foregoing obligation is such that if the said Principal, his agents and employees, shall comply with all the provisions of said ordinance hereinbefore described, and any and all other ordinances of said Village and laws of the State of Illinois, now in force or which may hereafter be in force in said Village relating to the operation of the business of a beverage dealer, as defined in said ordinance; and if said principal, his agents or employees shall not violate said ordinances or any ordinances, rule or regulations now in force or which may hereafter be in force in otherwise it shall remain in full force and effect.

SIGNED, SEALED AND DELIVERED BY: _____ (SEAL)
BOND COMPANY

IN THE PRESENCE OF:

Notary Name (SEAL)



Effective Date: September 26th, 2023

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 72589234

That we, Jay Ambe Petroleum Two Inc dba Peotone Travel Center

of Peotone, State of IL, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of Illinois, as Surety, are held and firmly bound unto the

Village of Peotone, State of Illinois, as Obligee, in the penal

sum of One Thousand and 00/100 DOLLARS (\$1,000.00), lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed Retail Dealer in Alcoholic Liquors

_____ by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until September 26th, 2024, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 26th day of September, 2023.

Jay Ambe Petroleum Two Inc dba Peotone Travel Center

Principal

Principal

WESTERN SURETY COMPANY

By Larry Kasten

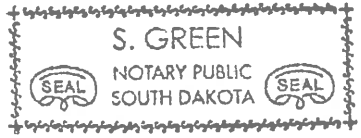
Larry Kasten, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

On this 26th day of September, 2023, before me, the undersigned officer, personally appeared Larry Kasten, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



S. Green
Notary Public — South Dakota

My Commission Expires February 12, 2027

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, _____, before me personally appeared _____ known to me to be the individual ___ described in and who executed the foregoing instrument and acknowledged to me that ___ he ___ executed the same.

My commission expires _____

Notary Public

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, _____, before me personally appeared _____ who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires _____

Notary Public



License or Permit No. _____
LICENSE AND PERMIT BOND
As _____
of _____
State of _____
Name of Applicant _____
Address _____
Filed _____,
Approved this _____
day of _____

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Larry Kasten of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Retail Dealer in Alcoholic Liquors Village of Peotone

bond with bond number 72589234

for Jay Ambe Petroleum Two Inc dba Peotone Travel Center
as Principal in the penalty amount not to exceed: \$ 1,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 26th day of September, 2023.

ATTEST

L. Bauder
L. Bauder, Assistant Secretary



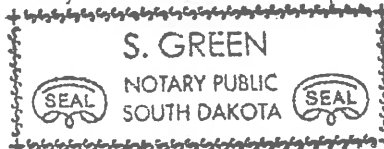
WESTERN SURETY COMPANY

Larry Kasten
Larry Kasten, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 26th day of September, 2023, before me, a Notary Public, personally appeared Larry Kasten and L. Bauder

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires February 12, 2027

S. Green
Notary Public

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.



The Village of Peotone

OFFICE : 208 E MAIN STREET
P.O. BOX 430
PEOTONE, ILLINOIS 60468-0430
PHONE: (708) 258-3279
FAX: (708) 258-3850

TOBACCO LICENSE APPLICATION

FEE \$50.00

APPLICANT NAME Jay Ambc Petroleum Two Inc (Peotone Travel Center)

HOME ADDRESS _____

TELEPHONE # _____

BUSINESS NAME Peotone Travel Center

BUSINESS ADDRESS 601 S. 88th Ave, Peotone, IL - 60468

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION

PARTNERS OR PRINCIPAL OFFICERS OF CORPORATION

NAME	ADDRESS	TELEPHONE #
<u>Subhas Patel</u>		
<u>Jagruti Patel</u>	<u>Bolingbrook</u>	

BUSINESS ACTIVITY Travel Center + Fuel Station

STATE SALES TAX ID NO. 4500-4609

NEW LICENSE RENEWAL _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED _____

APPROVED _____ DENIED _____

ATTEST

VILLAGE CLERK

VILLAGE PRESIDENT

New Business

Renewal _____

Fee \$25.00

Date of Application 9/25/23

Village of Peotone

208 E. Main St. - P.O. Box 430 • Peotone, Illinois 60468
708-258-3279 • Fax 708-258-3850



APPLICATION FOR BUSINESS REGISTRATION

Your proposed business must be a permitted use within the zoning district in which the property is located in accordance with the Peotone Zoning Ordinance. For verification, please call 708-258-3279

1. Name of Business: Peotone Travel Center

Phone No. (630)947-3125 P.O. Box _____ Address: 601 S. 88th Ave, Peotone, IL-60468

2. Name of Business Owner(s): (Include all principals)

Name and Home Address of Business Owner #1: Suhas Patel

P.O. Box _____ Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

Name and Home Address of Business Owner #2: Jagrut Patel

P.O. Box _____ Day Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

3. Name of Business Manager: Suhas Patel

Home Address: Same As Above

P.O. Box _____ Day Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

4. Name of Property Owner(s): Suhas Patel

Address: Same As Above

P.O. Box _____ Day Phone: _____

Emergency / After Hours Phone: _____

Cell: _____

5. General Nature of Business (Choose one):

Retail _____ Service _____ Food Service _____ Manufacturing

_____ Distribution _____ Non-Profit _____ Home Occupation _____ Other

5a. Seating Capacity if applicable: 40

6. Specific Nature of Business (Please describe): Travel Center

7. Level of Business at this Location: Check one

Corporate Headquarters Division Headquarters Franchise
 Partnership Individual Business

8. Sales or Occupational Tax Number: 4500-4609

9. Days and Hours of Operation: 24 hours / 7 days

10. Occupancy Date: ASAP

11. Number of Employees (other than owner): 20 Full-Time 10 Part-Time

12. Square Footage of Premises: 16,000 (to nearest 100 square feet)

13. Has any License or Registration issued to the Applicant ever been Suspended, Revoked, or Cancelled?

Yes No If Yes, please explain:

14. Does Your Business Include?

A. Coin Operated Amusement Devices: Yes _____ No

If Yes, how many? _____

B. Coin-Operated Food/Beverage Machines: Yes _____ No

If Yes, how many? _____

C. Sale of Tobacco Products: Yes No _____

If Yes, in what manner? _____ Vending Machine Over-the Counter

D. Sale of Liquor Products: Yes No _____

If Yes, in what manner? Package Liquor By the Drink _____ With a Meal

E. Juke Boxes: Yes _____ No

F. Adult Use: Yes _____ No

If you have answered Yes to any question in Part 14, additional licenses may be required by Village of Peotone ordinances regulating such uses. Applications may be obtained at the Village Hall.

Please review these questions and check **yes** or **no**. If you check **yes** to any of the questions, you will be required to go through the associated Commission and/or staff review process. For further information contact the Village Hall at 708-258-3279.

Are you modifying an existing sign or installing a new sign Yes No

Describe Sign: New Travel center signage Applied under Seperate Permit
(Note: Building permits are required for signs and/or renovations.)

Are you modifying the exterior facade of a building? Yes No
Are you changing or adding landscaping or lighting to your site? Yes No
Are you remodeling the interior of a building? Yes No
Are you proposing a carry-out restaurant or outdoor dining? Yes No } New Development
(Restaurants will Apply seperate Permit)

Are you proposing a new building, building addition, modification to fencing, garbage enclosure, parking lot or drainage? Yes No

How will deliveries be made? During Normal Bussiness hours Thruyt Main Door

Where will customers park? There are 90 Parking stalls + Truck Parking

If this is a renewal, how many years have you been operating this business in Peotone? NA-

TO THE BUSINESS REGISTRATION APPLICANT:
It is imperative that this application be filled out in its entirety, regardless of whether it is a new application or a renewal. Please read the following and sign where indicated prior to submitting your application at the Village Hall.

This application will be reviewed by the Village Staff. All registrations shall be subject to all applicable laws, ordinances, rules, and regulations of the Village of Peotone.

Approximately fourteen (14) days will be required for Village review before a business registration can be issued.

Return completed application form to the Village Clerk, Peotone Village Hall, 208 E. Main Street, P.O. Box 430, Peotone, IL 60468. (708) 258-3279. Faxed copies will not be accepted.

I hereby swear that all of the information provided within this application for a business registration is true and correct to the best of my knowledge and that I am authorized to complete this application.

(Applicant's Signature)

9/25/2023
(Date)

APPROVED:

(Zoning Administrator) Date

Village Clerk Date

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

JAY AMBE PETROLEUM TWO INC

DBA: PEOTONE TRAVEL CENTER

601 S 88TH AVE
PEOTONE IL 60468

Loc. Code: 099-0016-0-001

Peotone
Will County

Expiration Date:
8/29/2024

Certificate of Registration

Sales and use taxes and fees

(4500-4609)

ILLINOIS REVENUE
[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **08/29/2023**



Date of this notice: 08-20-2019

Employer Identification Number:
84-2779755

Form: SS-4

Number of this notice: CP 575 A

JAY AMBE PETROLEUM TWO INC
BOLINGBROOK, IL 60490

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2779755. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year); see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

FORM **BCA 2.10**
ARTICLES OF INCORPORATION
 Business Corporation Act

Filing Fee: \$150
 Franchise Tax: \$ 25
Total: \$175

File #: 72438353

Approved By: MAJ

FILED
AUG 19 2019
Jesse White
Secretary of State

1. Corporate Name: JAY AMBE PETROLEUM TWO INC.

2. Initial Registered Agent: JAGRUTI PATEL
First Name Middle Initial Last Name

Initial Registered Office: _____
Number Street Suite No.
BOLINGBROOK IL 60490-3207 WILL
City ZIP Code County

3. Purposes for which the Corporation is Organized:
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	100	100	\$ 100

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated AUGUST 19, 2019
Month & Day Year
JAGRUTI PATEL BOLINGBROOK IL 60490
Name City/Town State ZIP Code