



Bal Due  
\$4850

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
LOCAL LIQUOR CONTROL COMMISSION  
APPLICATION FOR RETAIL LIQUOR LICENSE

NEW	RENEWAL
	X

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year, provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: Affresco located at 11 N. N.W. Hwy

Date of Application: 10/31/16 IL Liquor License Number, if renewal: 1A-0079828

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	\$2,500
X	Class R	Restaurant License	\$2,500
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
X	Banquet	\$250
X	Catering	\$250
X	Corkage	\$250
	Growler	\$250
X	Outdoor Seating	\$250
	Sampling	\$250
X	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
X	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$250.00 + CLASS FEE \$2500.00 + ENDORSEMENT FEE \$2000 = TOTAL \$4750 + 100 late fee

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>st</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant <i>Sergio Lazzara</i>			Applicants Home Address		
Relationship to Business <i>OWNER</i>			Corporation Name to which License is to be issued <i>JL</i> <i>Affresco INC.</i>		
Corporation Address <i>11 N. W. Hwy</i>			Corporation Phone Number <i>(847) 292-0233</i>		
Corporation Contact Person <i>Sergio Lazzara</i>			Corporate Contact Email Address <i>Sergio@affrescopizzeria.com</i>		
Name under which the licensed business will be operated <i>Affresco</i>			Description of the premises at which business will be operated		
Total Square Feet of Premises <i>2100</i>	Total Square Feet Bar Area <i>300</i>	Total Square Feet Kitchen Area <i>400</i>	Total Number of Tables <i>16</i>	Total Number of Parking Spaces <i>20</i>	Type of Food Served <i>Italian</i>
Do you own or lease space in the building? <input type="checkbox"/> OWN <input checked="" type="checkbox"/> LEASE		If leasing, provide expiration date.		<i>2037</i>	

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.	

Date of Incorporation <i>11/7/2007</i>	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:	If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

<b>1. Name</b>			<b>Address</b>			<b>Office Held</b>		
<i>Sergio Lazzara</i>			<i>(same as above)</i>					
<b>Date of Birth</b>			<b>Email Address</b>			<b>Telephone Number</b>		
<b>2. Name</b>			<b>Address</b>			<b>Office Held</b>		
<b>Date of Birth</b>			<b>Email Address</b>			<b>Telephone Number</b>		

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name	Address	% of Stock Held
Sergio Lazzara	11000 Via Madison	
Date of Birth	Email Address	Telephone Number
	Sergio@affrescopizzeria.com	
2. Name	Address	% of Stock Held
Nicki Eberwein	11000 Via Madison	12.5 60018
Date of Birth	Email Address	Telephone Number
	nikki@affrescopizzeria.com	
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES  NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15?

YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time	\$ 45,000.00
How long has the corporation been in the business of the retail sale of alcohol?	8 years

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official?	YES <input type="radio"/> NO <input checked="" type="radio"/>
If yes, state the office and unit of government.	
Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official?	YES <input type="radio"/> NO <input checked="" type="radio"/>
If yes, please explain.	

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission? YES  NO

If yes, please list the name and amount below.

Name	Amount
1.	
2.	

Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position. YES  NO

Name	Job Position	Agency

Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp? YES  NO

If yes, please state the reason(s).

Has any person listed on this application or any of your managers ever held another liquor license in another state(s)? YES  NO

If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)

Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government? YES  NO

If yes, please explain.

Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction? YES  NO

If yes, please explain.

Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

If no charges were involved, state the reason for the investigation or hearing below.

It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City? YES  NO

If yes, state the reason.

Is there any State of Illinois or City of Park Ridge regulation which you do not understand? YES  NO

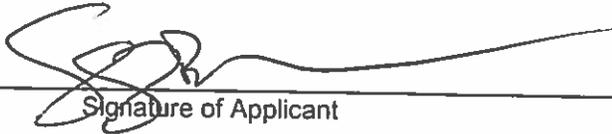
If yes, please explain.

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		<input checked="" type="radio"/> YES	<input type="radio"/> NO
Provide the Expiration Date	12'20 '16	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.	
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		<input type="radio"/> YES	<input checked="" type="radio"/> NO
If yes, please explain.			

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSETT training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED. Please allow at least 45-days processing time for the issuance of a Liquor License.

  
Signature of Applicant

10/31/16  
Date

Affix Corporate Seal  
(If applicant is corporation)

**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

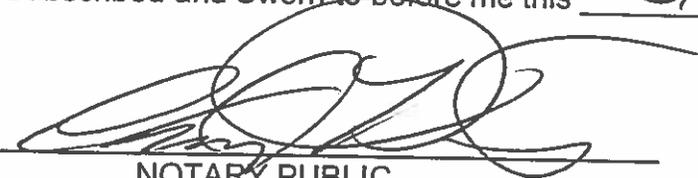
Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 31 day of October, 2016.

  
\_\_\_\_\_  
NOTARY PUBLIC

SEAL



# CERTIFICATE OF LIABILITY INSURANCE

AFFRINC-01

CMARTIN

DATE (MM/DD/YYYY)  
6/15/2016

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 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  
American Financial Concepts  
100 W. Higgins Rd  
Park Ridge, IL 60068

CONTACT NAME  
PHONE (847) 292-2200 FAX (847) 292-2220  
E-MAIL info@americanfinancialconcepts.com  
ADDRESS

INSURER(S) AFFORDING COVERAGE  
INSURER A: Badger Mutual Ins. Co.  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

INSURED  
Alfresco Inc  
11 N Northwest Highway  
Park Ridge, IL 60068-3330

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY					
	CLAIMS MADE X OCCUR	X	0067063296	12/28/2015	12/20/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Excess/Retain) \$ 250,000 MED EXP (Any one party) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER					
X	POLICY	PROJCT	LOC			
	OTHER					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (E&O secondary) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO					
	ALL OWNED AUTOS	SCHEDULED AUTOS				
	HIRE/AUTOS	NON-OWNED AUTOS				
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					X PER STATUTE OTH-ER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Ill)	Y/N	0067063296	12/28/2015	12/20/2016	EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS below	Y/N				
A	ILL Liquor Liability		0067063296	12/28/2015	12/20/2016	Combine Single limit \$ 1,000,000

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

The Taste of Park Ridge July 13 - 16th 2016  
The City of Park Ridge & Taste of Park Ridge NFP are included as additional insureds

## CERTIFICATE HOLDER

City of Park Ridge  
505 Butler Place  
Park Ridge, IL 60068

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE



# CITY OF PARK RIDGE

505 BUTLER PLACE  
 PARK RIDGE, IL 60068  
 TEL: 847/ 318-5200  
 FAX: 847/ 318-5300  
 TDD: 847/ 318-5252  
 www.parkridge.us

## EMPLOYEE BASSET CERTIFICATE INFORMATION

Affresco

Name of Establishment

11. N. N. W. Hwy 9.

Address

The Liquor Code requires the owner of a Liquor Licensed establishment to provide names of all employees involved in the mixing, serving, preparing, or delivering, which includes selling or exchanging of alcohol. A copy of the employees valid BASSET certificate must be retained by you and on file with the Liquor Commissioner.

You can make additional copies of this page if necessary. For further information, please refer to the Park Ridge Municipal Code, 12-6-24E

Employee Name	✓ Basset Certificate Attached	Expiration Date
John Q. Public		01/23/1234
Sergio LAZZARA		
Nikki EBERWEIN	✓	12/3/17
Matt ZEMAN	✓	12/1/2017
STEVEN ANDERSON	✓	4/14/2017
Bryan Lease	✓	12/11/2017

Our Mission:

THE CITY OF PARK RIDGE IS DEDICATED TO PROVIDING A HIGH QUALITY OF LIFE FOR ALL RESIDENTS AND VISITORS THROUGH THE PROVISION OF SERVICES AND PROGRAMS THAT ENHANCE THE QUALITY OF LIFE AND PROMOTE THE ECONOMIC WELL-BEING OF THE COMMUNITY.

# Illinois BASSET On-Premise

## SELLER / SERVER CERTIFICATION

Trainee Name: Matthew Zeman

Date of Completion: 12/01/2014

School Name:

360training.com dba Learn2Serve

I, 

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

This course provides necessary knowledge and techniques for the responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).

Learn2  
serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

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

Trainer: 5A-110606 4/8/2014 10:11:21 AM Date Issued:  
4/14/2014

Card Holder: Steven "Tank" Anderson



\*\*\*This card is not transferrable\*\*\*  
\$15 Replacement Fee if Lost

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# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Nicolette Eberwein

Date of Completion: 12/03/2014

School Name:

360training.com dba Learn2Serve

I, 

certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Learn2  
Serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P. 800-442-1149

# Illinois BASSET On-Premise

## SELLER / SERVER CERTIFICATION

Trainee Name: BRYAN LEASE

Date of Completion: 12/11/2014

School Name:

360training.com dba Learn2Serve

I, Bryan Lease

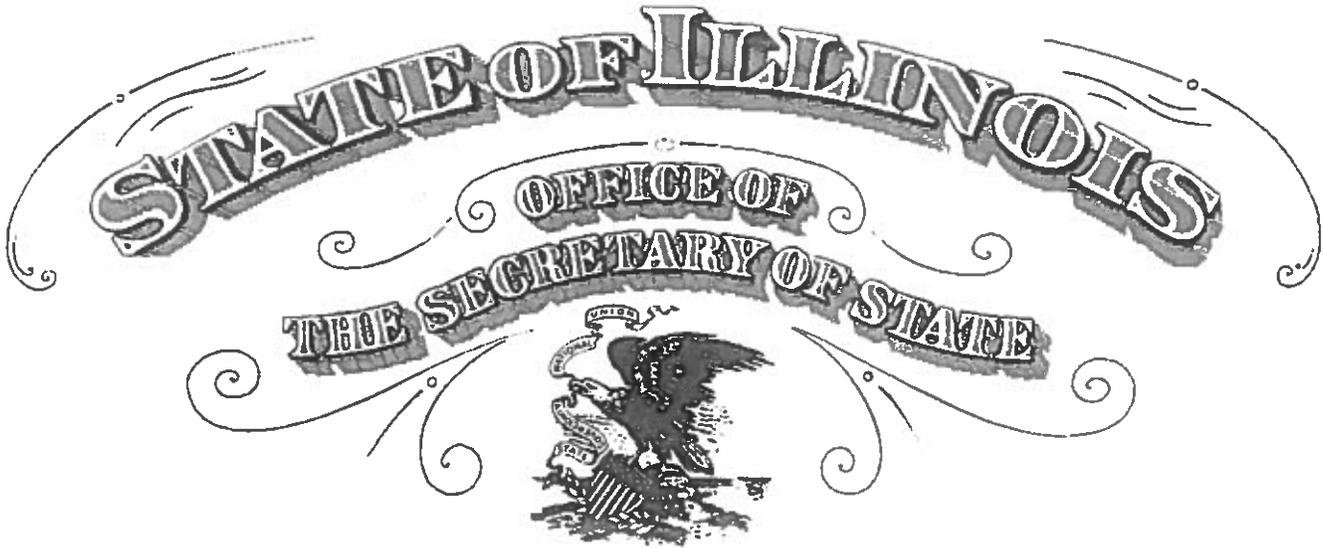
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



**Corporate Headquarters**  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-443-1140



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

AFFRESCO, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 3RD day of AUGUST A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Sergio Lazzara- Owner and executive Chef  
 Tim Foy- Sous Chef  
 Nikki Eberwein- General Manager

11 North Northwest Highway  
 Park Ridge, IL 60068  
 (847) 292-0233

"Ask about private events and full service catering"



## Dinner

*\*not all menu items are shown on web site please visit our dining room for nightly specials*

### Small Bites

#### Calamari Fritti

Fried fresh calamari served over mixed greens (grilled +\$2)

#### Arancini

Risotto wrapped around a ground beef and mozzarella center, deep fried, with marinara

#### Formaggi Al Forno

Goat Cheese topped with marinara, baked in the woodburning oven, served with crostini

#### Zucchini Fries

Fresh Zucchini lightly floured with truffle salt

#### Cozze

Steamed East Coast mussels in your choice of Gorgonzola cream sauce or a spicy red wine marinara sauce

#### Burrata di Parma

Fresh housemade creamy Burrata cheese over a bed

13 **Portabella Gorgonzola** 9  
 Grilled sliced Portabella caps, served with bruschetta tomato relish and gorgonzola cheese

8 **Sicilian Eggroll** 8  
 Fresh mozzarella, tomato and fresh basil wrapped in a large egg noodle and deep fried, served with marinara sauce

8 **Stuffed Wild Mushroom** 9  
 Wild mushroom caps stuffed with homemade sausage, bread crumbs, peppers and cheese

8 **Eggplant Normana** 8  
 Sliced grilled eggplant medallions topped with fresh mozzarella, tomato and basil

9 **Vongole al Forno** 9  
 Baked middle neck clams with a light lemon butter sauce and lightly seasoned bread crumbs

10 **Mini Meatball Sliders** 7  
 Housemade Sicilian meatballs on our own

of peppery Arugula with sliced Prosciutto di Parma      homemade bread with melted mozzarella and marinara sauce

## Pasta Fatta in Casa

*Also available +\$2: Gluten-free and Whole Wheat*

**Linguini Pescatore** 24

Linguini pasta with mussels, calamari, shrimp & clams in a spicy arrabbiatta sauce

**Cavatelli Pichio Pachio** 16

Housemade 8 finger cavatelli in a fresh tomato, garlic and basil sauce

**Gnocchi Pesto Rosso** 14

Housemade Ricotta dumplings with a sicilian red pesto sauce topped with sun dried tomatoes and goat cheese

**Parpardelle Bonelli** 16

Housemade ribbon noodle with a white wine burblanc sauce tossed with sautéed spinach and topped with breaded jumbo shrimp

**Rigatoni Al Forno** 14

Rigatoni noodle done in a hearty meat sauce and oven baked and topped with fresh mozzarella cheese

**Cavatelli Gamberi** 16

Housemade five finger Cavatelli noodle in a white wine garlic sauce with spinach and shrimp

## Risotto

**Risotto Sorrentino** 16

Arborio rice with jumbo shrimp, diced tomatoes and fresh basil, topped with fresh mozzarella

## Big Bites

**Whitefish Nero** 16

Pan roasted and breaded with house made blackened seasonings. Topped with a white wine lemon sauce and side of sautéed garlic spinach

**Pangasius Impanati** 18

Pan roasted and lightly breaded with seasonal bread crumbs, topped with shrimp and served with a side of fettuccini with a white wine burblanc sauce

## Big Bites

**Pollo Arrosto**

15

A House Specialty! Bone-in half chicken rubbed with herbs and baked in our wood-burning oven. Topped with a lemon white wine sauce, served with oven roasted potato wedges

**Pollo Parmesan**

16

Boneless chicken breast, topped with a savory marinara sauce and fresh mozzarella, Parmesan and provolone cheese then baked in our woodburning oven, served with a side of rigatoni marinara

**Big Bites****Vitello Saltimbocca**

24

Veal medallions thinly pounded and topped with prosciutto, fresh mozzarella and spinach, light white wine sauce, served with oven roasted potatoes

**Bisteca del Giorno**

27

Ask about daily preparation

**Contorni****Sausage**

4

**Meatballs**

4

**Roasted Potatoes**

5

**Sautéed Mixed Vegetables**

6

**Sautéed Spinach**

6

**Insalata****Insalata Caprese**

6

Fresh tomato, mozzarella and basil on a bed of mix greens topped with olive oil and a balsamic glaze

**Insalata Funghi**

6

Mix greens, sliced portabella, tomato and onions in a citrus vinaigrette

**Insalata Arugula**

6

Fresh Arugula, cherry tomato, red onions and shaved carrots, with Gorgonzola cheese, citrus vinaigrette

**Wedge of Romaine**

6

Romaine lettuce with crumbled Gorgonzola, Prosciutto di Parma and croutons with and Italian vinaigrette

**Insalata Di Casa**

5

Mix Greens, red onion and tomato with an Italian vinaigrette

**Insalata Caesar**

5

Chopped romaine, asiago cheese and homemade croutons

**Le Nostre Pizze**

*Our house specialty pizzas are made fresh to order and baked in our woodburning oven*

**Saltimbocca**

Prosciutto di Parma with baby spinach and sliced plum tomatoes

14

**Quattro Gusti**

Black olives, prosciutto cotto, artichoke hearts and sliced tomato

15

**Fresca**

Arugula, prosciutto crudo, sliced tomato, shaved Asiago tossed in Sicilian olive oil served over a freshly baked mozzarella cheese pizza

15

**Diavola**

Pepperoni, black olives and mozzarella with a sprinkle of crushed red pepper

15

**Balsamic Barbeque**

Diced chicken, mushroom, onion, peppers and mozzarella with a housemade balsamic barbeque sauce

15

**Margherita**

Mozzarella, sliced tomato, and fresh basil

13

**Quattro Formaggi**

Homemade ricotta and mozzarella with Romano and provolone cheeses

14

11 North Northwest Highway | Park Ridge, IL 60068 | (847) 292-0233

## RESTAURANT LEASE AGREEMENT

THIS AGREEMENT, entered into this 3rd day of July, 2009, between The Mario Venticinque Revocable Trust under Declaration of Trust dated September 21, 2004, Mario Venticinque as Trustee and The Laura L. Venticinque Revocable Trust under Declaration of Trust dated September 21, 2004, Laura L. Venticinque as Trustee (hereinafter called the "Lessor") and Affresco, Inc., an Illinois corporation, (hereinafter called the "Lessee" or "Tenant"), and in consideration of the mutual covenants and conditions hereinafter contained and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

(1) **PROPERTY:** Lessor hereby leases to the Tenant and Tenant hereby accepts the Lease of the property and all of the improvements thereon commonly known as 11 North Northwest Highway, Park Ridge, Illinois, and is legally described as follows:

That part of Lot 10 lying Northwesterly of a line drawn 80 feet Southeasterly of and parallel to the Northwesterly line of side Lot 10 in Becken's subdivision of Lot 9 in Block 6 in Penny and Root's subdivision of Blocks 6 and 7 in Penny and Meacham's subdivision of the Southeast 1/4 of Section 26, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 09-26-425-050-000

(hereinafter collectively referred to as the "property.") It is expressly understood and agreed that this Lease shall include the second floor apartment located at the front portion of the property, but shall exclude the second floor apartment located at the rear portion of the property.

(2) **TERM:** Tenant shall lease the property for a term of FIFTEEN (15) YEARS commencing July 1, 2009 and ending on one hundred eighty (180) months after the commencement date (June 30, 2024), unless sooner terminated as hereinafter provided, for the purpose of conducting a restaurant business on said property and the sale of alcoholic beverages in connection with said business.

(3.1) **MINIMUM MONTHLY RENT:** Tenant shall pay to Lessor, or to such other person as Lessor may from time to time designate in writing, the sum of SEVEN THOUSAND TWO HUNDRED (\$7,200.00) DOLLARS per month on the first day of each month during the term of this Lease, or any increase as may be provided for herein, as and for the monthly rental of the property.

(3.1.1) Commencing on the 1<sup>st</sup> day of April, 2010 the Minimum Monthly Rent per year hereunder shall be increased by Four (4%) percent per annum, said increase to take effect upon the first day of April each subsequent year this lease is in effect.

Form **BCA-2.10**

**ARTICLES OF INCORPORATION**

6544-3317

(Rev. Jan. 1999)

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
<http://www.sos.state.il.us>

This space for use by Secretary of State

**FILED: 3/16/2007**

**SUBMIT IN DUPLICATE!**

**JESSE WHITE SECRETARY OF STATE**

This space for use by Secretary of State

Date

03-16-2007

Franchise Tax \$ 25.00  
Filing Fee \$ 175.00

Approved: SR

1. CORPORATE NAME: APERESCO, INC., SR



CP0624560

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: George S. Bellas  
First Name Middle Initial Last name  
 Initial Registered Office: 15 N. Northwest Highway  
Number Street Suite #  
Park Ridge IL Cook 60068  
City County Zip Code

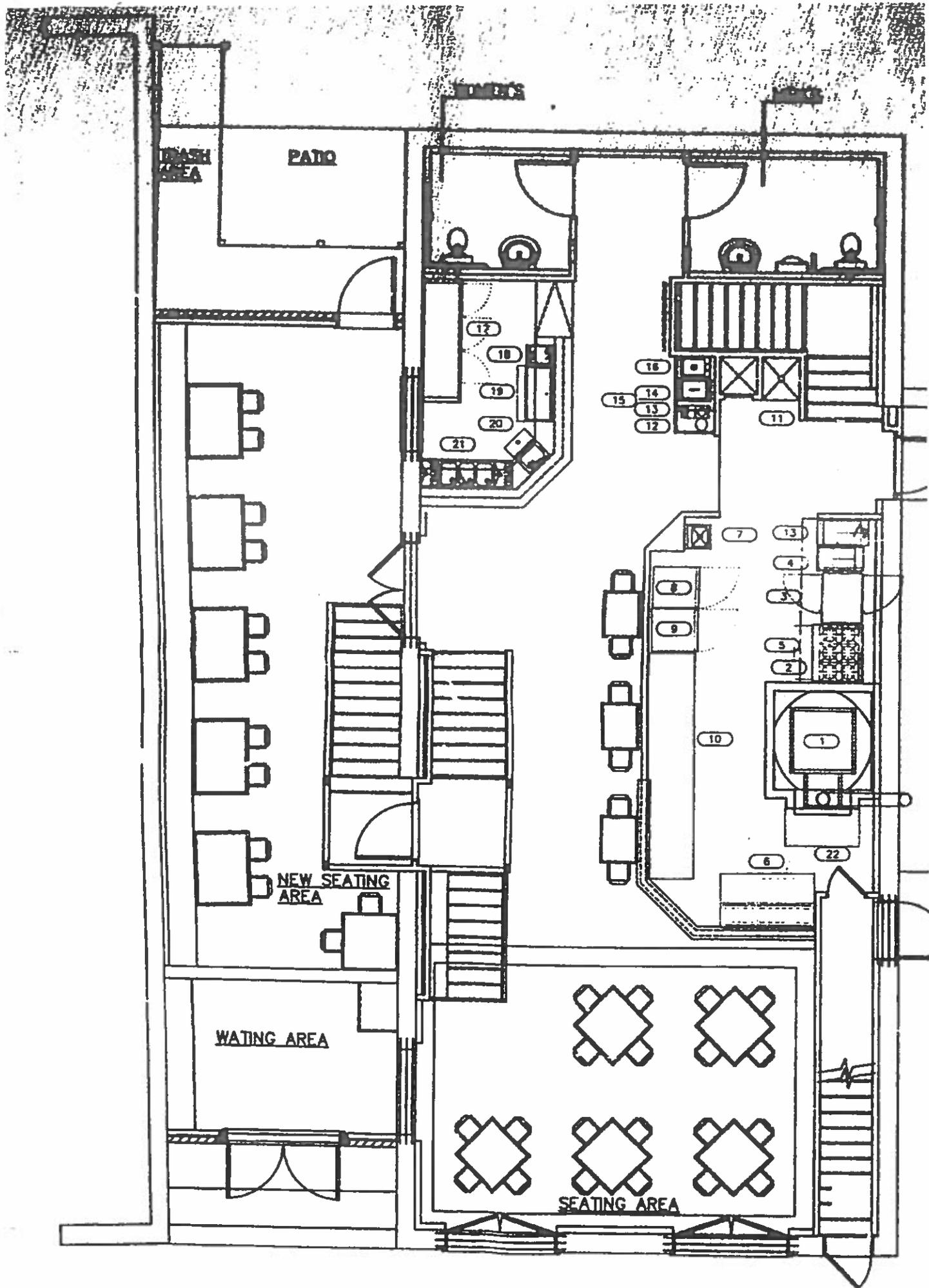
3. Purpose or purposes for which the corporation is organized:  
 (If not sufficient space to cover this point, add one or more sheets of this size.)  
For the purpose of establishing a restaurant business. 031

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMM	\$ .000	1,000	1,000	\$ 100.00
<b>TOTAL = \$</b>				<b>100.00</b>

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:  
 (If not sufficient space to cover this point, add one or more sheets of this size.)





# Liquor License



August 9, 2010



Letter ID: L1500590028

AFFRESCO INC  
AFFRESCO RESTAURANT  
11 N NORTHWEST HWY STE 1  
PARK RIDGE, IL 60068-3330

License No.: 1A-0079828  
Expiration Date: 07/31/17  
License Type: RETAILER  
Account ID: 55538568



The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.



**STATE OF ILLINOIS**  
**LIQUOR CONTROL COMMISSION**  
Governor Bruce Rauner

Letter ID: L1500590028

**1A-0079828**

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT

AFFRESCO INC  
AFFRESCO RESTAURANT  
11 N NORTHWEST HWY  
PARK RIDGE, IL 60068-3330

Cook

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS

**RETAILER ON-PREMISES**

ISSUE DATE

08/09/10

Effective

08/09/10

THIS LICENSE EXPIRES ON

07/31/17

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES  
Warehouse: N/A

Sales Tax Acct # 55538568

**THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL**

Check # 18100  
 \$ 3,250.00



PAID

OCT 27 2016

P.I.F

10/27/16

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
 LOCAL LIQUOR CONTROL COMMISSION  
 APPLICATION FOR RETAIL LIQUOR LICENSE

NEW	RENEWAL
	X

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

DBA Andrews Open Pit

Business Name: JIMMY'S RESTAURANT & LOUNGE located at 2610-16 DEMPSTER, PARK RIGE, IL 60068

Date of Application: OCT 13, 2016 IL Liquor License Number, if renewal: 1-A-0010831-

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

011 0531 7/31/17

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	\$2,500
X	Class R	Restaurant License	\$2,500
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Growler	\$250
	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
X	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$ 250.00 + CLASS FEE \$ 2,500 + ENDORSEMENT FEE \$ 500 = TOTAL \$ 3,250

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant <b>JIMMY'S RESTAURANT &amp; LOUNGE INC</b>			Applicants Home Address <b>2610-16 DEMPSTER, PARK RIDGE , IL 60068</b>		
Relationship to Business <b>Dimitrius Karatasoulis</b>			Corporation Name to which License is to be issued <b>JIMMY'S RESTAURANT &amp; LOUNGE, INC</b>		
Corporation Address <b>2610-16 DEMPSTER, PARK RIGE, IL 60068</b>			Corporation Phone Number <b>847-824-3800</b>		
Corporation Contact Person <b>Dimitrius Karatasoulis</b>			Corporate Contact Email Address <b>_____</b>		
Name under which the licensed business will be operated <b>Andrews Open Pit</b>			Description of the premises at which business will be operated <b>Restaurant</b>		
Total Square Feet of Premises <b>7200</b>	Total Square Feet Bar Area <b>760</b>	Total Square Feet Kitchen Area <b>2400</b>	Total Number of Tables <b>54</b>	Total Number of Parking Spaces <b>See floor plan</b>	Type of Food Served <b>Menu attached</b>
Do you own or lease space in the building?		OWN <input type="checkbox"/> LEASE <input checked="" type="checkbox"/>	If leasing, provide expiration date.		<b>2032</b>

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.	

Date of Incorporation <b>NOV 9, 1993</b>	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:	If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

<b>1. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>JAMES PANAGAKIS</b>	<b>A</b>	<b>PRESIDENT</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>2. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>DIMITRIOS KARATASOULIS</b>	<b>2610-16 DEMPSTER, PARK RIDGE, IL 60068</b>	<b>VICE PRESIDENT &amp; TRES.</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>

3. Name	Address	Office Held
<b>ANDREW KALYVIARIS</b>	D. 16	<b>SECRETARY</b>
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
<b>JAMES PANAGAKIS</b>		<b>50%</b>
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
<b>DIMITRIOS KARATASOULIS</b>		<b>30%</b>
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
<b>ANDREW KALYVIARIS</b>	60016	<b>20%</b>
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name	Address	% of Stock Held
ANDREW KALYVIARIS		20%
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES  NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ 29,745

How long has the corporation been in the business of the retail sale of alcohol? 1994

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official? YES  NO   
If yes, state the office and unit of government.

Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official? YES  NO   
If yes, please explain.

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission? YES  NO

If yes, please list the name and amount below.

Name	Amount
1.	
2.	

Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position. YES  NO

Name	Job Position	Agency

Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp? YES  NO

Has any person listed on this application or any of your managers ever held another liquor license in another state(s)? YES  NO

If yes, please indicate the date(s), city(s) and states(s).

Date(s)	City(s)	State(s)

Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government? YES  NO

If yes, please explain.

Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction? YES  NO

If yes, please explain.

Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction
OCTOBER 1996	PAID \$500 FINE	PARK RIDGE, IL
MAY 11, 2001	PAID \$500 FINE	PARK RIDGE, IL

If no charges were involved, state the reason for the investigation or hearing below.

It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City? YES  NO

If yes, state the reason.

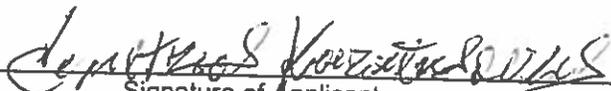
Is there any State of Illinois or City of Park Ridge regulation which you do not understand?

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		YES	NO
Provide the Expiration Date	4 / 8 / 2017	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.	
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		YES	NO
If yes, please explain.			

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSET training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. **ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED.** Please allow at least 45-days processing time for the issuance of a Liquor License.

  
Signature of Applicant

10/14/2016  
Date

Affix Corporate Seal  
(If applicant is corporation)

**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

  
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 14<sup>th</sup> day of OCTOBER, 2016.

  
NOTARY PUBLIC





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/5/2016

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 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).

<b>PRODUCER</b> Linda Lee Enterprises Inc DBA: FTS Insurance 14045 W. Petronella Dr., Ste. 2 Libertyville IL 60048		<b>CONTACT NAME:</b> Pete Stavrou <b>PHONE (A/C No. Ext.):</b> (847) 568-0313 <b>E-MAIL ADDRESS:</b> pete@stavinsurance.com <b>FAX (A/C No.):</b> (773) 920-1150	
<b>INSURED</b> Jimmy's Restaurant & Lounge, Inc. DBA: Andrew's Open Pit & Spirits 2610-2616 E. Dempster St Park Ridge IL 60068-8404		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Amtrust Insurance Co. of Kansas	NAIC # 15954
		INSURER B: Technology Insurance Company	42376
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1662709911 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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:	X	KBP1027657	1/1/2017	12/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		KPP1027655	1/1/2017	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	KBP1027657	1/1/2017	12/31/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	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 <input type="checkbox"/>	N/A TWC3485249	1/1/2017	12/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY	X	KBP1027657	1/1/2017	12/31/2017	EACH COMMON CAUSE \$1,000,000 AGGREGATE \$1,000,000

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

Umbrella Underlying Limits of Liability: General Liability and Liquor Liability.

City of Park Ridge is Additional Insured

**CERTIFICATE HOLDER**

City of Park Ridge  
 505 Butler Place Road  
 Park Ridge, IL 60068

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Allen Stueck/AFR

*Allen T. Stueck*



# CERTIFICATE OF LIABILITY INSURANCE

CRYSTAL

OP ID: JF

DATE (MM/DD/YYYY)  
10/12/2016

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 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).

<b>PRODUCER</b> King-Forman Insurance Agency 2604 E. Dempster St., #501 Park Ridge, IL 60068 King-Forman Ins Agy Inc		<b>CONTACT NAME:</b> Jamie Freitag <b>PHONE (A/C, No, Ext):</b> 847-298-1636 <b>FAX (A/C, No):</b> 224-612-5369 <b>E-MAIL:</b> jfreitag@kingforman.com <b>ADDRESS:</b>	
<b>INSURED</b> Crystal Landings LLC c/o Sam Markos 2604 E. Dempster, #100 Park Ridge, IL 60068		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Travelers INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 25658

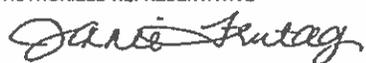
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER	X	16801D898577	04/08/2016	04/08/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA8398B91A15	04/08/2016	04/08/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000		ISFCUP0853Y119	04/08/2016	04/08/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	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			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property		16801D898577	04/08/2016	04/08/2017	Building 17,715,494 Contents 30,150

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

Additional insured with respect to the general liability in favor of:  
City of Park Ridge, IL

<b>CERTIFICATE HOLDER</b>  PARKR-3  City of Park Ridge 505 Butler Place Park Ridge, IL 60068	<b>CANCELLATION</b>  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 
--	--

✓ DEBBIE K HANSON

✓ PATRICIA ROSE

✓ WUN KIM

✓ SYLVIA PODSIADLO

✓ RUTKOWSKI KAZIMIERA

✓ SILVENA IVANOVA

✓ CINDY FALCON

✓ TSVETOZAR IVANOV

✓ ATELINA STOYKOVA KRISTEVA

✓ COURTNEY ADAMS

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

**Trainee Name:** Kazimiera Rutkowski

**School Name:**  
360training.com dba Learn2Serve

**Date of Completion:** 10/19/2016



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Atelina Stoykova Kristeva

School Name:  
360training.com dba Learn2Serve

Date of Completion: 10/18/2016



I, \_\_\_\_\_  
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successfully completed an approved  
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Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877 881 2235

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: sylvia podsiadlo  
Date of Completion: 11/20/2013

School Name:  
360training.com dba Learn2Serve

I, 

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 Learn2Serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# Illinois BASSET On-Premis SELLER / SERVER CERTIFICA

Trainee Name: patricia rose  
Date of Completion: 10/19/2014

School Name:  
360training.com dba



I, \_\_\_\_\_  
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successfully completed an approved  
Learn2Serve Seller/Server course.

This course  
knowledge an  
responsib

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to



Corporate  
13801 B

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Courtney Adams

Date of Completion: 06/10/2015

School Name:  
360training.com dba Learn2Serve

I, 

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successfully completed an approved  
Learn2Serve Seller/Server course.

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knowledge and techniques for the  
responsible serving of alcohol.

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learn2  
serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235

# BASSET Card



June 29, 2015



Letter ID: L0001837024

CINDY FALCONE  
4307 N NEVA  
NORRIDGE IL 60706

License No.: 5A-1126242  
Expiration Date: 5/20/2018  
License Type: Basset Card

Your "Student ID number" is: 413035888

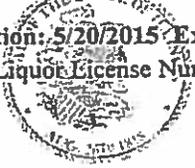
Your "Trainer's ID number" is: 5A-1126242

Your BASSET Card is located BELOW

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

### IMPORTANT:

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

<b>ILLINOIS LIQUOR CONTROL COMMISSION</b>	
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601	
<b>BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</b>	
Date of Certification: <del>5/20/2015</del> Expires: 5/20/2018	
Trainer's IL Liquor License Number: 5A-1126242	
CINDY FALCONE	
43	
N	
<b>**Card is not transferrable**</b>	

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Tsvetozar Ivanov

Date of Completion: 10/21/2015

School Name:

360training.com dba Learn2Serve



I, \_\_\_\_\_  
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responsible serving of alcohol.

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Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: SILVENA IVANOVA  
Date of Completion: 11/02/2014

School Name:  
360training.com dba Learn2Serve



I, \_\_\_\_\_  
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successfully completed an approved  
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Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# BASSET Card



October 18, 2016



Letter ID: L0219858576

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
WUN SOOK KIIM  
1185 DEERFIELD ROAD, APT A  
DEERFIELD IL 60015

License No.: 5A-0105312  
Expiration Date: 10/15/2019  
License Type: Basset Card

Your "Student ID number" is: 2657499

Your "Trainer's ID number" is: 5A-0105312

Your BASSET Card is located BELOW

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

### IMPORTANT:

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

<p><b>ILLINOIS LIQUOR CONTROL COMMISSION</b> 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 <b>BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</b></p> <p>Date of Certification: 10/15/2016 Expires: 10/15/2019 Trainer's IL Liquor License Number: 5A-0105312 WUN SOOK KIIM</p> <p><b>**Card is not transferrable**</b></p>
---

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Debbie K Hanson  
Date of Completion: 02/13/2014 11:42 CST

School Name: Learn2Serve  
Certification #: IL 2196798



I, \_\_\_\_\_  
Certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com)



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

File Number

5754-968-8



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

JIMMY'S RESTAURANT AND LOUNGE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 5TH  
day of OCTOBER A.D. 2016 .✓

*Jesse White*

SECRETARY OF STATE



**Our goal is to serve the finest  
quality food at very reasonable prices!**



# **ANDREW'S OPEN PIT**

**There are only two places to eat...  
here or at home!**

**2610 Dempster  
Park Ridge, IL 60068  
Phone: (847) 824-3800  
AndrewsOpenPit.com**

## Beverages

- Special Blend of Superior Coffee 1.75  
16 oz. Soft Drinks or Iced Tea 2.75  
Hot Tea 1.75 Milk 1.95

## Children's Menu

(Under 12) Served with soft drink or milk.

- Chicken Fingers with fries  
1/4 Wood-Roasted Chicken with mashed potatoes (all white meat \$1 extra)  
\$6.95 each  
Mini Cheeseburgers (2) with fries  
Mini Cheese Pizza

## Desserts

- Homemade Apple Pie  
Fresh baked apple pie like mom used to make.  
Plain 3.95 a la Mode 4.95  
Tiramisu 4.25  
French Vanilla Ice Cream 2.95  
Spunoni Ice Cream 2.05  
Homemade Rice Pudding 2.95

## Pasta Pasta

Served with soup or salad, bread and butter.  
We use only 100% semolina pasta imported from Italy.

- Fettuccine Alfredo Fettuccine noodles tossed in a classic butter cream and parmesan sauce. 8.95  
Breast of Chicken Alfredo Sirps of tender chicken mixed with fresh fettuccine and tossed with our classic Alfredo sauce. 11.95  
Shrimp Alfredo Fresh shrimp sauteed and tossed in a creamy Alfredo sauce, served over fettuccine. 14.95  
Spaghettini with Shrimp Tender shrimp sauteed in marinara sauce, served over spaghettini. 14.95  
Spaghettini with Chicken Tender chicken strips sauteed in marinara sauce, served over spaghettini. 11.95  
Spaghettini Marinara Spaghettini tossed in marinara sauce. 8.95

We use only cholesterol-free corn oil for frying.

**We also accommodate large parties.**  
Ask management for details.

**Carryout and Gift Certificates are available.**

Extra plate charge: \$2.95 additional

Sharing meals: \$5.95 additional  
(includes soup or salad, choice of potato or rice, and vegetables)  
No separate checks, please.

## Suggestions from the Bar

16 oz. Mai Tai  
Our own recipe 5.75

Well Martinis or Manhattans 5.50  
(Call or premium martinis also available)

### House Wine

Chardonnay, Cabernet Sauvignon, Merlot, White Zinfandel  
Half carafe 10.50  
By the glass 4.75

### Premium Wine

Woodbridge Pinot Grigio 6.50 glass 19.95 bottle  
Yellow Tail Shiraz 6.50 glass 19.95 bottle  
Snap Dragon Riesling 6.50 glass 19.95 bottle  
Snap Dragon Pinot Noir 6.50 glass 19.95 bottle  
Movendo Moscato 6.50 glass 21.95 bottle

### Beer

Domestic 3.50 Premium 4.75 Imported 4.75 Craft 4.75

## Appetizers

- Polato Skins Baked Idaho potato skins served with melted cheddar cheese and real bacon. 6.95  
Mozzarella Sticks Lightly breaded and fried, served with marinara sauce. 7.95  
Shrimp DeJonghe Lightly sauteed in garlic and butter, topped with our special DeJonghe mixture, baked to perfection. 10.95  
Chicken Fingers Tender strips of chicken breast, lightly breaded and fried, served with pepperoni ranch dressing. 7.95  
Chicken Wings 8 pieces, choice of spicy hot or BBQ. 7.95  
Fried Calamari Fresh calamari, lightly breaded and fried, served with cocktail sauce. 1/2 lb. 6.95 1 lb. 10.95  
Sampler Chicken Wings, Mozzarella Sticks, and Potato Skins. 9.95

## Salads

- Chef's Salad Garden greens topped with julienne of turkey, ham, American and Swiss cheese, with choice of dressing and chef's garnish. 8.95  
Healthy Salad Garden greens, with your choice of dressing, and chef's garnish. With chicken breast 9.95 With prime top sirloin 11.95 With cajun shrimp 14.95  
Grecian Salad Crisp mixed greens, tomato, pepperoncini peppers, imported feta cheese, imported Greek olives, anchovies, and our Balsamic vinaigrette. 9.95 (Small 6.95) (with chicken breast add \$5)  
Sloppy Salad Crisp garden greens topped with lightly breaded, spicy BBQ chicken tenders, with your choice of dressing, and chef's garnish. 9.95  
Caesar Salad Crisp romaine, croutons, parmesan cheese, and Caesar Dressing. 7.95 (with chicken breast add \$5)  
Slim & Trim Salad Crispy greens, cucumbers, peppers, tomatoes, red onions, dried cranberries, and walnuts.

# ouse Specialties

Served with soup or salad, choice of potato or rice, bread & butter, and chef's garnish.  
Small Greek salad with dinners \$1.50 extra.

## Wood Roasted Chicken

Tender and juicy half chicken, slowly cooked to perfection in our rotisserie oven. 10.95  
(All white meat 2.95 extra)

## Wood Roasted BBQ Chicken

Tender and juicy half chicken prepared with our special BBQ sauce, slowly cooked to perfection in our rotisserie oven. 10.95  
(All white meat 2.95 extra)

## Wood Roasted Chicken Oregano

One-half wood roasted chicken prepared with pure olive oil, fresh lemon and herbs, cooked in our rotisserie oven. 10.95  
(All white meat 2.95 extra)

## Over 1 lb. Charbroiled Pork Chops

First buy anywhere! Three center-cut, charbroiled pork chops served with homemade applesauce. 10.95

## Charbroiled Prime Top Sirloin Steak

Best buy in town! 16 oz. lean and center-cut, charbroiled to your liking. 14.95

## Chicken Brochette

Lightly marinated chunks of chicken tenders, green peppers, tomatoes, mushrooms & onions on a skewer, broiled just right, with rice pilaf. 12.95

## Steak & Chicken Combo

A 6 oz. charbroiled prime top sirloin steak and one quarter wood roasted chicken. 13.95  
(All white meat 1.95 extra)

## Chicken & Ribs Combo

One quarter BBQ chicken and one-third slab BBQ baby back ribs. 11.95  
(All white meat 1.95 extra)

## Rotisserie Baby Back Ribs

Baby back ribs cooked in our rotisserie oven, prepared with our special BBQ sauce. Half slab 13.95 Full slab 20.95

## Steak & Ribs Combo

A 6 oz. charbroiled prime top sirloin steak & one-third slab BBQ ribs. 15.95

## New York Strip Steak

12 oz. hand-cut, USDA Choice steak, charbroiled to your liking. 19.95

## Charbroiled Twin Filet Mignon

Two 5 oz. cuts of the most tender of all steaks, charbroiled to your liking. 21.95

## Stir-Fry Shrimp

Fresh shrimp prepared with oriental vegetables, served over rice, with choice of soup or salad, and bread and butter. 14.95

## Stir-Fry Chicken

Strips of chicken breast prepared with oriental vegetables, served over rice, with choice of soup or salad, and bread and butter. 10.95

## Shrimp DeJonghe

Lightly sautéed in garlic and butter, topped with our special DeJonghe mixture and baked to perfection, with choice of soup or salad, and bread and butter. 14.95

## Sautéed Chicken Breast DeJonghe

Lightly sautéed in garlic and butter, topped with our special DeJonghe mixture and baked to perfection, with choice of soup or salad, and bread and butter. 10.95

# Charbroiled Burgers

All of our best burgers are 10 oz. of freshly ground, hand-packed, lean beef. Served with our special fries and chef's garnish.

**Beefeater Burger** Served on a toasted bun. 7.25

**All-American Burger** Topped with American cheese, on a toasted bun. 7.95

**Buccaneer Cheeseburger** Served with melted American cheese and bacon, on a toasted bun. 8.25

**Patty Melt** Topped with American cheese and grilled onions, on a grilled light rye. 7.95

# Sandwiches

All sandwiches served with our special fries and chef's garnish.

**Club House** Fresh turkey, lettuce, tomato, bacon and mayonnaise, served on white toast. 8.25

**Ham & Cheese Club** Tender ham, Swiss cheese, lettuce, tomato & mayonnaise, on white toast. 8.25

**BLT Club** Bacon, lettuce, tomato and mayonnaise, on white toast. 8.25

**Gobbler** Sliced turkey, Swiss cheese, lettuce, tomato and mayonnaise, on rye toast. 7.55

# Charbroiled Chicken Sandwiches

With lettuce, skinless breast on a toasted bun. Served with our special fries and chef's garnish.

**The Original** Plain and simple, served on a toasted bun with mayonnaise. 8.25

**Chicken Italiano** Topped with mozzarella cheese and marinara sauce. 8.25

**Grecian Chicken** Tender breast of chicken topped with lettuce, tomato, crumbled feta cheese and red onion. 8.25

**Private room available**  
**Ask about our gift certificates**

Extra plain charge: \$2.95 additional  
Sharing meals: \$5.95 additional  
(includes soup or salad, choice of potato or rice, and vegetables)  
For parties of fifteen or more, a 20% gratuity will be added.  
We are not responsible for loss or exchange of personal property.

1 SHOPPING CENTER LEASE

2  
3  
4 THIS LEASE is made as of the 31st day of October, 2007, by and between CRYSTAL LANDINGS  
5 L.L.C., an Illinois limited liability company ("Landlord"), and JIMMY'S RESTAURANT AND LOUNGE, INC, an  
6 Illinois corporation ("Tenant").  
7

8 WITNESSETH THAT, in consideration of the rents, covenants and agreements hereinafter set forth, the  
9 Landlord and Tenant enter into the following agreements:  
10

11 ARTICLE I

12 BASIC LEASE PROVISIONS AND EXHIBITS

13  
14 Section 1.1. Basic Lease Provisions

15 The following information is intended to be incorporated in the specified Sections of this Lease. Each of  
16 the sections of this Lease referred to in this Section 1.1 shall be deemed incorporated by reference as if fully set  
17 forth herein. The information contained in this Section 1.1 shall be deemed incorporated into the Lease sections  
18 which are referenced in this Section 1.1, as if fully set forth in said section.  
19

20 (A) Section 2.1: A space containing approximately 7,187 square feet of rentable area, located in the Landings  
21 Shopping Center (the "Shopping Center" or "Center"), 2610 Dempster Street, Park Ridge, Illinois 60068.  
22

23 (B) Section 2.3.A: Term: 25 full Lease Years, commencing on November 1, 2007 (the "Commencement  
24 Date,"). The Lease Term shall expire at the end of the 25<sup>th</sup> full Lease Year (the "Expiration Date").  
25

26 (C) Section 2.5: Permitted Use: The operation of a restaurant and lounge and, incidental to the operation of the  
27 restaurant, Tenant shall, subject to Tenant's compliance with all laws and obtaining all necessary permits,  
28 licenses, and approvals, be permitted to serve alcoholic beverages, beer, and wine to patrons at their tables  
29 or at a bar area within the Premises for on-site consumption.  
30

31 (D) Section 4.1: Minimum Annual Rent:

<u>Initial Term</u>	<u>Minimum Annual Rent per Square Foot</u>	<u>Minimum Annual Rent</u>	<u>Minimum Monthly Rent</u>
November 1, 2007 Through October 31, 2012			
November 1, 2012 Through October 31, 2017			
November 1, 2017 Through October 31, 2022	\$		
November 1, 2022 Through October 31, 2027			
November 1, 2027 Through October 31, 2032			

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52 (F) Section 8.2: Trade Name: Andrews Open Pit

# Form BCA-2.10 ARTICLES OF INCORPORATION

(Rev. Jan. 1991)

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756

This space for use by Secretary of State

JIMMY'S RESTAURANT AND  
LOUNGE, INC.

**SUBMIT IN DUPLICATE!**

This space for use by  
Secretary of State

JIMMY'S RESTAURANT AND LOUNGE, INC.  
is being organized as a Close  
Corporation in compliance with  
Article 2A of the Business  
Corporation Act of 1983.

Date 11-9-93  
Franchise Tax \$ 25.00  
Filing Fee \$ 75.00  
Approved: [Signature] \$ 7100.00

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. CORPORATE NAME: JIMMY'S RESTAURANT AND LOUNGE, INC.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent:	<u>JOHN</u>	<u>N.</u>	<u>SKOUBIS</u>
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last name</i>
Initial Registered Office:	<u>311</u>	<u>SOUTH WACKER DRIVE,</u>	<u>SUITE 2675</u>
	<i>Number</i>	<i>Street</i>	<i>Suite #</i>
	<u>CHICAGO</u>	<u>IL</u>	<u>COOK</u>
	<i>City</i>	<i>Zip Code</i>	<i>County</i>

3. Purpose or purposes for which the corporation is organized:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

The transaction of any and all lawful purposes for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	\$ NPV	100,000	1,000	\$ 1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

All of the issued shares of each class shall be subject to one or more restrictions on transfer set forth in Article 2A of the Business Corporation Act, which restrictions shall be uniform within each class.

(over)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 (d) It is estimated that the gross amount of business that will be transacted from pieces of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated October 12, 19 93

Signature and Name	Address
1. <u>John N. Skoubis</u> <i>Signature</i> <u>JOHN N. SKOUBIS</u> <i>(Type or Print Name)</i>	1. <u>311 S. Wacker Drive, Suite 2675</u> <i>Street</i> <u>Chicago Illinois 60606</u> <i>City/Town State Zip Code</i>
2. _____ <i>Signature</i> _____ <i>(Type or Print Name)</i>	2. _____ <i>Street</i> _____ <i>City/Town State Zip Code</i>
3. _____ <i>Signature</i> _____ <i>(Type or Print Name)</i>	3. _____ <i>Street</i> _____ <i>City/Town State Zip Code</i>

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)  
 NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

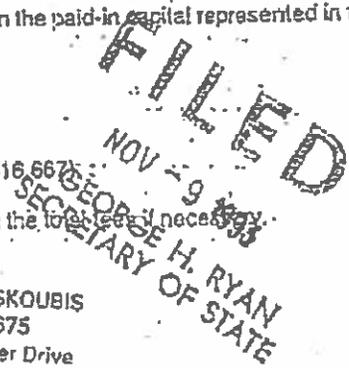
**FEE SCHEDULE**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667.)
- The Department of Business Services in Springfield will provide assistance in calculating the total tax due.

SKOUBIS & SKOUBIS  
 Suite 2675  
 311 S. Wacker Drive  
 Chicago, Illinois 60606

Illinois Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
 Telephone (217) 782-9522  
 782-9523

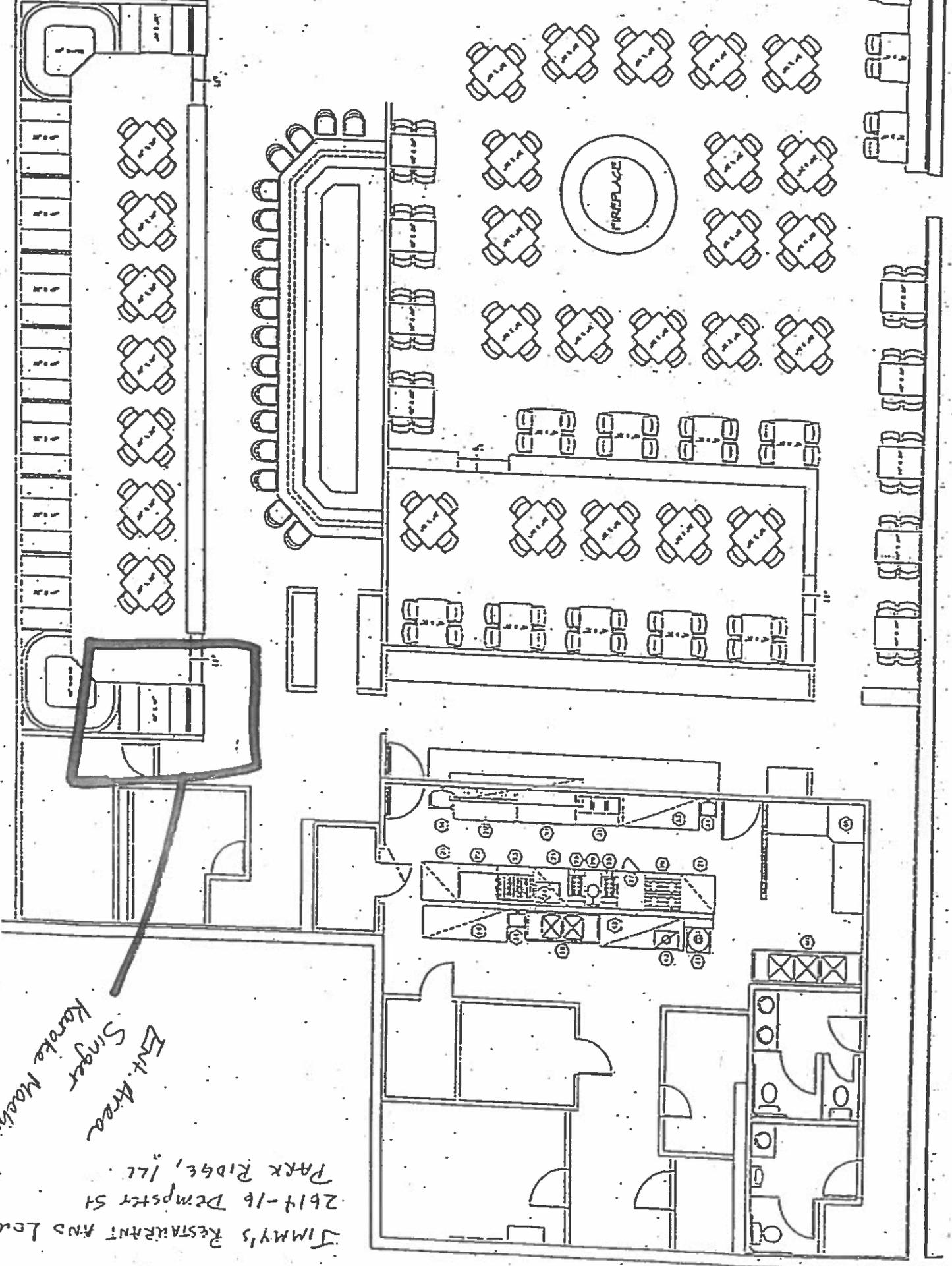
SKOUBIS & SKOUBIS  
 Suite 2675  
 311 S. Wacker Drive





JIMMY'S RESTAURANT AND LOUNGE  
2614-16 DEMPOSTER ST  
PARK RIDGE, ILL.

Exit Area  
Singer  
Karaoke Machine





PIF

PAID

OCT 26 2016

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
LOCAL LIQUOR CONTROL COMMISSION  
APPLICATION FOR RETAIL LIQUOR LICENSE

NEW	RENEWAL
	X

CITY OF PARK RIDGE  
 CASH  CHECK  CREDIT

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: BEER ON THE WALL LLC located at 100 NORTH ST

Date of Application: 25 OCT 2016 IL Liquor License Number, if renewal: 1A-1131764

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
X	Class P	Package License	\$2,500
	Class R	Restaurant License	\$2,500
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Growler	\$250
	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
X	Gourmet Beverage	\$500
	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$ 250.00 + CLASS FEE \$ 2500 + ENDORSEMENT FEE \$ 500 = TOTAL \$ 3,250.00

paid 10/26/2016 to [unclear]

**THIS APPLICATION MUST BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant			Applicants Home Address		
Ryan Tracy					
Relationship to Business			Corporation Name to which License is to be issued		
Owner / General Manager			Beer on the Wall LLC		
Corporation Address			Corporation Phone Number		
106 Main St Park Ridge, IL 60068			7739141623		
Corporation Contact Person			Corporate Contact Email Address		
Ryan Tracy			info@wehavegreatbeer.com		
Name under which the licensed business will be operated			Description of the premises at which business will be operated		
Beer on the Wall LLC			2-story building in uptown		
Total Square Feet of Premises	Total Square Feet Bar Area	Total Square Feet Kitchen Area	Total Number of Tables	Total Number of Parking Spaces	Type of Food Served
2712	400	0	6	3	hors d' ouvres
Do you own or lease space in the building?		OWN <input type="checkbox"/>	LEASE <input checked="" type="checkbox"/>	If leasing, provide expiration date.	
				Dec. 2026	

**Note: If leasing, please attach a copy of your lease.**

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.		

Date of Incorporation	13Apr2016	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:		If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.		

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

1. Name	Address	Office Held
Ryan Tracy	7013 Park Ridge	Manager Member
Date of Birth	Email Address	Telephone Number
2. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
<b>Ryan Tracy</b>		<b>65.5%</b>
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
<b>Dennis Olson</b>	2 <sup>nd</sup> Dr. E	<b>12.5%</b>
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
<b>Alexandros Pavlos</b>		<b>10.0%</b>
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
<b>Matt Olson</b>	4	<b>5.0%</b>
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
<b>Chris Altman</b>		<b>5.0%</b>
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name	Address	% of Stock Held
Ryan Tracy		65.5%
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES  NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

The building was an antique toy store approximately 8-10 years ago, however the space has been vacant since that time.

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time	\$ 25,000
How long has the corporation been in the business of the retail sale of alcohol?	Nov. 2016

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the office and unit of government.	
Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the particulars.	

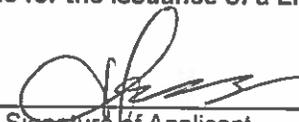
In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please list the name and amount below.			
Name		Amount	
1.			
2.			
Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position.		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Name	Job Position	Agency	
Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please state the reason(s).			
Has any person listed on this application or any of your managers ever held another liquor license in another state(s)?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)
Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please explain.			
Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please explain.			
Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.			
Date of Charge	Disposition	Municipality/Jurisdiction	
Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.			
Date of Charge	Disposition	Municipality/Jurisdiction	
If no charges were involved, state the reason for the investigation or hearing below.			
It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, state the reason.			
Is there any State of Illinois or City of Park Ridge regulation which you do not understand?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

If yes, please explain.		
Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Provide the Expiration Date	08 '15 '17	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please explain.		

Please submit the following documents with your application.

- ✓ A current list of names of all employees involved in the sale of alcohol
- ✓ BASSET training certificates for all current employees who will be engaged in mixing, preparing or delivering alcoholic liquor to customers, guests, or patrons. *Any new employee who will be performing the aforementioned tasks are required to complete Bassett Training before starting work.* Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.
- ✓ A copy of the floor plan (if new application, not on file, or if renovations were made)
- ✓ A current Certificate of Good Standing issued by the State of Illinois
- ✓ Copy of your current Illinois State Liquor License
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your sole responsibility to assure that a reapplication process is initiated before change of ownership is made. ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED. Please allow at least 45-days processing time for the issuance of a Liquor License.

  
Signature of Applicant

25 Oct 2016  
Date

Affix Corporate Seal  
(If applicant is corporation)

For office use only below this line

Application Fee Paid \_\_\_\_\_  
\$100 renewal / \$250 new Prorated? Y / N

Total License Fee Paid \_\_\_\_\_

Received by \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the Municipal Code provisions of the Park Ridge Municipal Code which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 26 day of October, 2016.

  
\_\_\_\_\_  
NOTARY PUBLIC

SEAL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/25/2016

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 <b>SCHOL &amp; ASSOC INC</b> 113 W Main St West Dundee, IL 60118	CONTACT NAME: <b>Ryan Norman</b>
	PHONE (A/C No. Ext): <b>(847) 426-0052</b> FAX (A/C No.): <b>(847) 426-0067</b> E-MAIL ADDRESS: <b>deanna@scholinsurance.com</b>
INSURED <b>Beer on the Wall, LLC</b> 106 Main Street Park Ridge, IL 60068 (773) 914-1623	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>West Bend Mutual</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADULT INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	A181986	8/15/16	8/15/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED/EXP (Anyone person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <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) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
A	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 Y	A182476 Excd: Ryan Tracy	8/15/16	8/15/17	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			A181986	8/15/16	8/15/17	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured: City of Park Ridge ✓

CERTIFICATE HOLDER <b>City of Park Ridge</b> 505 Butler Place Park Ridge, IL 60068	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <b>Ryan Norman</b>



Beer on the Wall LLC  
106 Main St.  
Park Ridge, IL 60714

**Current List of Employees Eligible to Serve Alcohol  
(as of 25-Oct-2016):**

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>BASSET Expiration</b>
Ryan	Tracy	General Manager	8/25/2019
Chris	Altman	LLC Member	10/24/2019
Matt	Olson	LLC Member	10/25/2019

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Ryan Tracy  
Date of Completion: 08/25/2016

School Name:  
360training.com dba Learn2Serve



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877 881 2235

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

**Trainee Name:** Christopher Altman  
**Date of Completion:** 10/24/2016

**School Name:**  
360training.com dba Learn2Serve



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



**Corporate Headquarters**  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Matthew Olson

Date of Completion: 10/25/2016

School Name:  
360training.com dba Learn2Serve



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

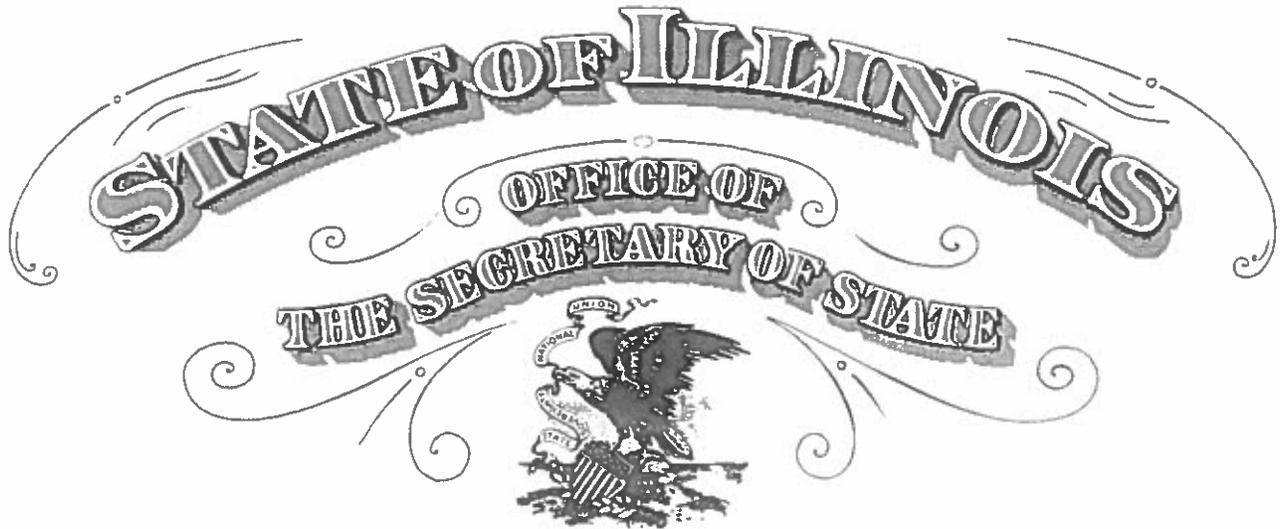
This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235

File Number

0576063-1



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

.BEER ON THE WALL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 13, 2016, 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 DOMESTIC LIMITED LIABILITY COMPANY 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 25TH day of OCTOBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

**STORE LEASE**

*CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.*

*Above Space for Recorder's use only*

TERM OF LEASE		
BEGINNING	ENDING	ADDITIONAL INFORMATION
7/15/2016 (possession)	11/30/2026 Plus one option to renew	Retail Store, mixed use building
MONTHLY RENT	DATE OF LEASE	LOCATION OF PREMISES
See Rider A	7/1/2016	106 Main, Park Ridge, Illinois 60068 PIN# 09-35-203-003-0000

PURPOSE
Ryan P. Tracey, dba Beer on The Wall retail beverage store and related uses

**LESSEE**

**NAME** • Beer on The Wall, LLC.  
By Ryan P. Tracy, Managing Member

**ADDRESS** •

**CITY**

**LESSOR**

**NAME** • Catherine A. Whidden

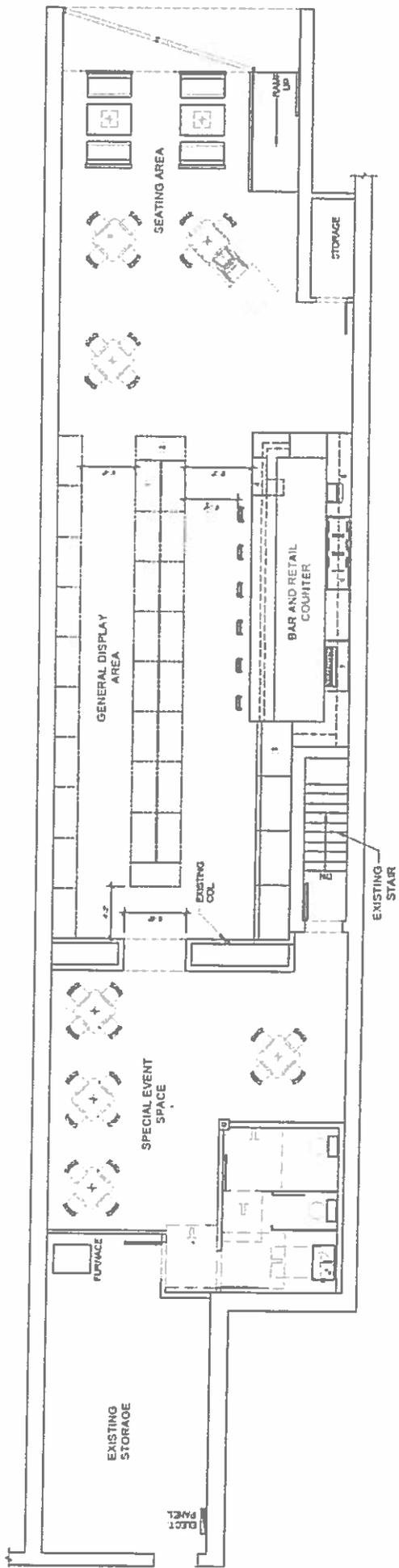
**ADDRESS** :

**CITY** •

In consideration of the mutual covenants and agreements herein stated, Lessor hereby leases to Lessee and Lessee hereby leases To Lessor solely for the above purpose the premises designated above (the "Premises"), together with the appurtenances thereto, for the above term.

**LEASE COVENANTS AND AGREEMENTS**

- 1. RENT.** Lessee shall pay Lessor or Lessor's agent as rent for the Premises the sum stated above, monthly in advance, until termination of this lease, at Lessor's address stated above or such other address as Lessor may designate in writing.
- 2. WATER, GAS AND ELECTRIC CHARGES.** Lessee will pay, in addition to the rent above specified, all water rents, gas and electric light and power bills taxed, levied or charged on the Premises, for and during the time for which this lease is granted and in case said water rents and bills for gas, electric light and power shall not be paid when due, Lessor shall have the right to pay the same, which amounts so paid, together with any sums paid by Lessor to keep the Premises in a clean and healthy condition, as herein specified, are declared to be so much additional rent and payable with the installment of rent next due thereafter.
- 3. SUBLETTING; ASSIGNMENT.** The Premises shall not be sublet in whole or in part to any person other than Lessee, and Lessee shall not assign this lease without, in each case, the consent in writing of Lessor first had and obtained; nor permit to take place by any act or default of himself or any person within his control any transfer by operation of law of Lessee's interest created hereby; nor offer for lease or sublease the Premises. nor any portion thereof, by placing notices or signs of "To Let," or any other similar sign or notice in any place, nor by advertising the same in any newspaper or place or manner whatsoever without, in each case, the consent in writing of Lessor first had and obtained. If Lessee, or anyone or more of the Lessees, if there be more than one, shall make an assignment for



# Liquor License



September 19, 2016



Letter ID: L1828587088

BEER ON THE WALL LLC  
BEER ON THE WALL LLC  
7049 W KEENEY ST  
NILES IL 60714-3037

License No.: 1A-1131464  
Expiration Date: 07/31/17  
License Type: RETAILER  
Account ID: 42253543



The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.



**STATE OF ILLINOIS**  
LIQUOR CONTROL COMMISSION  
Governor Bruce Rauner

Letter ID: L1828587088

**1A-1131464**

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:

BEER ON THE WALL LLC  
BEER ON THE WALL LLC  
106 MAIN ST  
PARK RIDGE IL 60068-4030

Cook

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:

RETAILER  
COMBINED

ISSUE DATE:

09/19/16

Effective: 09/19/16

THIS LICENSE EXPIRES ON:

07/31/17

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.  
Warehouse: N/A

Sales Tax Acct # 42253543

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

paid check 4455 \$500  
 4437-\$2500.00  
 4436 \$250



PIF

PAID

OCT 28 2016

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
 LOCAL LIQUOR CONTROL COMMISSION  
 APPLICATION FOR RETAIL LIQUOR LICENSE

CITY OF PARK RIDGE  
 CASH  CHECK  CREDIT

NEW	RENEWAL
	✓

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: Blufish Sushi Bistro located at 130 N. Northwest Hwy

Date of Application: 10/11/16 IL Liquor License Number, if renewal: 1A-0098305

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	\$2,500
X	Class R	Restaurant License	\$2,500
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Growler	\$250
	Outdoor Seating	\$250
	Sampling	\$250
X	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

\$3,250.00

AP FEE \$250.00 + CLASS FEE \$2,500 + ENDORSEMENT FEE \$500 = TOTAL \$3,250.00

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant <i>Chul H. Choi</i>			Applicants Home Address		
Relationship to Business <i>member</i>			Corporation Name to which License is to be issued <i>Four Sushi Boys, LLC.</i>		
Corporation Address <i>130 N. Northwest Hwy Park Ridge, IL 60068</i>			Corporation Phone Number <i>847-720-4479</i>		
Corporation Contact Person <i>Chul Choi</i>			Corporate Contact Email Address <i>charleschoi22@yahoo.com</i>		
Name under which the licensed business will be operated <i>Blutish Sushi Bistro</i>			Description of the premises at which business will be operated <i>Ground level retail location in a mixed use condominium building</i>		
Total Square Feet of Premises <i>4,000 sq ft</i>	Total Square Feet Bar Area <i>800 sq ft</i>	Total Square Feet Kitchen Area <i>800 sq ft</i>	Total Number of Tables <i>40</i>	Total Number of Parking Spaces <i>250</i>	Type of Food Served <i>Japanese</i>
Do you own or lease space in the building? <input type="checkbox"/> OWN <input checked="" type="checkbox"/> LEASE		If leasing, provide expiration date. <i>2020</i>			

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.	

Date of Incorporation <i>2010</i>	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:	If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

1. Name <i>Chul Choi</i>	Address <i>130 N. Northwest Hwy, Park Ridge, IL 60068</i>	Office Held <i>Member</i>
Date of Birth	Email Address <i>charleschoi22@yahoo.com</i>	Telephone Number
2. Name <i>Seopgchul Lee</i>	Address <i>111 W. Lake St, Chicago, IL 60601</i>	Office Held <i>Member</i>
Date of Birth	Email Address <i>seopgchullee@gmail.com</i>	Telephone Number

3. Name	Address	Office Held
Sae S. Kim	a-1 0068	Member
Date of Birth	Email Address	Telephone Number
	340	85
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name	Address	% of Stock Held
Seongchul Lee	[REDACTED]	
Date of Birth	Email Address	Telephone Number
[REDACTED]	[REDACTED]	[REDACTED]
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ 50,000.00

How long has the corporation been in the business of the retail sale of alcohol? 6 years

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official? YES NO

If yes, state the office and unit of government.

Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official? YES NO

If yes, please explain.

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission?		YES	NO <input checked="" type="checkbox"/>
If yes, please list the name and amount below.			
Name		Amount	
1.			
2.			
Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position.		YES	NO <input checked="" type="checkbox"/>
Name	Job Position	Agency	
Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp?		YES	NO <input checked="" type="checkbox"/>
If yes, please state the reason(s).			
Has any person listed on this application or any of your managers ever held another liquor license in another state(s)?		YES	NO <input checked="" type="checkbox"/>
If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)
Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government?		YES	NO <input checked="" type="checkbox"/>
If yes, please explain.			
Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction?		YES	NO <input checked="" type="checkbox"/>
If yes, please explain.			
Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?		YES <input checked="" type="checkbox"/>	NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.			
Date of Charge	Disposition	Municipality/Jurisdiction	
Feb 2012	Serve violation / pd fine	COPR	
May 2015	Serve minor / pd fine	COPR	
Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?		YES <input checked="" type="checkbox"/>	NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.			
Date of Charge	Disposition	Municipality/Jurisdiction	
<i>(same as above)</i>			
If no charges were involved, state the reason for the investigation or hearing below.			
It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City?		YES	NO <input checked="" type="checkbox"/>
If yes, state the reason.			
Is there any State of Illinois or City of Park Ridge regulation which you do not understand?		YES	NO

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Provide the Expiration Date	/ /	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.	
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain.	One member has left the LLC and the remaining three members have gone from 25% to 33.33% ownership each		

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSETT training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. **ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED.** Please allow at least 45-days processing time for the issuance of a Liquor License.

*du cl.*

Signature of Applicant

10/11/16

Date

Affix Corporate Seal  
(If applicant is corporation)

**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**

STATE OF ILLINOIS     )  
                                  ) SS.  
COUNTY OF COOK     )

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.



\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 25 day of October, 2016.



\_\_\_\_\_  
NOTARY PUBLIC

SEAL







AMARTIN

# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/19/2016

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS CINCINNATI/ AssuredPartners NL 5905 E. Galbraith Rd., Suite 5000 Cincinnati, OH 45236		PHONE (A/C, No, Ext): (513) 333-0700	COMPANY NAME AND ADDRESS American Guarantee & Liability Insurance Co 1400 American Lane Schaumburg, IL 60196-1056		NAIC NO: 26247
Contact name: Amanda Martin			IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
FAX (A/C, No): (513) 333-0735		E-MAIL ADDRESS:			
CODE:		SUB CODE:		POLICY TYPE <b>Property</b>	
AGENCY CUSTOMER ID #: PHILEDI-01		LOAN NUMBER		POLICY NUMBER ERP5882592-02	
NAMED INSURED AND ADDRESS Phillips Edison & Company, Ltd. 11501 Northlake Drive Cincinnati, OH 45249			EFFECTIVE DATE 12/31/2015		EXPIRATION DATE 12/31/2016
ADDITIONAL NAMED INSURED(S) Uptown Station, LLC			CONTINUED UNTIL TERMINATED IF CHECKED		<input type="checkbox"/>
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION  
190 N Northwest Hwy., Park Ridge, IL 60068, Uptown Station, LLC

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	s 500,000,000			DED:	10,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	IF YES, LIMIT:	500,000,000 <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 24
BLANKET COVERAGE	<input checked="" type="checkbox"/>			IF YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			IF YES, LIMIT:	1,000,000 DED: 10,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST	<input checked="" type="checkbox"/>				
AGREED VALUE	<input checked="" type="checkbox"/>				
COINSURANCE		<input checked="" type="checkbox"/>		IF YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			IF YES, LIMIT:	500,000,000 DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			IF YES, LIMIT:	25,000,000 DED: 10,000
- Demolition Costs	<input checked="" type="checkbox"/>			IF YES, LIMIT:	25,000,000 DED: 10,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			IF YES, LIMIT:	25,000,000 DED: 10,000
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>			IF YES, LIMIT:	200,000,000 DED: 100,000
FLOOD (If Applicable)	<input checked="" type="checkbox"/>			IF YES, LIMIT:	200,000,000 DED: 100,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			IF YES, LIMIT:	DED: 100,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			IF YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>				DED:

### CANCELLATION

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

### ADDITIONAL INTEREST

MORTGAGEE LENDERS LOSS PAYABLE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Blufish Sushi Bistro 130 N. Northwest Hwy. Park Ridge, IL 60068		AUTHORIZED REPRESENTATIVE 

**BASSET OF ILLINOIS**

**CERTIFIES THAT**

**HYUNGSEOP LEE**

**HAS SUCCESSFULLY  
COMPLETED A BASSET PROGRAM**



*[Handwritten Signature]*  
SIGNATURE

06/20/2015  
Date of Completion

**BASSET OF ILLINOIS**  
**CERTIFIES THAT**



**MIRI FUJISAKI**

**HAS SUCCESSFULLY  
COMPLETED A BASSET PROGRAM**

  
**SIGNATURE**

**06/20/2015**  
**Date of Completion**

BASSET OF ILLINOIS  
SERVICES UNIT



**ZOLZAYA BAIGALMAA**  
HAS SUCCESSFULLY  
COMPLETED A BASSET PROGRAM

SIGNATURE

06/20/2015

Date of Completion

**THIS CARD CERTIFIES SUCCESSFUL  
COMPLETION OF A BASSET TRAINING  
WHICH COMPLIES WITH SECTION  
3500 OF TITLE 77 CHAPTER XVI  
OF ILLINOIS RULES AND REGULATIONS  
INSTRUCTOR: CARLOS MORALES  
PHONE: (630) 640-2711  
E-MAIL: BASSETTRAINING@COMCAST.NET  
ILCC LICENSE # 5A-93674**

**BASSET OF ILLINOIS**  
CERTIFIES THAT

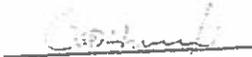


**MARALMAA GANZORIG**  
HAS SUCCESSFULLY  
COMPLETED A BASSET PROGRAM

  
SIGNATURE

06/20/2015  
Date of Completion

THIS CARD CERTIFIES SUCCESSFUL  
COMPLETION OF A BASSET TRAINING  
WHICH COMPLIES WITH SECTION  
3500 OF TITLE 77 CHAPTER XVI  
OF ILLINOIS RULES AND REGULATIONS  
INSTRUCTOR: CARLOS MORALES  
PHONE: (630) 640-2711  
E-MAIL: [BASSETTRAINING@COMCAST.NET](mailto:BASSETTRAINING@COMCAST.NET)  
ILCC LICENSE # 5A-93674



# Certificate of Completion



JUSTIN VANTASSEL

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 11/19/2015

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan", written over a horizontal line.

Jeff Pairan



# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: SEONG LEE

Date of Completion: 06/20/2015

School Name:  
360training.com dba Learn2Serve

I, 

certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

**BASSET OF ILLINOIS**  
CERTIFIES THAT



**COLIN AHN**  
HAS SUCCESSFULLY  
COMPLETED A BASSET PROGRAM

*Colin Ahn*  
SIGNATURE

**06/20/2015**  
Date of Completion

File Number

0330119-2



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

FOUR SUSHI BOYS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 09, 2010, 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 DOMESTIC LIMITED LIABILITY COMPANY 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 18TH*  
*day of OCTOBER A.D. 2016 . . .*

*Jesse White*

SECRETARY OF STATE

# blu fish

## Sushi Bistro



130 N. Northwest Hwy.  
Park Ridge, IL 60068  
P. 847-720-4479 P. 847-720-4315  
F. 847-430-3813

Web: [www.blufishsushi.com](http://www.blufishsushi.com)  
Lunch Monday-Friday 11:30am-2:30pm  
Dinner Monday-Thursday 5:00pm-9:30pm  
Friday & Saturday 5:00pm-10:30pm  
Sunday 4:00pm-9:00pm

Crispy Rice Spicy Tuna Butter pan fried crispy rice, topped with spicy tuna, wasabi mayo, and sweet soy.	15
Unagi Spring Roll Fresh water eel, asparagus, cucumber, avocado and fresh spring greens wrapped in rice paper and soy paper.	12
Ahi Tartare Spicy tuna, pico de gallo, cilantro, citrus tobiko, seared tuna sashimi served in a citrus ponzu vinaigrette	12
Crispy Tataru Spicy salmon and spicy tuna alternated on crispy wonton chips	9
Puff Wrapped Ahi Spicy tuna, cream cheese, asparagus, avocado wrapped in filo dough fried till crispy and topped with a creamy wasabi sauce and sweet soy	12
Sunomono Shrimp, King crab, octopus, onion, green pepper, daikon, Mandarin in a sweet citrus vinaigrette.	12
Oyster/Vel Shucker Fresh shucked oyster or sea urchin, quail egg, pico de gallo, tangy ponzu sake sauce	5
Tuna Flight Big eye tuna, super white tuna, albacore tuna sashimi	15
Dragon Fire A riceless roll with soft shell crab, eel and asparagus. Wrapped with fresh tuna then topped with black tobiko and chili oil.	11
Slimo Ahi Carpaccio Seared encrusted seared super white tuna served between tomato slices in a citrus vinaigrette.	9
Yellow Tail Ponzu Six pieces of fresh yellow tail, sliced jalapeno, tangy ponzu sauce	12
Dynamite Sushi rice wrapped with eel, fresh salmon and soy bean paper. Topped with spicy scallop and served in a tangy ponzu sauce	9
Spring Spيدر A riceless roll soft shell crab, asparagus and mixed greens. Wrapped in a soy bean sheet and served in a citrus ginger dressing	11
Spicy Tuna Seaweed Salad Spicy tuna, seaweed wakame salad, avocado	12

Stuffed Mushrooms Snow crab stuffed button mushrooms, panko crustied, spicy mayo, wasabi mayo	7
Asparagus Beef Roll Pan fried N.Y. Steak wrapped asparagus, house teriyaki sauce, tempura asparagus	7
Panko Scallops Panko encrusted scallops, house teriyaki sauce, tomato-basil in olive	9
Crab Cakes Minced snow crab & vegetable cake, panko crustied, grilled, then drizzled with wasabi cream, spicy mayo	8
Edamame Steamed soybean pods	4
Agedashi Tofu Deep fried tofu, miso-su sauce	5
Shumai Pan fried shrimp dumplings, house ginger sauce	5
Gyoza Pan fried pork dumplings, house ginger sauce	5
Soft Shell Crab Fried soft shell crab, crispy wonton cup, tangy ponzu	7
Beef Tataki Thinly sliced seared NY steak, tomato, tangy ponzu	9
Kushi Yaki Skewers Grilled teriyaki skewers	6.5
Chicken 4.5 Scallops 6.5 Tiger Shrimp 6.5	
Tempura Deep fried, served with ginger tempura sauce	
Vegetable 5 Combination 10	Calamari 6.5 Chicken 6.5
Fried Rice Vegetable 5.5 Shrimp 7.5	Chicken 6.5 Beef 7.6 Scallop 7.5

Wakame Marinated seaweed salad, spring greens, citrus soy dressin				
Spinach Greens Blanched spinach, spring greens, asparagus, sesame-tofu s House Greens Spring greens, creamy ginger dressing				
Cucumber Mint Salad Cucumber ringslets, Japanese mint, creamy ginger dressing				
O-Toro Ciu-Toro Blue Fin Tuna Big Eye Tuna Super White Albacore Tuna	MP MP MP 3 3 3	Fatty Yellow Tail Salmon Smoked Salmon Fresh Scallop Tiger Shrimp Golden Shrimp	3.5 3 4 4 3 3.5	Tamago Smelt Roe Sea Eel Tobiko Salmon Roe Fresh Wate
Seared Tuna Red Snapper Fluke Yellow Tail	3 3 3 3	Sweet Shrimp King Crab Squid Surf Clam	4 4 3 3	Octopus Sea Urchin Oyster Mackerel
California Calamari Tempura Shrimp Tempura Spicy Scallop Soft Shell Crab Fresh Water Eel Philadelphina Salmon Roll	6 6 7 8 7 6 8 5	Tuna Roll Spicy Octopus Spicy Tuna Spicy Salmon Salmon & Avocado Tuna & Avocado Yellow Tail & Scallion Yellow Tail Tempura	5 7 7 6 10 10 6 7	
Shitake Mushroom Cucumber Avocado Natto Ahi Cucumber & Avocado	5 4 8 5 7	Vegetarian Rolls Asparagus Fried sweet potatoes Grilled Enoki mushroom Oshinko (Pickish)	7 4 4 4	
Veggie Maki Spring greens, cucumber, avocado, asparagus, oshinko and shitake mushrooms wrapped in soybean paper	12	Short	7	

FROM THE URBEN

	Long	Short
White Dragon	14	8.4
Super white tuna over shrimp tempura		
Red Dragon	14	8.4
Fresh tuna over soft shell crab		
Crazy Dragon	16	9.6
Seared spicy tuna over snow crab, tempura crunch, sweet soy		
Red Pheonix	14	8.4
Spicy tuna over snow crab		
Sexy Lady	14	8.4
Spicy salmon over snow crab		
Spicy Tatakushi	16	9.6
Soft shell crab, seared spicy tuna, eel sauce, tobiko		
Ocean Drive	16	9.6
Tuna, yellowtail, avocado green pepper, cilantro, wrapped in soy paper, chili oil and fresh lime		
Rainbow Dragon	18	10.8
Spicy tuna tempura, cream cheese, cucumber, avocado, calamint inside, tuna, super white tuna, salmon outside, topped with citrus tobiko and citrus mayo		
Kamikaze	14	8.4
Fresh tuna over spicy tuna		
Mini Me	14	8.4
Spicy salmon over spicy octopus		
Rainbow	15	9
Tuna, super white, salmon over spicy tuna		
Tolano Kanji	16	9.6
Spicy tuna over king crab		
Jingle Roll	18	10.8
Spicy tuna, green bell pepper, cilantro topped with red, green, black and yellow tobiko		
California Sunset	14	8.4
Snow crab, cucumber, avocado topped with fresh salmon		
Salmon Obsession	18	10.4
Spicy salmon tempura, crab meat, cream cheese, cucumber, avocado topped with fresh salmon, tobiko, citrus mayo		

	Long	Short
Black Dragon	14	8.4
Eel over spicy scallop		
Green Turtle	16	
Fresh water eel, avocado, tempura crunch, topped with shrimp, wasabi tobiko, washi mayo and eel sauce		
Golden Dragon	18	10.8
Lobster tempura, avocado, cucumber and spicy mayo topped with eel and citrus tobiko		
Dirty Old Man	17	10.2
Salmon tempura, tempura crunch, cream cheese topped with melted mozzarella cheese, washi mayo and eel sauce		
Dragon	14	8.4
Eel over shrimp tempura		
Blue Alaskan	16	9.6
Snow crab over king crab		
Caterpillar	13	7.8
Avocado over snow crab meat topped with tobiko		
Crunchy Mauffy	17	10.2
Shrimp tempura, cream cheese topped with melted mozzarella cheese, sweet soy		
Scary Spiker	15	9
Soft shell crab, cucumber, avocado, cream cheese wrapped in white and black rice, topped with black and red tobiko		
Special Spicy Tuna	16	9.6
Spicy tuna tempura, shrimp, cream cheese, avocado, asparagus, tempura crunch, tobiko wrapped in soy bean sheet and drizzled with creamy washi and eel sauce		
Smoky Bear	16	9.6
Shrimp tempura, cream cheese, seared smoked salmon		
King Kong	15	
Crab meat, cream cheese, spicy tuna, shrimp tempura, avocado roll deep fried and topped with eel sauce and spicy mayo		
California Crunch	12	
Crab meat, avocado maki deep fried and topped with eel sauce and spicy mayo		
Salmon Sunshine	16	
Crab meat, avocado, cucumber topped with fresh salmon, lemon slices. Served in a tangy citrus ponzu		

	Long	Short
Supreme	14	8.4
Chief choice combination of six nigiri pieces, six sashimi pieces and a caterpillar roll		
Assorted Sashimi	16	
Nine Piece	17	10.2
Twelve Piece	18	10.8
Fifteen Piece	18	10.8
Vegetarian Combination	17	10.2
Four vegetarian nigiri, sweet potato tempura maki, veggie maki		
Sushi A	14	8.4
Four pieces of nigiri, shrimp tempura roll and spicy salmon roll		
Sushi B	16	9.6
Six pieces nigiri sushi and rainbow roll		
Nigiri Combination	17	10.2
Nine pieces of chief choice nigiri		
Maki Mono	15	9
California roll, spicy tuna roll, fresh water eel roll		
Chirashi	19	
Chief choice fresh cuts of fish over a bed of sushi rice, oshiriko		
BlueFish Don	21	
Choice of or a combination of tuna, salmon and yellowtail over a bed of sushi rice, oshiriko		
Ura Don	19	
Sweet broiled fresh water eel over a bed of sesame white rice		
Bento	23	
Spicy tuna roll, shrimp and vegetable tempura, salmon teriyaki, fried rice		

	Half
Fillet Mignon	11
Charbroiled filet mignon, sautéed vegetables, pan fried po cake, house teriyaki sauce	
N.Y. Steak	9
Grilled N.Y. steak, sautéed vegetables, pan fried potato cake, house teriyaki sauce	
Braised Short Rib	8
Soy braised short rib, sautéed vegetables, pan fried potato cream, Asian pear sauce	
Chicken	8
Grilled boneless chicken breast, sautéed vegetables, pan fried potato cake, house teriyaki sauce	
Spicy Tofu Steak	8
Lightly battered tofu steak, sautéed vegetables, pan fried potato cake, light oyster sauce	
Seared Tuna	9
Slice of seared tuna in between tomato and avocado, sautéed vegetables, house teriyaki sauce, garnished with spicy ponzu	
Atlantic Salmon	9
Grilled salmon, sautéed vegetables, pan fried potato cake, teriyaki sauce, coconut cream reduction	
Sea Bass	11
Chilean sea bass, tomatillo sauce, sautéed vegetables, garnish with spicy ponzu seaweed salad	
Lobster	15
Slice butter steamed lobster tail, sautéed vegetables, pan fried potato cake, lobster bisque sauce	
V15 GOLF Shrimp/V10 Scallop	10
Grilled white V15 shrimp or scallop sautéed vegetables, sun-tomato and shiitake mushroom pasta, spicy ponzu sauce	
Nabe Yaki Udon	Noodles
Thick buckwheat noodles, clear kombu broth, shrimp temp scallops, chicken, bok choy, shiitake, napa	
Tempura Udon	
Thick buckwheat noodles, clear kombu broth, shrimp and vegetable tempura	

## LEASE

### Preamble

THIS LEASE, ("Lease") is made effective as of the 13<sup>th</sup> day of September, 2010 ("Effective Date") by and between PRC Partners, LLC, an Illinois limited liability company (hereinafter "Landlord"), Four Sushi Boys, LLC, an Illinois limited liability company, and d/b/a "Blufish Sushi Bistro" (hereinafter "Tenant"), who, for and in consideration of the obligation of Tenant to pay rent and other charges herein provided, and for and in consideration of the other mutual covenants, conditions and promises of the parties herein contained, the receipt and sufficiency of which is hereby acknowledged, mutually covenant and agree as follows:

### Article 1 - Leased Premises

1.01 Premises/Center Defined. The leased premises are located within the shopping center commonly known as The Shops of Uptown (which name Landlord may change from time to time in its sole discretion), which shopping center is located in Park Ridge, in the County of Cook, in the State of Illinois, and which shopping center is legally described in Exhibit A and designated in Exhibit B, (hereinafter referred to as the "Center" or the "Property"). The Center is part of a mixed use residential and retail development described as "Park Ridge Uptown Redevelopment" as further shown and identified in Exhibit B attached hereto and incorporated herein (herein the "Development"). The Center will consist of two (2) separate Phases or parcels with outlined parking areas and buildings identified individually as "Phase II" and "Phase III" as outlined in Exhibit B. Each Phase or the aggregate of the Phases may be owned from time to time by a single or a combination of owners. The aggregate of Phases II and III, (exclusive of the portions of such Phases II and III that are designated as condominiums or residential units and the common areas and limited common areas as are related thereto and which condominiums or residential units and the common areas and limited common areas related thereto shall be collectively referred to as the "Residential Portions") shall be deemed the Center or the Shops of Uptown. The parties further acknowledge that the parking fields and certain related common areas of the Center may be retained by, owned by and regulated by the City of Park Ridge. Reference herein to "Center" or the "Shops of Uptown" shall be deemed to include the aggregate of the shopping areas and related common areas of Phases II and III. The reference to "Phase II" or "Phase III" shall be deemed the shopping area and related common areas located on each such respective Phase as shown on Exhibit B.

Landlord and Tenant further agree the Center only includes the real property owned by Landlord and designated as being part of the Center. Landlord reserves the right to add property to, or remove property from the Center, in Landlord's sole discretion. The Center shall include all buildings, structures, improvements and appurtenances currently located, or hereinafter erected, on the Property, or as may exist from time to time. Landlord hereby demises and leases to Tenant, and Tenant hereby accepts, takes, and rents from Landlord, the leased premises known as Space B1-C and which contains 3,968 square feet (computed by measurement to the exterior of outside walls of the building within the Center in which the premises are located, and to the centerline of interior walls) and is part of Phase III and is described as Space B2-A as designated in Exhibit B (hereafter the "Premises").

1.02 Landlord's Work/Tenant's Work. (a) Landlord shall complete the improvement to the Premises (such improvements sometimes hereinafter referred to as "Landlord's Work") substantially in accordance with the work specifications attached hereto as Exhibit D, and substantially in accordance with the specifications and procedures set forth in the Work Letter/Construction Procedures attached hereto as Exhibit F, with such minor variations as Landlord may deem advisable.

(b) Tenant shall construct and install interior improvements in the Premises (such construction and installation is sometimes hereinafter referred to as "Tenant's Work") substantially in accordance with the work specifications attached hereto as Exhibit E, and substantially in accordance with the specifications and procedures set forth in the Work Letter/Construction Procedures attached hereto as Exhibit F. Tenant agrees to accept possession of the Premises on the Completion Date, provided Landlord's Work has been substantially completed (minus Punch List items) and subject to items as set forth in Paragraph 1.02 (c) below and to thereafter proceed with due diligence to complete Tenant's Work, and to install its fixtures, furniture and equipment subject to all of the terms, covenants and conditions of this Lease. In the event of any dispute as to work performed or required to be performed by Landlord or Tenant, the certificate of Landlord's architect or engineer shall be conclusive.

**Article 4 - Minimum Annual Rent, Marketing Charges, And Additional Rent**

4.01 Minimum Rent. Tenant covenants and agrees to pay to Landlord as an annual fixed minimum rent (hereinafter "Minimum Annual Rent") for the Premises during the Term as follows:

<u>Initial Term</u>	<u>Minimum Annual Rent</u>	<u>Minimum Monthly Rent</u>	<u>Per Square Foot</u>
Lease Years 1 - 10			
<u>First Extended Term</u>			
Lease Year 11			
Lease Year 12			
Lease Year 13			
Lease Year 14	\$0 <sup>00</sup>		
Lease Year 15			
<u>Second Extended Term</u>			
Lease Years 16 - 20	Prevailing Market Rate as hereinafter defined		

For any Lease Year of more or less than twelve (12) calendar months, Minimum Annual Rent for such Lease Year shall be computed proportionately in accordance with the provisions hereinafter set forth.

For the Second Extended Term, the Minimum Annual Rent shall be the then prevailing market rate at that time as determined by the Landlord at the time of Landlord's notice to Tenant. Such Landlord notice of such prevailing market rate of rent shall be provided to Tenant within ten (10) business days of Tenant's written request, which request can be made no earlier than sixty (60) days' prior to the last day on which Tenant may exercise its option to extend for the Second Option Term.

4.02 Marketing Charge. INTENTIONALLY OMITTED

4.03 Payment. Such Minimum Annual Rent and Marketing Charge are to be paid without setoff, deduction, or demand, in equal monthly installments in advance on the first day of each and every calendar month of the Term hereof, except that the first installment of Minimum Annual Rent, Marketing Charge and Tenant's estimated share of Operating Costs and Taxes as herein provided shall be paid upon Tenant's execution of this Lease.

4.04 Marketing Charge Adjustment. INTENTIONALLY OMITTED

4.05 Promotional Activities. Landlord may from time to time provide, or cause to be provided, promotions and advertising for the Center, the type, quantity, character and duration of which shall be at the Landlord's sole discretion and the purpose of which shall be to assist the business of the tenants and occupants of the Center. Such promotions and advertising may, in Landlord's sole discretion, include, without limitation, special events, shows, displays, signs, seasonal events, advertising, promotional materials and other activities within the Center designed to attract customers to the Center. Landlord may, in its sole discretion, hire such staff and consultants as Landlord considers necessary to carry out such promotions and advertising, and such staff and consultants shall be under the direction and supervision of Landlord. Landlord shall have the exclusive right to review and approve all proposed promotions and advertising. In connection with any promotions and advertising provided by Landlord, or caused to be provided by Landlord, Tenant hereby grants to Landlord a license to use the Tenant's trade name, together with a description of the nature of Tenant's business in the Premises, and Tenant shall cooperate with Landlord in the carrying out of such promotions and advertising.

Form **LLC-5.5**

Illinois  
Limited Liability Company Act  
Articles of Organization

FILE # 03301192

Secretary of State Jesse White  
Department of Business Services  
Limited Liability Division  
www.cyberdriveillinois.com

Filing Fee: \$500  
Expedited Fee: \$100  
Approved By: JFL

FILED  
JUL 09 2010  
Jesse White  
Secretary of State

1. Limited Liability Company Name: FOUR SUSHI BOYS LLC

2. Address of Principal Place of Business where records of the company will be kept:  
130 N. NORTHWEST HWY.

PARK RIDGE, IL 60068

3. Articles of Organization effective on the filing date.

4. Registered Agent's Name and Registered Office Address:

CHUL HO CHOI  
130 N NORTHWEST HWY  
PARK RIDGE, IL 60068-3342

COOK

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. The Limited Liability Company has management vested in the member(s).

CHOI, CHUL HO  
2648 GOLDENROD LANE, GLENVIEW, IL 60026

PAK, HO KYONG  
2622 LOREN LANE, ALGONQUIN, IL 60102

LEE, SEONG CHUL  
4336 W. LAWRENCE, CHICAGO, IL 60630

KIM, JAE SIGK  
2622 LOREN LANE, ALGONQUIN, IL 60102

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: JULY 09, 2010

CHUL HO CHOI  
2648 GOLDENROD LANE  
GLENVIEW, IL 60026

Form **LLC-5.25**

April 2010

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Make check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois  
Limited Liability Company Act  
Articles of Amendment

**SUBMIT IN DUPLICATE**  
Type or print clearly.

This space for use by Secretary of State.

Date: 2/8/2011

Filing Fee: \$150

Approved: [Signature]

FILE #: 03301192

This space for use by Secretary of State.

**FILED**

FEB 08 2011

JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company Name: FOUR SUSHI BOYS LLC

2. Articles of Amendment effective on:

the file date

a later date (not to exceed 30 days after the file date) \_\_\_\_\_

Month, Day, Year

3. Articles of Organization are amended as follows (check applicable item(s) below):

- a) Admission of a new member (give name and address below)\*
- b) Admission of a new manager (give name and address below)\*
- c) Withdrawal of a member (give name below)\*
- d) Withdrawal of a manager (give name below)\*
- e) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, including county below)
- f) Change of registered agent and/or registered agent's office (give new name and address, including county below) (Address change of P.O. Box alone or c/o is unacceptable.)
- g) Change in the Limited Liability Company's name (give new name below)
- h) Change in date of dissolution or other events of dissolution enumerated in Item 8 of the Articles of Organization
- i) Other (give information in space below)
- j) Establish authority to issue series (see back; filing fee \$400)\*

\* Changes in members/managers may, but are not required to, be reported in an amendment to the Articles of Organization.

Additional information:

3(c)  
PAK, HO KYONG : WITHDRAWAL AS MEMBER  
LEE, SEONG CHUL : WITHDRAWAL AS MEMBER

New Name of LLC (if changed): \_\_\_\_\_

(continued on back)

LLC-5.25

- 4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act, and, if adopted by the managers, was approved by not less than the minimum number of managers necessary to approve the amendment, member action not being required; or, if adopted by the members, was approved by not less than the minimum number of members necessary to approve the amendment.
- 5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete

Dated:                     JANUARY 31                    ,                     2011                    

Month/Day

Year

X

*Choi H. Choi*

Signature (Must comply with Section 5-45 of ILLCA.)

                    CHUI HO CHOI - MEMBER                    

Name and Title (type or print)

If the member or manager signing this document is a company or other entity, state Name of Company and whether it is a member or manager of the LLC.

\* The following paragraph is adopted when Item 3j is checked:

*The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.*





**STATE OF ILLINOIS**  
**LIQUOR CONTROL COMMISSION**  
 Governor Bruce Rauner

**1A-0098305**  
 License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:

FOUR SUSHI BOYS LLC  
 BLUFISH SUSHI BISTRO  
 130 N NORTHWEST HWY  
 PARK RIDGE IL 60068-3342

Cook

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:		RETAILER ON-PREMISES	
ISSUE DATE:	03/08/16	Effective:	04/01/16
THIS LICENSE EXPIRES ON:	03/31/17		

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.  
 Warehouse: N/A

Sales Tax Acct # 40222535

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

*Manager on premises :*

*Spongchul Lee*



pd 10/28/16  
#1571 \$3,250

PAID

OCT 28 2016

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
LOCAL LIQUOR CONTROL COMMISSION  
APPLICATION FOR RETAIL LIQUOR LICENSE

NEW	RENEWAL
	X

CITY OF PARK RIDGE  
 CASH  CHECK  CREDIT

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: CAFE ORCHID located at 650 N. NORTHWEST HWY  
Date of Application: 10/28/16 IL Liquor License Number, if renewal: 1A-1128019

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	\$2,500
X	Class R	Restaurant License	\$2,500
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
X	Catering	\$250
X	Corkage	\$250
	Growler	\$250
	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
X	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$250.00 + CLASS FEE \$2500 + ENDORSEMENT FEE \$500 = TOTAL \$3250.00

551 931

9/30/17

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant <b>ICINKHORLOJ BATNASAN</b>		Applicants Home Address <b>IL</b>			
Relationship to Business <b>OWNER</b>		Corporation Name to which License is to be issued <b>CAFE ORCHID, CO</b>			
Corporation Address <b>1746 W. Addison St Chicago IL 60613</b>		Corporation Phone Number <b>773 988 8541</b>			
Corporation Contact Person <b>ICINKHORLOJ BATNASAN</b>		Corporate Contact Email Address <b>cafeorchidpr@yahoo.com</b>			
Name under which the licensed business will be operated <b>CAFE ORCHID</b>		Description of the premises at which business will be operated <b>Restaurant</b>			
Total Square Feet of Premises <b>1178</b>	Total Square Feet Bar Area <b>1559</b>	Total Square Feet Kitchen Area <b>40 kitchen</b>	Total Number of Tables <b>10</b>	Total Number of Parking Spaces <b>parking lot</b>	Type of Food Served <b>TURKISH</b>
Do you own or lease space in the building? <input type="checkbox"/> OWN <input checked="" type="checkbox"/> LEASE		If leasing, provide expiration date. <b>DEC, 18, 2019</b>			

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.	

Date of Incorporation <b>5/16/07</b>	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:	If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

1. Name <b>ICINKHORLOJ BATNASAN</b>	Address <b>IL</b>	Office Held <b>op.</b>
Date of Birth	Email Address	Telephone Number <b>1-773-988-8541</b>
2. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
ICINKORLOO BATNASAN		100 %
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name <i>Imphelios Batista</i>	Address <i>Dr. ...</i>	% of Stock Held <i>100%</i>
Date of Birth	Email Address <i>...</i>	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES  NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ *7012*

How long has the corporation been in the business of the retail sale of alcohol? *Oct 15*

**When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder**

Is any person listed on this application or any of your managers an elected public official? YES  NO

If yes, state the office and unit of government.

Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official? YES  NO

If yes, please explain.

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission? YES  NO

If yes, please list the name and amount below.

Name	Amount
1.	
2.	

Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position. YES  NO

Name	Job Position	Agency

Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp? YES  NO

If yes, please state the reason(s).

Has any person listed on this application or any of your managers ever held another liquor license in another state(s)? YES  NO

If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)

Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government? YES  NO

If yes, please explain.

Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction? YES  NO

If yes, please explain.

Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

If no charges were involved, state the reason for the investigation or hearing below.

It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City? YES  NO

If yes, state the reason.

Is there any State of Illinois or City of Park Ridge regulation which you do not understand? YES  NO

If yes, please explain.

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		YES	NO
Provide the Expiration Date	11/12/16	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.	
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		YES	NO
If yes, please explain.			

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSET training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED. Please allow at least 45-days processing time for the issuance of a Liquor License.

Signature of Applicant

Date

Affix Corporate Seal  
(If applicant is corporation)

**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

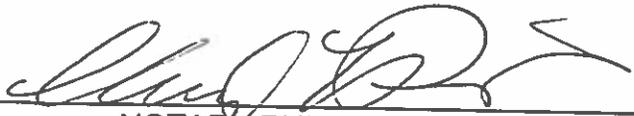
Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 28 day of October, 2016.

  
\_\_\_\_\_  
NOTARY PUBLIC

SEAL

Reset

Print

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2015

**PRODUCER**

Trojan Insurance Agencies  
4037 N Pulaski Rd Ste R  
Chicago IL 60641  
773-273-6280

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

CAFE ORCHID  
650-C North Northwest Highway  
Park Ridge, IL 60068

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: Travelers Insurance Company

INSURER B: The Hartford Insurance

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	680-005D838001	11/12/15	11/12/16	EACH OCCURRENCE \$ 1,000,000
	GEN L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ 5000	CUP-003F578624	01/13/15	01/13/16	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	83WE8190CS	01/13/15	01/13/16	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
A	OTHER LIQUOR LIABILITY	680-005D838001	11/12/15	11/12/16	\$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

ADDITIONAL INSUREDS:  
The City of Park Ridge  
505 Butler Place  
Park Ridge IL 60068

**CERTIFICATE HOLDER**

The City of Park Ridge  
505 Butler Place  
Park Ridge IL 60068

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**ILLINOIS LIQUOR CONTROL COMMISSION**  
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS**  
**EDUCATION AND TRAINING [BASSET] CARD**  
Date of Certification: 8/14/2015 Expires: 8/14/2018  
Trainer's IL Liquor License Number: 5A-0110606  
ICINKHORLOO BATNASAN  
F 8  
**\*\*Card is not transferrable\*\***

LCCB-01 (N-01/15)

P-000104

**ILLINOIS LIQUOR CONTROL COMMISSION**  
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS**  
**EDUCATION AND TRAINING [BASSET] CARD**  
Date of Certification: 8/23/2015 Expires: 8/23/2018  
Trainer's IL Liquor License Number: 5A-0099847  
GULSAH UYSALBAS  
L 50  
**\*\*Card is not transferrable\*\***

LCCB-01 (N-01/15)

P-000361

File Number

6553-476-2



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

CAFE ORCHID CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 16, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 28TH day of OCTOBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Local  
Postal Customer

PRRST STD  
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Dine-In • Carry-Out • Catering • Delivery

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### CATERING TRAYS

Catering Trays	Half Container	Full Container
Hummus	\$42.00	\$66.00
Lentil fingers	\$28.00	\$52.00
Eggplant Musakka	\$28.00	\$46.00
Babaganoush	\$36.00	\$64.00
Feta wrap	\$52.00	\$88.00
Falafil	\$40.00	\$80.00
Green salad	\$23.50	\$39.50
Spinach Salad	\$28.50	\$54.00
Chicken Shish	\$70.00	\$110.00
Doner	\$78.00	\$134.00
Kofte	\$76.00	\$128.00
Orchid's favorite	\$68.00	\$92.00
Rice	\$25.00	\$45.00
Bulgur	\$35.00	\$55.00

All other menu items are available

#### DESSERTS

Baklava	\$30.00	\$60.00
Kazandibi	\$24.00	\$45.00

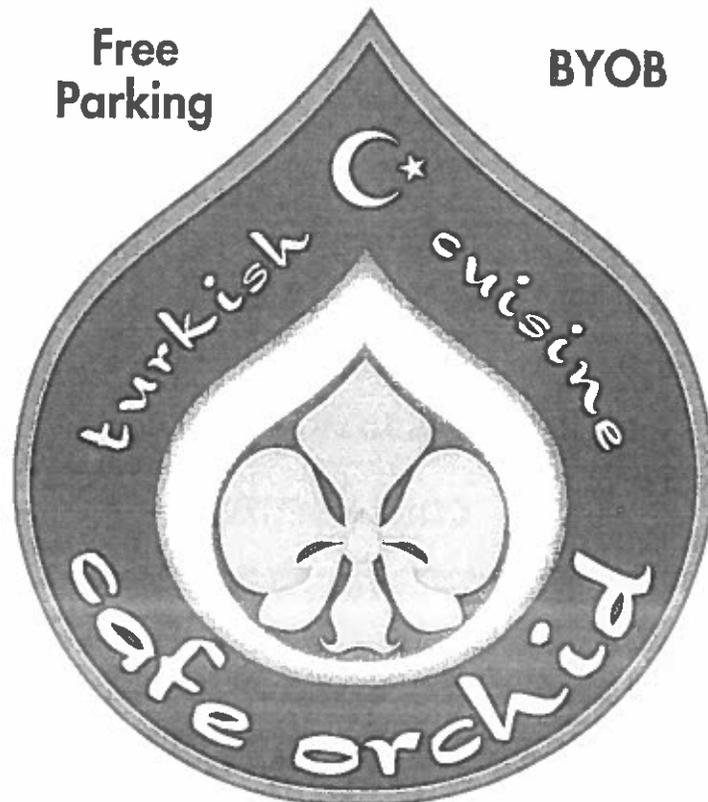
#### PACKAGES

- Package #1 (min 10 people) \$9.50  
Homemade gyros (doner) and chicken shish, rice or bulgur, green salad, sauces, soda, bread and fresh fruit.
- Package #2 (min 10 people) \$10.25  
Beef shish and chicken shish kebab, rice or bulgur, green salad, sauces, bread, soda and kazandibi.
- Package #3 (min 10 people) \$7.95  
Homemade falafel, hummus, green salad, tahini sauce, hot & white sauces, fresh fruits and soda.
- Package #4 (min 10 people) \$11.75  
Grilled Salmon fillet, shrimp, calamari, rice or bulgur, spinach salad, hot & marinara sauce, and baklava.

#### SANDWICHES

(Serves with hot & white sauce, French fries, salad inside of pita or lavash bread)

Kofte	\$7.95
Gyros (doner)	\$7.95
Chicken shish	\$7.95
Falafil	\$6.95
Beef	\$9.95
Lamb shish	\$9.95



650 N. Northwest Highway  
Park Ridge, IL



(847) 653-6282

Free Delivery with \$35 Order or more

Featured in:

Best Chicago Restaurant 2014  
Chicago Magazine

Featured on ABC Channel 7 and  
WGN Channel 9

Best of Chicago 2011, 2012, 2013, 2014  
presented by

U.S. Commerce Association

Best Neighborhood Restaurant  
LTHForum.com 2013-2014

Chicago Reader's  
"Best Manti 2010"

Chicago Tribune 2009

Chicago Magazine 2008

Readers 2008 • Metromix 2008

Time Out 2007

**WE CATER  
FOR ALL OCCASIONS!**

Hours:

Sunday - Thursday 11:00am - 9:00pm  
Friday & Saturday 11:00am - 10:00pm

## OVEN SPECIALS

(Available between Noon - 3PM and 6-9 PM)  
(Served with green salad)

<b>Turkish Pizza (Lahmacun) 3 Pcs</b>	<b>\$ 11.50</b>
Homemade dough with ground meat, onion, red and green bell peppers, tomato, parsley, mint, garlic, and Turkish spices served with green salad and lemon.	
<b>Kiy mali Pide</b>	<b>\$ 12.95</b>
Homemade dough stuffed with ground lamb, onion, mozzarella cheese, and Turkish spices	
<b>Veggie Pide</b>	<b>\$ 11.95</b>
Homemade dough stuffed with seasonal vegetables and mozzarella cheese	
<b>Cheese Pide</b>	<b>\$ 12.50</b>
Homemade dough stuffed with mozzarella cheese	
<b>Chicken Pide</b>	<b>\$ 12.95</b>
Homemade dough stuffed with chicken, onion, red pepper, mushroom, tomatoes, and mozzarella cheese	

## KEBABS

(Served with green salad, hot and white sauce; choice of rice or bulgur)

<b>Kofte Kebab</b>	<b>\$ 11.95</b>
Ground lamb with onion, parsley, bread crumb, eggs, and Turkish spices	
<b>Doner (Gyro) Kebab *Homemade *</b>	<b>\$ 12.95</b>
Thinly sliced Turkish gyro (mix of ground lamb, beef, veal, onion, and Turkish spices)	
<b>Orchid's Favorite</b>	<b>\$ 12.75</b>
Bone-in chicken thighs marinated in olive oil, onion, garlic, paprika, black pepper, and fresh lemon juice	
<b>Adana Kebab</b>	<b>\$ 13.95</b>
Hand chopped ground lamb with red bell peppers, parsley, mint, oregano, black pepper, and garlic	
<b>Chicken Shish Kebab</b>	<b>\$ 12.95</b>
Chicken cubes marinated in vegetable oil, lemon juice, milk, paprika, garlic, oregano, and black pepper	
<b>Beef Shish Kebab</b>	<b>\$ 17.95</b>
Beef cubes marinated in vegetable oil, lemon juice, paprika, oregano, black pepper, and onion	
<b>Lamb Shish Kebab</b>	<b>\$ 18.95</b>
Lamb cubes marinated in vegetable oil, lemon juice, paprika, oregano, black pepper, and onion	
<b>Mix Combo</b>	<b>\$ 21.95</b>
Combination of Adana, Chicken Shish, Kofte, and Doner	

## VEGGIE ENTREES

<b>Vegetable Stew (Turlu)</b>	<b>\$ 12.25</b>
Eggplant, zucchini, carrots, potatoes, mushrooms, green beans, okra, green & red bell peppers, onion, tomatoes, mint, dill, and tomato sauce; served with bulgur	
<b>Green Beans (Taze Fasulye)</b>	<b>\$ 12.75</b>
Fresh greens beans sautéed with onion, tomato, carrot, garlic, dill, olive oil, and lemon juice served with bulgur	
<b>Falafil Special</b>	<b>\$ 13.95</b>
Falafil, hummus, babaganoush, green salad	
<b>Baked Eggplant (Imam Firin)</b>	<b>\$ 13.95</b>
Baby eggplants stuffed with tomatoes, onions, green & red bell peppers, parsley, dill, garlic, olive oil, and baked and topped with mozzarella cheese and tomato sauce served with bulgur	
<b>Okra with Olive Oil (Zeytinyagli Bamya)</b>	<b>\$ 12.95</b>
Okra, red pepper, tomatoes, garbanzo beans, garlic, mint, olive oil, and lemon juice, and served with bulgur	
<b>Veggie Combo</b>	<b>\$ 19.95</b>
Hummus, Sautéed Spinach, Ezme, Babaganoush, Dolma, Tabuli	

## SEAFOOD ENTREES

<b>Grilled Salmon</b>	<b>\$ 17.95</b>
Chef's secret recipe - Salmon filet grilled and served with green salad, vegetables, and choice of rice or bulgur	
<b>Grilled Jumbo Shrimp</b>	<b>\$ 21.95</b>
Turkish-style marinated jumbo shrimp grilled and served with green salad, cocktail sauce, and choice of rice or bulgur	
<b>Fish of the Day</b>	<b>Market Price</b>

## SIDE ORDERS

<b>Extra Sauce</b>	<b>\$ 0.50</b>
<b>Extra Bread</b>	<b>\$ 1.50</b>
<b>Rice</b>	<b>\$ 3.50</b>
<b>French Fries</b>	<b>\$ 3.50</b>
<b>Feta Cheese</b>	<b>\$ 4.50</b>
<b>Yogurt</b>	<b>\$ 4.00</b>
<b>Bulgur</b>	<b>\$ 4.00</b>

## DESSERTS

<b>Baklava</b>	<b>\$ 5.50</b>
<b>Kadayif</b>	<b>\$ 5.50</b>
<b>Kunefe</b>	<b>\$ 6.00</b>
<b>Kazandibi</b>	<b>\$ 5.00</b>
<b>Revani</b>	<b>\$ 6.00</b>

## BEVERAGES

<b>Soda (Coke, Diet Coke, Sprite)</b>	<b>\$ 1.75</b>
<b>Gazoz</b>	<b>\$ 2.00</b>
<b>Juice (Orange or Apple)</b>	<b>\$ 2.50</b>
<b>Ayran (Yogurt Drink)</b>	<b>\$ 2.00</b>
<b>Turkish Mineral Water</b>	<b>\$ 2.00</b>
<b>Turkish Tea</b>	<b>\$ 1.50</b>
<b>Herbal Tea</b>	<b>\$ 1.75</b>
<b>Turkish Coffee</b>	<b>\$ 2.00</b>



## SOUP

Lentil Soup \$ 5.00  
 Puréed red lentils, potatoes, carrots, onions, mint, olive oil, and flour

## SALADS

Shepherd Salad (Coban Salata) \$ 7.50  
 Diced tomatoes, cucumber, red onions, parsley, green bell peppers, sumac with our house dressing of red wine vinegar, lemon juice, and olive oil

Green Salad \$ 5.95  
 Romaine lettuce, tomatoes, cucumber, red onions, parsley, sumac with our house dressing of lemon juice and olive oil

Spinach Salad \$ 6.95  
 Organic baby spinach, tomatoes, cucumber, red onions, fresh mozzarella cheese, avocado, with our house dressing of red wine vinegar and avocado oil

\* add feta cheese to any salad for \$2

## COLD APPETIZERS

Tabuli \$ 5.95  
 Cracked wheat mixed with chopped parsley, cucumber, scallions, tomatoes, lettuce and dressed with lemon juice and olive oil

Ezme (spicy) \$ 6.50  
 Chopped spicy roasted red bell peppers and green peppers, tomatoes, pepper paste, parsley, garlic, walnuts, and olive oil

Jajik (Cacik) \$ 5.50  
 Fresh homemade yogurt with chopped cucumber, garlic, mint, dill, and olive oil

Hummus \$ 6.25  
 Puréed chickpeas with tahini, lemon juice, white pepper, garlic, cumin, and olive oil

Baby Eggplant (Imam Bayildi) \$ 7.25  
 Pan-fried Italian baby eggplant stuffed with onions, green and red peppers, tomatoes, dill, parsley, garlic, cooked in olive oil

Babaganoush \$ 6.95  
 Grilled eggplant purée with tahini, fresh lemon juice, garlic, and olive oil

Stuffed Grape Leaves (Yalanci Dolma - Homemade) \$ 7.25  
 Grape leaves stuffed with rice, currants, onion, dill, parsley, and Turkish spices cooked in olive oil and served with fresh lemon and yogurt sauce

Lentil Fingers (Mercimek Koftesi) \$ 6.50  
 Red lentils, onions, red peppers, parsley, scallion, cumin, white pepper, and cracked wheat served over fresh romaine lettuce and a lemon wedge

White Bean Salad (Piyaz) \$ 6.95  
 White beans, red onions, radish, tomatoes, red bell peppers, parsley, mint, sumac, olive oil and red wine vinegar

Feta Plate \$ 7.95  
 Feta cheese, black olives, cucumber, and tomatoes

Sautéed Spinach (Borani) \$ 6.50  
 Fresh baby spinach sautéed with onion, dill, olive oil, and fresh lemon juice served with homemade garlic yogurt

Eggplant Musakka \$ 6.50  
 Pan-fried eggplant, tomatoes, red and green bell peppers, onion, garlic, dill, parsley, lemon juice and olive oil.

Cold Appetizer Sampler \$ 13.95  
 Hummus, Lentil Fingers, Tabuli, Sautéed Spinach, and Eggplant Musakka

## HOT APPETIZERS

Kibbe \$ 7.2  
 Cracked wheat shell filled with ground beef, onions, and Turkish spices, fried and served with yogurt sauce

Feta Wrap (Sigara Boregi) \$ 6.2  
 Pan-fried filo dough stuffed with creamy Turkish feta cheese and parsley

Fried Liver (Arnavut Cigeri) Best Liver by Chicago Readers \$ 7.9!  
 Cubed beef liver fried in butter and served with potatoes and onion salad topped with lemon

Falafil \$ 6.5!  
 Ground chickpeas mixed with garlic, sesame seed, onion, celery, dill, parsley, white pepper, jalapeño, fava beans, zucchini, cumin, oregano, flour, baking powder fried and served with yogurt sauce and tahini sauce

Fried Calamari \$ 8.2!  
 Pan-fried calamari over lettuce served with a Turkish mild spicy marinara sauce

Portabella Mushroom (Soslu Mantar) \$ 7.2!  
 Grilled portabella mushroom with chef's special tomato sauce made with garlic, olive oil, ground black pepper, and basil topped with mozzarella cheese and parsley

Zucchini Pancake (Mujver) \$ 7.9!  
 Pan-fried zucchini, carrot, dill, mint, parsley, oregano, egg, flour, feta cheese served with yogurt sauce

Meat Pie (Cig Borek) \$ 6.9!  
 Pan-fried homemade dough filled with ground lamb, onion, milk, and oregano

Spinach Pie - Homemade \$ 6.9!  
 Homemade dough stuffed with spinach, feta cheese, onion, cumin, eggs, milk, lemon juice, and olive oil baked in the oven

Hot Appetizer Sampler (Falafil, Calamari, Kibbe, and Feta Wrap) \$ 15.9!

## HOMEMADE SPECIALS

Lamb Shank \$ 17.9!  
 Baby lamb shank baked with vegetables and served with a tomato sauce with your choice of white rice or bulgur

Uskudar \*Highly Recommended\* \$ 16.9!  
 Lamb cubes sautéed with onions, tomatoes, red and green peppers, and garlic, wrapped with sliced eggplant and tomato sauce with your choice of white rice or bulgur

Turkish Ravioli (Best Manti by Chicago Readers) \$ 13.9!  
 Homemade fresh ravioli stuffed with special ground lamb covered with homemade garlic yogurt and your choice of tomato or mildly spicy butter sauce

Sultan Delight (Hunkar Begendi) \*Highly Recommended\*  
 Char-grilled eggplant purée sautéed with mozzarella cheese and topped with choice of meat cooked with onions, red and green bell peppers, olive oil and served with your choice of white rice or bulgur  
 Choice of Chicken \$ 14.95      Choice of Lamb \$ 17.95  
 Choice of Beef \$ 16.95

Iskender \*Highly Recommended\*  
 Served over pan-fried bread with butter, yogurt and your choice of tomato sauce or mildly spicy butter sauce  
 Choice of Doner, Chicken, Kofte, Adana \$ 14.95  
 Choice of Beef \$ 17.95      Choice of Lamb \$ 18.95

Yogurt Kebab  
 Served with pan-fried bread with butter and homemade yogurt  
 Choice of Doner, Chicken, Kofte, Adana \$ 14.95  
 Choice of Beef \$ 17.95      Choice of Lamb \$ 18.95

Ala Turca \*Highly Recommended\* \$ 14.9!  
 Tenderized chicken breast stuffed with spinach, mozzarella cheese, cumin, lemon juice, olive oil and topped with tomato sauce and served with choice of rice or bulgur

Okra with Chicken \$ 13.9!  
 Chicken breast with okra, tomatoes, red pepper, garbanzo beans, tomato juice, mint, garlic, olive oil and lemon juice and served with choice of rice or bulgur



## LUNCH MENU

11 A.M. - 3 P.M. • Everyday

### SOUP

Lentil Soup \$ 5.00

### COLD APPETIZERS

Jajik (Cacik) \$ 5.25  
Lentil Fingers (Mercimek Koftesi) \$ 5.50  
Sautéed Spinach (Borani) \$ 5.95  
Hummus \$ 5.95  
Ezme \$ 5.95  
Babaganoush \$ 6.25  
Piyaz (White Bean Salad) \$ 6.50  
Tabuli \$ 5.95  
Stuffed Grape Leaves (Dolma) \$ 6.95  
Baby Eggplant (Imam Bayildi) \$ 6.95  
Eggplant Musakka \$ 6.50

### HOT APPETIZERS

Feta Wrap (Sigara Boregi) \$ 5.50  
Falafil \$ 6.25  
Kibbe (Icli Kofte) \$ 6.95  
Portabella Mushroom \$ 6.95  
Meat Pie \$ 6.95  
Spinach Pie \$ 6.95  
Fried Calamari \$ 7.50  
Fried Liver \$ 7.50

### SALADS

Green Salad \$ 6.50  
Spinach Salad \$ 7.50  
Shepherd Salad \$ 7.50

\* add feta cheese to any salad for \$2

### GREEN SALAD SPECIALS

Chicken \$ 8.00  
Doner (Gyros) \$ 8.00  
Beef \$ 9.50  
Lamb \$ 9.50  
Calamari \$ 9.95  
Shrimp \$ 10.50

### SPINACH SALAD SPECIALS

Chicken \$ 8.50  
Doner (Gyros) \$ 8.50  
Beef \$ 9.95  
Lamb \$ 9.95  
Calamari \$ 9.95  
Shrimp \$ 10.95

### HUMMUS SPECIALS

(Topped with)

Veggies \$ 7.95  
Chicken \$ 8.50  
Doner (Gyros) \$ 8.50  
Beef \$ 9.95  
Lamb \$ 9.95

### SAUTÉS

(Sautéed with onion, tomato, red and green peppers, mushroom, olive oil; served with rice)

Veggie \$ 7.50  
Chicken \$ 7.75  
Beef \$ 9.95  
Lamb \$ 9.95

## LUNCH MENU

11 A.M. - 3 P.M. • Everyday

### KEBABS

(Served with green salad, hot and white sauce; choice of rice or bulgur)

Kofte Kebab \$ 8.50  
Chicken Shish Kebab \$ 8.50  
Doner (Gyros) Kebab \$ 8.95  
Adana Shish Kebab \$ 8.95  
Beef Shish Kebab \$ 9.95  
Lamb Shish Kebab \$ 9.95

### VEGGIE MEALS

(Served with choice of rice or bulgur)

Green Beans \$ 7.95  
Grilled Veggies \$ 7.95  
Veggie Stew \$ 7.95  
Falafil Special \$ 8.50

### SEAFOOD

(Served with green salad & rice)

Grilled Shrimp \$ 11.95  
Grilled Salmon \$ 12.95

### SANDWICHES

Prepared with homemade lavash or pita bread.

Served with French fries, hot & white sauce and salad on the side.

With homemade bread add \$1.50.

Veggie \$ 6.95  
Falafil \$ 6.25  
Adana \$ 7.25  
Kofte \$ 6.75  
Doner (Gyros) \$ 7.25  
Chicken \$ 6.95  
Lamb \$ 8.00  
Beef \$ 8.00

### BEVERAGES

Turkish Tea \$ 1.50  
Herbal Tea \$ 1.75  
Turkish Coffee \$ 2.00  
Soft Drinks (Coke, Diet Coke, Sprite) \$ 1.50  
Turkish Mineral Water \$ 2.00  
Ayran (Yogurt drink) \$ 2.00  
Gazoz \$ 2.00  
Juices (orange, apple) \$ 2.50

### DESSERTS

Baklava \$ 5.50  
Kadayif \$ 5.50  
Kazandibi \$ 5.00  
Kunefe \$ 6.00  
Revani \$ 6.00

**WE BAKE OUR BREADS DAILY!**

lease

LEASE FOR  
VILLAGE GREEN SHOPPING CENTER  
PARK RIDGE, ILLINOIS

ARTICLE I. BASIC LEASE PROVISIONS AND ENUMERATION OF EXHIBITS.

Section 1.1. Basic Lease Provisions.

EFFECTIVE DATE: DEC. 18, 2014.

LANDLORD: T-L Village Green LLC, a Delaware limited liability company.

ADDRESS OF LANDLORD: c/o Tri-Land Properties, Inc., One East Oak Hill, Suite 302, Westmont, IL 60559.

TENANT: Café Orchid Co., an Illinois corporation.

NOTICE ADDRESS OF TENANT: \_\_\_\_\_  
(Prior to Commencement Date. From and after the Commencement Date, Tenant's notice address shall be the Leased Premises.)

TENANT'S TRADE NAME: Café Orchid

LEASED PREMISES: The space designated on Exhibit A as Store No. 9, commonly known as 650-C North Northwest Highway, Park Ridge, Illinois 60068.

FLOOR AREA: 1,178 square feet being the deemed rentable area of the Leased Premises, as outlined in Exhibit A.

LEASE TERM: Five (5) Lease Years (plus a partial month, if any, prior to the first Lease Year).

FIXED MINIMUM RENT:

<u>Lease Year</u>	<u>Annual Fixed Minimum Rent</u>
1, including partial month, if any, preceding first Lease Year	68
2	
3	
4	5     6
5	5     5

(Option Term)

FORM **BCA 2.10** (rev. Dec 2003)  
**ARTICLES OF INCORPORATION**  
Business Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62755  
Telephone (217) 782-9522  
(217) 782-6861  
<http://www.cyberdriveillinois.com>

Remit payment in the form of a cashier's  
check, certified check, money order  
or an Illinois attorney's or CPA's check  
payable to the Secretary of State  
**SEE NOTE 1 TO DETERMINE FEES!**

**Filed: 05/16/2007 Jesse White Secretary of State**

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 6553-476-2 Approved: MJE  
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: CAFE ORCHID CO.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: WASEEM A HASHLAMOUN  
First Name Middle Initial Last name  
Initial Registered Office: E  
Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)  
City IL ZIP Code County

3. Purpose or purposes for which the corporation is organized:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

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

4. Paragraph 1: 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	10,000	1,000	\$ 1,000
<b>TOTAL = \$</b>			<b>1,000</b>

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:  
(If not sufficient space to cover this point, add one or more sheets of this size.)

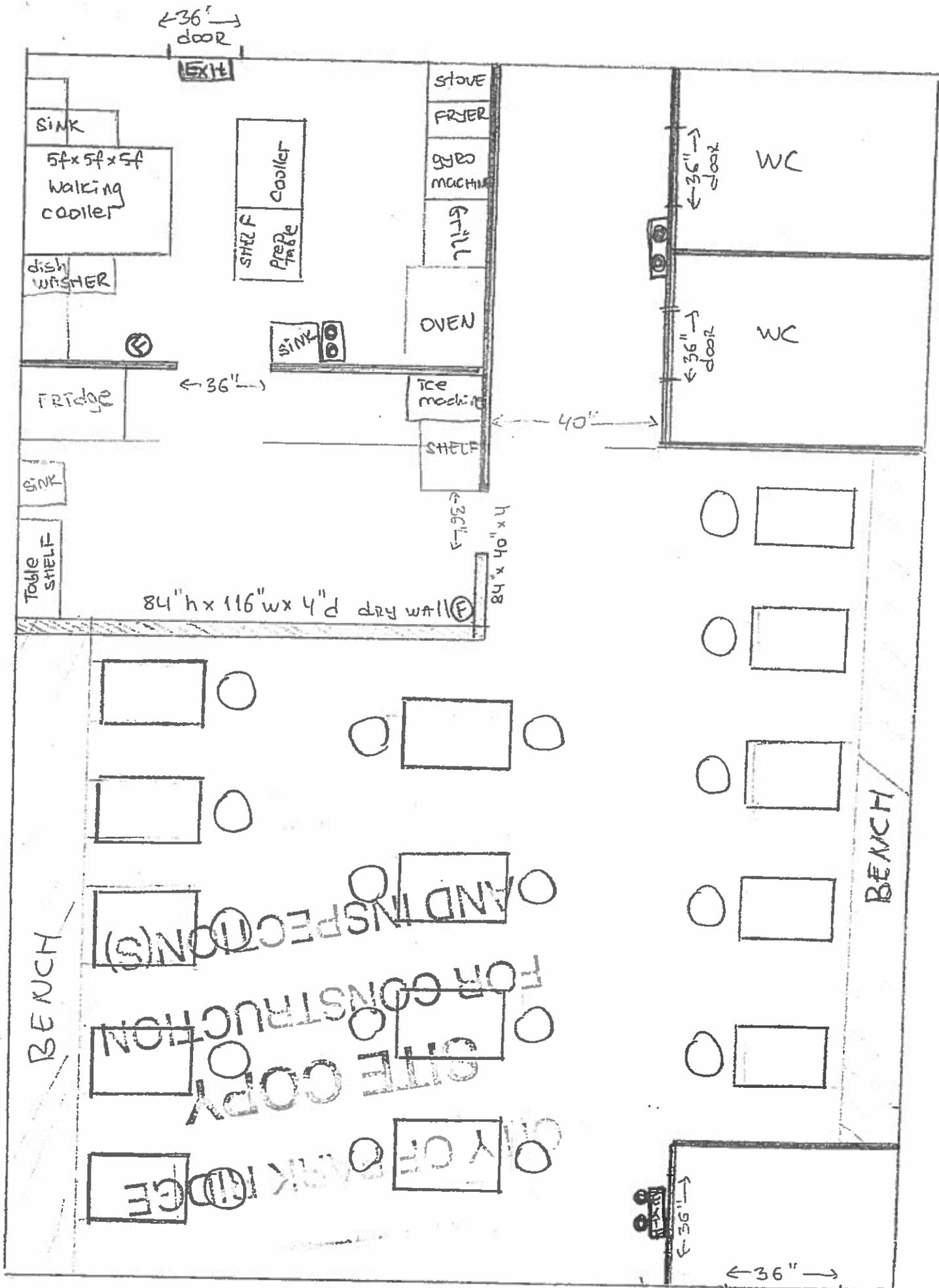
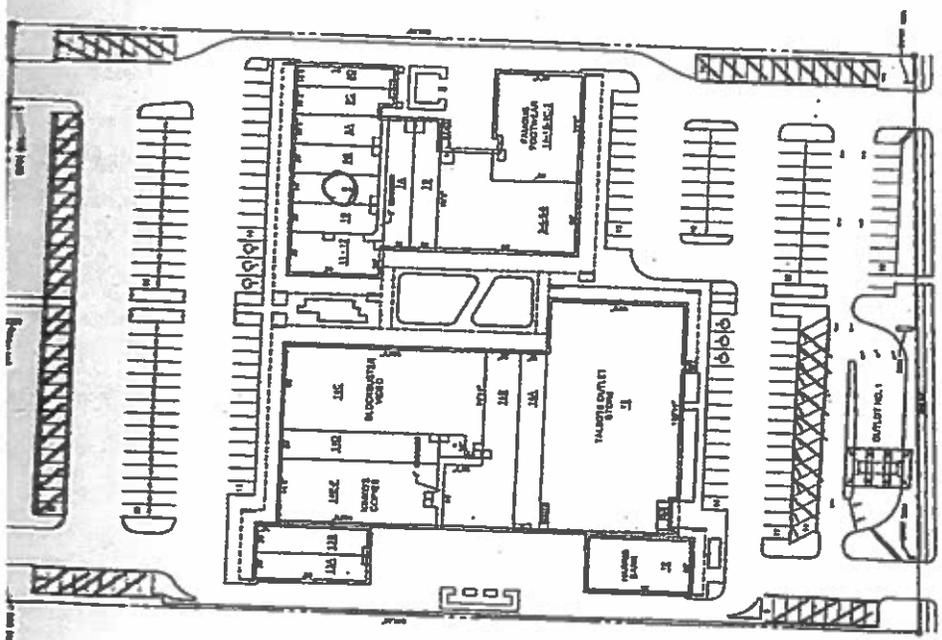


EXHIBIT C

UNIT NO.	TENANT	SQ. FT.
101	PARKWAY PHARMACY	4,719 S.F.
102	VACANT	6,038 S.F.
103	MICHAEL YAKUBIAN	1,032 S.F.
104	CUAVERI	1,001 S.F.
105	LOU MALVATI'S PIZZERIA	1,211 S.F.
106	BO-RICKS	1,178 S.F.
107	KING'S HAND CLEANERS	1,383 S.F.
108	NAIL BEAUTY	1,103 S.F.
109	JAN-PROHOUSE	1,178 S.F.
110	SUBWAY SANDWICHES	1,978 S.F.
111	MICHAEL ARTIRIP D.D.S.	1,876 S.F.
112	DINNER BY DESIGN	6,000 S.F.
113	INTEGRITY PHYSICAL THERAPY	1,000 S.F.
114	VACANT	2,243 S.F.
115	VACANT	4,088 S.F.
116	BLOOMSBURGER VSDO	8,488 S.F.
117	ULTIMATE TAN	2,179 S.F.
118	KINKO'S COPIES	4,801 S.F.
119	TALBOTS OUTLET STORE	15,139 S.F.
120	HARRIS BANK	2,800 S.F.
121	HARRIS BANK DRIVE THRU	
TOTAL G.L.A.		85,719 S.F.
MISC. & CORRIDOR		1,815 S.F.
TOTAL BUILDING AREA		87,534 S.F.
PARKING		281 CARS
PARKING RATIO		3.2 CARS/1,000 S.F. G.L.A.



EMPLOYEE PARKING

TRI - LAND PROPERTIES, INC.  
DEVELOPMENT - MANAGEMENT - LEASING  
(800) 441-7032 (708) 531-8210



BUSSE AVENUE



**VILLAGE**  
NORTHWEST HIGHWAY AND BUSSE AVENUE  
PARK RIDGE, ILLINOIS

PAID

OCT 31 2016



Check 41735

\$ 3000.00

10/31/16

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
LOCAL LIQUOR CONTROL COMMISSION  
APPLICATION FOR RETAIL LIQUOR LICENSE

CASH  CHECK  CREDIT

NEW	RENEWAL
	✓

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: Chipotle Mexican Grill #1541 located at 119 South Northwest Highway, Park Ridge, IL 60068

Date of Application: 10/14/2016 IL Liquor License Number, if renewal: 1A-0102583

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	<del>\$2,500</del>
✓	Class R	Restaurant License	<del>\$2,500</del>
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Growler	\$250
✓	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$ 250.00 + CLASS FEE \$ 2,500.00 + ENDORSEMENT FEE \$ 250.00 = TOTAL \$ 3,000.00

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant			Applicants Home Address		
Chipotle Mexican Grill #1541			119 South Northwest Highway, Park Ridge, IL 60068		
Relationship to Business			Corporation Name to which License is to be issued		
A store operated by Corporate Owner			Chipotle Mexican Grill, Inc.		
Corporation Address			Corporation Phone Number		
1401 Wynkoop Street, Suite 500, Denver, CO 80202			(303)222-2524 <i>6044</i>		
Corporation Contact Person			Corporate Contact Email Address		
Licensing			licensing@chipotle.com		
Name under which the licensed business will be operated			Description of the premises at which business will be operated		
Chipotle Mexican Grill #1541			First Floor and Outdoor Patio		
Total Square Feet of Premises	Total Square Feet Bar Area	Total Square Feet Kitchen Area	Total Number of Tables	Total Number of Parking Spaces	Type of Food Served
3,190	0	216	12	149 (shared)	Mexican
Do you own or lease space in the building?		OWN <input type="checkbox"/> LEASE <input checked="" type="checkbox"/>	If leasing, provide expiration date.		3/31/2021

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.		

Date of Incorporation	1/30/1998	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:		If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.		

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

<b>1. Name</b>	<b>Address</b>	<b>Office Held</b>
See attached list		
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>2. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>

**Attachment: Ownership Information  
 Chipotle Mexican Grill, Inc.  
 List of Officers & Stockholder**

OFFICER NAME	ADDRESS	TITLE	PHONE NUMBER	DRIVER LICENSE	BIRTHDATE
Matthew Steven Ellis	Den	CEO/DIRECTOR	303-595-4000		
John Robert Hartung	14 Denver C	CFO	303-595-4000		7
Monty Moran	10 Denv	CO-CEO/ SECRETARY/DIRECTOR	303-595-4000		1, ---, ----

Chipotle Mexican Grill, Inc. is a publically traded company. No shareholder owns more than 5% of the shares.

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Chipotle Mexican Grill is publicly traded on NYSE under "CMG", ownership changes daily, no known person owns 5% or more stock

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name	Address	% of Stock Held
Jonathan Palomo (General Manager)	60068	0.00
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Mihyang Baek	60068	0.00
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Emilio Martinez Mancera		0.00
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES  NO

*Note: The Liquor Commission has the right to require that the parent company complete a similar application.*

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not. N/A

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below. N/A

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ Approx. \$30,000

How long has the corporation been in the business of the retail sale of alcohol? Since 1998

**When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder**

Is any person listed on this application or any of your managers an elected public official? YES  NO

If yes, state the office and unit of government.

Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official? YES  NO

If yes, please explain.

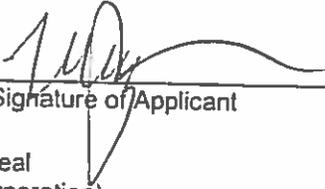
In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission?			YES	<input checked="" type="checkbox"/> NO
If yes, please list the name and amount below.				
Name			Amount	
1.				
2.				
Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position.			YES	<input checked="" type="checkbox"/> NO
Name	Job Position	Agency		
Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp?			YES	<input checked="" type="checkbox"/> NO
If yes, please state the reason(s).				
Has any person listed on this application or any of your managers ever held another liquor license in another state(s)?			YES	<input checked="" type="checkbox"/> NO
If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)	
Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government?			YES	<input checked="" type="checkbox"/> NO
If yes, please explain.				
Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction?			YES	<input checked="" type="checkbox"/> NO
If yes, please explain.				
Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?			YES	<input checked="" type="checkbox"/> NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.				
Date of Charge	Disposition	Municipality/Jurisdiction		
Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?			YES	<input checked="" type="checkbox"/> NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.				
Date of Charge	Disposition	Municipality/Jurisdiction		
If no charges were involved, state the reason for the investigation or hearing below.				
It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City?			YES	<input checked="" type="checkbox"/> NO
If yes, state the reason.				
Is there any State of Illinois or City of Park Ridge regulation which you do not understand?			YES	<input checked="" type="checkbox"/> NO
If yes, please explain.				

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Provide the Expiration Date	12 / 31 / 17	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.	
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain.	New manager will be fingerprinted.		

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSET training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. **ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED.** Please allow at least 45-days processing time for the issuance of a Liquor License.


Montgomery F. Moran
10/14/2016  
 \_\_\_\_\_  
 Signature of Applicant Date

Affix Corporate Seal  
(If applicant is corporation)

**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
09/29/2016

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 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 Willis of Colorado, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME		
	PHONE (A/C NO. EXT)	877-945-7378	FAX (A/C NO.) 888-467-2378
	E-MAIL ADDRESS	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED Chipotle Mexican Grill, Inc. And all Wholly-Owned Subsidiaries 1401 Wynkoop Street, Suite #500 Denver, CO 80202	INSURER A	Safety National Casualty Corporation	15105-001
	INSURER B	Scottsdale Insurance Company	41297-001
	INSURER C		
	INSURER D		
	INSURER E		
	INSURER F		

## COVERAGES

CERTIFICATE NUMBER: 24815296

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Liquor Liab  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		GL4047266	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAS4047262	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000			UMS0028100	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	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	LDS4047264 PS4047265	10/1/2016 10/1/2016	10/1/2017 10/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			GL4047266	1/1/2017	12/31/2017	\$1,000,000 Limit
A	Excess Work Comp-OH			SP4055746	10/1/2016	10/1/2017	\$1,000,000 Each Accident \$1,000,000 Policy Limit \$1,000,000 Each Employee

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

Store #12-1541; Location Address: 119 S. Northwest Highway, Park Ridge, IL 60068

Coverage extends to outdoor dining area.

City of Park Ridge is Additional Insured solely with respects to General Liability coverage as evidenced herein as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

City of Park Ridge  
505 Butler Place  
Park Ridge, IL 60068

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/2016

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 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).

<b>PRODUCER</b> Willis of Colorado, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT NAME:</b> PHONE (A/C NO. EXT): <b>877-945-7378</b> FAX (A/C NO.): <b>888-467-2378</b> E-MAIL ADDRESS: <b>certificates@willis.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Chipotle Mexican Grill, Inc. And all Wholly-Owned Subsidiaries 1401 Wynkoop Street, Suite #500 Denver, CO 80202	<b>INSURER A:</b> Safety National Casualty Corporation NAIC# 15105-001
	<b>INSURER B:</b> Scottsdale Insurance Company 41297-001
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER: 24817400**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Liquor Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			GL4047266	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAS4047262	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMS0028100	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	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	LDS4047264	10/1/2016	10/1/2017	<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
A	Excess Work Comp-OH			SP4055746	10/1/2016	10/1/2017	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Store #12-1541; Location Address: Touhy & Northwest Hwy., Park Ridge, IL 60068 Re: Rocket Science 119 LLC and RN Realty LLC are shown as additional insureds solely with respects to general liability coverage as evidenced herein as required by written contract with respects to the above location.

<b>CERTIFICATE HOLDER</b> Rocket Science 119 LLC 225 West Illinois St, Suite 350 Chicago, IL 60654	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



**CITY OF PARK RIDGE**

505 BUTLER PLACE  
 PARK RIDGE, IL 60068  
 TEL: 847/ 318-5200  
 FAX: 847/ 318-5300  
 TDD:847/ 318-5252  
 www.parkridge.us

**EMPLOYEE BASSET CERTIFICATE INFORMATION**

Chipotle Mexican Grill #1541

119 South Northwest Highway, Park Ridge, IL 60068

Name of Establishment

Address

The Liquor Code requires the owner of a Liquor Licensed establishment to provide names of all employees involved in the mixing, serving, preparing, or delivering, which includes selling or exchanging of alcohol. A copy of the employees valid BASSET certificate must be retained by you and on file with the Liquor Commissioner.

You can make additional copies of this page if necessary. For further information, please refer to the Park Ridge Municipal Code, 12-6-24E

Employee Name	✓ Basset Certificate Attached	Expiration Date
John Q. Public		01/23/1234
Grant Layer	✓	10/18
Kristina Duca	✓	10/18
Emilio Martinez Mancera		
Erick Mar		
Jonathan Palomo	✓	11/17
Mihyang Baek		

Basset Certificates for employees are kept at the restaurant and will be available upon request during liquor inspections.

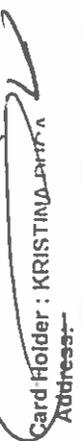
**ILLINOIS BASSET ALCOHOL TRAINING**  
THIS CARD CERTIFIES SUCCESSFUL  
COMPLETION OF A BASSET TRAINING

Instructor Name: Carlos Morales

Illinois Trainer Certification : 5A-93674

Date Completed: 10/24/2015

Date Issued: 10/24/2015

Card Holder : KRISTINA 

Address:

**\*\* This card is not transferrable \*\***

**ILLINOIS BASSET ALCOHOL TRAINING**  
**THIS CARD CERTIFIES SUCCESSFUL**  
**COMPLETION OF A BASSET TRAINING**

Instructor Name: Carlos Morales

Illinois Trainer Certification : 5A-93674

Date Completed: 10/24/2015

Date Issued: 10/24/2015

Card Holder: GRANT LAYER  
Address:

~~THIS CARD IS NOT TRANSFERABLE~~

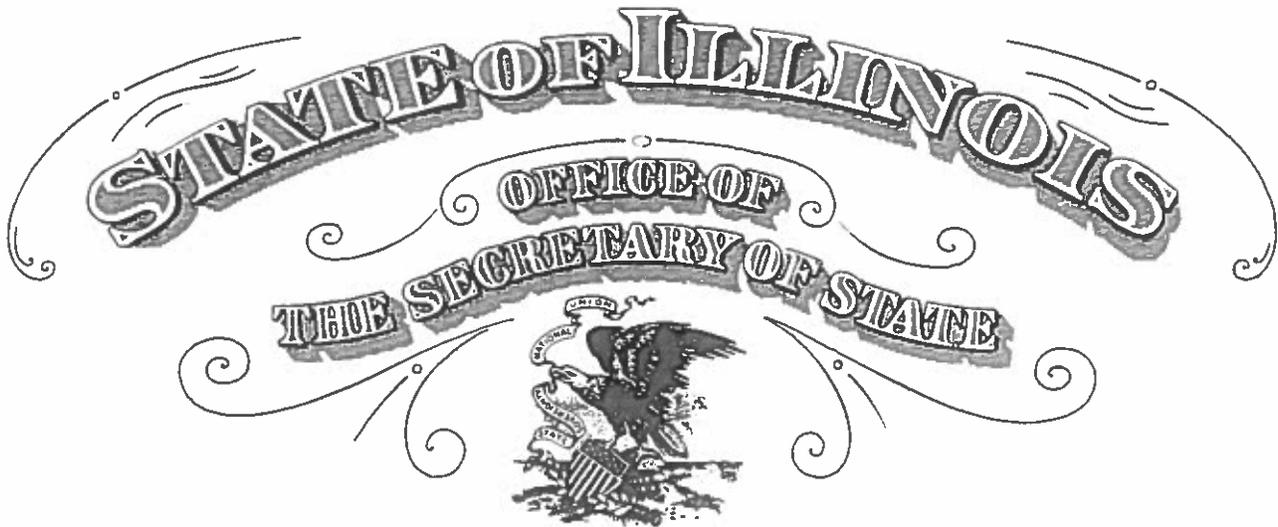
ILLINOIS LIQUOR CONTROL COMMISSION  
100 W Randolph Street, 5th Floor - Chicago, IL 60601  
BEVERAGE ALCOHOL SELLERS AND SERVERS  
EDUCATION AND TRAINING [BASSET] CARD

Trainer: 5A-0062851 1/3/2014 Date Issued: 11/14/2014  
Card Holder: Palomo, Jonathan

\*\*\*This card is not transferrable\*\*\*  
\$15 Replacement Fee if Lost

File Number

6056-323-3



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, 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*

CHIPOTLE MEXICAN GRILL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JUNE 28, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED 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 3RD day of OCTOBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



MEXICAN GRILL

BURRITOS, TACOS & SALADS



**BURRITO**  
Flour tortilla with a choice of cilantro-lime rice, black or pinto beans, meat, salsa, and cheese or sour cream.  
CALORIES: 350-970



**BURRITO BOWL**  
Just like a burrito, but served in a bowl with no tortilla.  
CALORIES: 160-680



**TACOS**  
Your choice of three crispy corn, soft corn or soft flour tortillas with meat, salsa, cheese or sour cream and romaine lettuce.  
CALORIES: 320-670



**SALAD**  
Chopped romaine lettuce with choice of beans, meat, salsa and cheese, with or without chipotle-honey vinaigrette.  
CALORIES: 170-780

CHICKEN

Naturally raised, marinated in our chipotle adobo, then grilled.  
\$6.37

BARBACOA

Naturally raised beef. Braised for hours, then shredded.  
\$6.84

SOFRITAS

Shredded organic tofu braised with chipotle chilis, roasted poblanos and a blend of aromatic spices.  
\$6.37

STEAK

Naturally raised, marinated in our chipotle adobo, then grilled.  
\$6.84

CARNITAS

Naturally raised pork. Braised for hours, then shredded.  
\$6.84

VEGGIE

Includes our fresh guacamole and your choice of beans  
\$6.37

SALSAS

Fresh Tomato (Mild)  
Calories: 20

Roasted Chili-Corn (Medium)  
Calories: 80

Tomatillo-Green Chili (Medium Hot)  
Calories: 15

Tomatillo-Red Chili (Hot)  
Calories: 40

EXTRAS & DRINKS

- Chips & Guacamole : Serves 2 (Cal: 360 ea/720 tot) ..... \$3.07
- Chips & Salsa : Serves 2 (Cal: 295-325 ea/590-650 tot) ..... \$2.13
- Guacamole (Calories: 150) ..... \$1.89
- Chips: Serves 2 (Calories: 285 ea/570 tot) ..... \$1.18
- Patrón Margarita (Calories: 240) ..... \$6.84
- Sauza Margarita (Calories: 230) ..... \$4.49
- Beer (Calories: 100-170) ..... \$3.54 / \$4.01
- Bottled Drinks (Calories: 0-280) ..... \$2.12 / \$2.60
- Soda (Calories: 0-290) ..... \$1.66 / \$1.89
- Kid's Drinks (Calories: 100-150) ..... \$1.66 / \$2.13

KID'S MENU

All Kid's Menu items served with kid's chips and a drink.  
Kid's Drinks: Juice, Organic Milk (plain or chocolate)

- 1 Small Cheese Quesadilla ..... \$3.31  
With a side of rice and beans  
Calories: 600-670
- 2 Small Meat & Cheese Quesadilla ..... \$3.78  
With a side of rice and beans  
Calories: 650-730
- 3 Single Taco ..... \$3.78  
Soft or crispy shell, and a choice of any three items (one meat or guacamole) and a side of rice.  
Calories: 470-630
- 4 Taco Kit (they build it) ..... \$4.25  
Choose any three ingredients (one meat or guacamole) and two soft or crispy shells. Served on a tray for easy building.  
Calories: 420-610

You can also order online at [chipotle.com](http://chipotle.com) on your iPhone or by fax.

NUTRITION FACTS

	Calories	Calories from Fat	Total Fat (g)	Saturated Fat (g)	Trans Fat (g)	Cholesterol (mg)	Sodium (mg)	Carbohydrates (g)	Dietary Fiber (g)	Sugar (g)	Protein (g)	
Flour Tortilla (burrito)	1 ea	290	80	9	3	0	0	670	44	2	0	7
Flour Tortilla (taco)	1 ea	90	25	2.5	1	0	0	200	13	4	0	2
Crispy Taco Shell	1 ea	60	20	2	0.5	0	0	10	9	1	4	4
Soft Corn Tortilla	1 ea	70	5	0.5	0	0	0	25	13	1	0	1.5
Cilantro-Lime Brown Rice	4 oz	160	35	4	1	0	0	150	31	2	0	3
Cilantro-Lime White Rice	4 oz	170	40	4	1	0	0	200	31	0	0	2.5
Black Beans	4oz	120	10	1	0	0	0	250	23	11	4	7
Pinto Beans	4 oz	115	10	1	0	0	5(0)	300	18.5	11	15	6.5
Fajita Vegetables	2.5 oz	20	5	0.5	0	0	0	170	4	1	2	1
Barbacoa	4 oz	170	60	7	2.5	0	60	510	2	0	4	24
Chicken	4 oz	190	60	6.5	2	0	115	370	1	0	1	32
Carnitas	4 oz	190	70	8	2.5	0	70	540	1	0	0	27
Steak	4 oz	190	60	6.5	2	0	65	320	2	0	1	30
Sofritas	4 oz	145	85	10	1.5	0	0	770	9.5	3	4	11
Fresh Tomato Salsa	3.5 oz	15	0	0	0	0	0	135	3	1	2	1
Roasted Chili-Corn Salsa	3.5 oz	80	15	1.5	0	0	0	410	15	3	4	3
Tomatillo-Green Chili Salsa	2 fl oz	15	5	0	0	0	0	230	3	1	2	1
Tomatillo-Red Chili Salsa	2 fl oz	40	10	1	0	0	0	510	8	4	4	2
Cheese	1 oz	100	80	8.5	5	0	30	180	0	0	0	8
Sour Cream	2 oz	120	90	10	7	0	40	30	2	0	2	2
Guacamole	3.5 oz	150	120	13	2	0	0	190	8	6	1	2
Romaine Lettuce (salad)	2.5 oz	10	0	0	0	0	0	5	2	1	1	1
Romaine Lettuce (tacos)	1 oz	5	0	0	0	0	0	1	1	0	0	0
Chips	4 oz	570	240	27	3.5	0	0	420	73	8	4	8
Fajita	2 fl oz	260	220	24.5	4	0	0	700	12	1	11	0
Burgers	22 fl oz	210	0	0	0	0	0	45	56	0	56	0
Soft Drink	32 fl oz	290	0	0	0	0	0	60	80	0	80	0
Coca-Cola Classic	22 fl oz	180	0	0	0	0	0	5	50	0	50	0
Sprite	32 fl oz	260	0	0	0	0	0	5	71	0	71	0
Soft Drink	22 fl oz	0	0	0	0	0	0	20	0	0	0	0
Soft Drink	32 fl oz	0	0	0	0	0	0	25	0	0	0	0
Soft Drink	22 fl oz	0	0	0	0	0	0	15	0	0	0	0
Soft Drink	32 fl oz	0	0	0	0	0	0	20	1	0	0	0
Milk	22 fl oz	180	0	0	0	0	0	75	47	0	47	0
Milk	32 fl oz	260	0	0	0	0	0	110	67	0	67	0
Soft Drink	22 fl oz	180	0	0	0	0	0	25	49	0	49	0
Soft Drink	32 fl oz	260	0	0	0	0	0	35	69	0	69	0
Soft Drink	22 fl oz	180	0	0	0	0	0	40	48	0	48	0
Soft Drink	32 fl oz	260	0	0	0	0	0	60	69	0	69	0
Regular Beer	12 fl oz	153	0	0	0	0	0	14	13	0	0	0
Light Beer	12 fl oz	103	0	0	0	0	0	14	6	0	0	0
Sauza Margarita	12 fl oz	230	0	0	0	0	0	5	25	0	21	0
Patrón Margarita	12 fl oz	240	0	0	0	0	0	5	25	0	21	0

KIDS MENU NUTRITION FACTS

	Calories	Calories from Fat	Total Fat (g)	Saturated Fat (g)	Trans Fat (g)	Cholesterol (mg)	Sodium (mg)	Carbohydrates (g)	Dietary Fiber (g)	Sugar (g)	Protein (g)	
Flour Tortilla (taco)	1 ea	90	25	2.5	1	0	0	200	13	4	0	2
Crispy Taco Shell	1 ea	60	20	2	0.5	0	0	10	9	1	4	4
Soft Corn Tortilla	1 ea	60	5	0.5	0	0	0	25	13	1	0	1.5
Cilantro-Lime Brown Rice	2.5 oz	100	20	2.5	0.5	0	0	95	19	1.5	0	2
Cilantro-Lime White Rice	2.5 oz	110	25	2.5	0.5	0	0	130	19	0	0	2
Black Beans (taco)	1.3 oz	40	5	0.5	0	0	0	80	8	4	0	2
Black Beans (side)	2.5 oz	80	5	0.5	0	0	0	160	14	7	4	4
Pinto Beans* (taco)	1.3 oz	40	5	0.5	0	0	0	100	6	3.5	5	2
Pinto Beans* (side)	2.5 oz	75	5	0.5	0	0	5	190	11.5	7	1	4
Fajita Vegetables	.8 oz	5	0	0	0	0	0	60	1	0	1	0
Barbacoa	1.3 oz	60	20	2.5	1	0	20	170	1	0	0	8
Chicken	1.3 oz	60	20	2	0.5	0	40	120	0	0	0	11
Carnitas	1.3 oz	60	25	2.5	1	0	25	180	0	0	0	9
Steak	1.3 oz	60	20	2	0.5	0	20	110	1	0	0	10
Sofritas	1.3 oz	50	30	3	0.5	0	0	230	3	1	1	3
Fresh Tomato Salsa	1.2 oz	5	0	0	0	0	0	160	1	0	1	0
Roasted Chili-Corn Salsa	1.2 oz	25	5	0.5	0	0	0	140	5	1	1	1
Tomatillo-Green Chili Salsa	7 fl oz	5	0	0	0	0	0	80	1	0	1	0
Tomatillo-Red Chili Salsa	7 fl oz	15	5	0.5	0	0	0	170	3	1	1	1
Cheese (taco)	.3 oz	35	25	3	1.5	0	10	60	0	0	0	3
Cheese (small quesadilla)	1 oz	100	80	8.5	5	0	30	180	0	0	0	8
Sour Cream	.7 oz	40	30	3.5	2.5	0	15	10	1	0	1	1
Guacamole	1.2 oz	50	40	4.5	0.5	0	0	60	3	2	0	1
Romaine Lettuce (taco)	.4 oz	5	0	0	0	0	0	1	4	0	0	0
Chips	1 oz	140	60	7	1	0	0	110	18	2	1	2

If you have a food allergy, please speak to the owner, manager, chef or your server.

Nutritional content may vary because of variations in portion size or recipes, changes in growing seasons, or differences in the sources of our ingredients. We may update this chart from time to time.

The Dietary Guidelines for Americans recommend limiting saturated fat to 20 grams and sodium to 2,300 milligrams for a 2,000 calorie diet. Recommended limits may be higher or lower depending upon daily calorie consumption.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS FILED FROM AND INCLUDING THE RESTATED CERTIFICATE OR A MERGER WITH A RESTATED CERTIFICATE ATTACHED OF "CHIPOTLE MEXICAN GRILL, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

RESTATED CERTIFICATE, FILED THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2009, AT 12:06 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE FIFTH DAY OF JANUARY, A.D. 2010, AT 11:07 O'CLOCK A.M.

2853698 8100X

120951140

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9790930

DATE: 08-20-12

**AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF  
CHIPOTLE MEXICAN GRILL, INC.**

Chipotle Mexican Grill, Inc. (the "Corporation"), a corporation organized and existing under the General Corporation Law of the State of Delaware (the "DGCL"), does hereby further certify as follows:

- (1) The name of the Corporation is Chipotle Mexican Grill, Inc.
- (2) The name under which the Corporation was originally incorporated was Chipotle Mexican Grill, Inc., and the original certificate of incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on January 30, 1998.
- (3) Upon the filing (the "Effective Time") of this Amended and Restated Certificate of Incorporation pursuant to Section 242 of the DGCL, each share of the Class B Common Stock, par value \$0.01 per share, of the Corporation issued and outstanding immediately prior to the Effective Time (the "Class B Common Stock") shall automatically, without further action on the part of the Corporation or any holder of Class B Common Stock, be reclassified and become one fully paid and nonassessable share of Class A Common Stock, par value \$0.01 per share, of the Corporation ("Class A Common Stock"). The conversion of the Class B Common Stock into Class A Common Stock will be deemed to occur at the Effective Time. From and after the Effective Time, certificates representing the Class B Common Stock shall represent the number of shares of Class A Common Stock into which such Class B Common Stock shall have been converted pursuant to this Amended and Restated Certificate of Incorporation.
- (4) The Class A Common Stock shall, at the Effective Time, be renamed common stock, par value \$0.01 per share, of the Corporation.
- (5) This Amended and Restated Certificate of Incorporation was duly adopted in accordance with the provisions of Sections 242 and 245 of the DGCL.
- (6) The text of the certificate of incorporation of the Corporation (the "Certificate of Incorporation") as amended hereby is restated to read in its entirety, as follows:

**ARTICLE I - NAME**

The name of the company is Chipotle Mexican Grill, Inc. (the "Corporation").

**ARTICLE II - AGENT**

The registered office of the Corporation is located at 2711 Centerville Road, Suite 400, in the City of Wilmington, in the County of New Castle, in the State of Delaware. The name of its registered agent at that address is Corporation Service Company.

**ARTICLE III - PURPOSE**

The purpose for which the Corporation is organized is to engage in any lawful act or activity for which corporations may be organized and incorporated under the General

Messner & Reeves, LLC  
1430 Wynkoop Street, Suite 300  
Denver, Colorado 80202  
Attn: Jason T. Moilanen

Possession Date: Defined in Section 7.1.

Premises: Deemed to be 3,190 square feet

Premises Address: 119 Northwest Highway  
Park Ridge, Illinois 60068

Property: The real property owned or controlled by Landlord, which real property is legally described on Exhibit A-1 attached hereto, incorporated herein by reference, and outlined on Exhibit A, and which real property is located in the County of Cook, State of Illinois.

Rent Commencement Date: The Rent Commencement Date shall be the date which is one hundred twenty (120) days after the Possession Date.

Tenant's Proportionate Share: One hundred percent (100%)

Term: Primary Term: Ten (10) Lease Years, commencing on the Rent Commencement Date.  
  
First Extended Term: Five (5) Lease Years  
  
Second Extended Term: Five (5) Lease Years

Permitted Use: A "Chipotle" restaurant serving specialty burritos and tacos, and other items generally served in a "Chipotle" restaurant including, at Tenant's option, alcoholic beverages, and for any other lawful purpose.

## ARTICLE 2 LEASE OF PREMISES

2.1 For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Landlord hereby leases, demises and lets to Tenant, and Tenant hereby leases, hires and takes from Landlord the Property, including the building (the "Building") located thereon. Landlord represents that the legal description attached as Exhibit A-1 substantially describes the Property as outlined on Exhibit A. The site plan for the Property is shown on Exhibit A attached hereto.

2.2 In addition to the Premises, Tenant, subject to the city's approval of Tenant's seating plan, shall be permitted to create (and, at Tenant's option, enclose by installing a railing or other appropriate barrier) a patio area in a location mutually agreed upon by Landlord and Tenant for Tenant's exclusive use for outside dining with, at Tenant's option, tables, chairs, umbrellas, lights, speakers, trash receptacles and a misting system, all in accordance with Tenant's specifications and in compliance with all applicable governmental laws, ordinances, codes at the time of the performance of the creation of such patio area. The patio area constitutes a portion of the Premises, however, no additional rent or charges are payable for the use thereof.



Chipotle Mexican Grill - New Manager  
Lexie Christiansen

To: cpeterso@parkridge.us  
Sent On: Thursday, October 06, 2016 3:43:13 PM  
Archived On: Thursday, October 06, 2016 3:43:58 PM  
Identification Code: eml\_a5ee5cd6-d648-4fb8-bdda-855b7bb007e2-2147472801  
Folders: Inbox

Hi Cheryl,

Per our phone conversation earlier, I have confirmed that Jonathan Palomo will be calling to schedule a fingerprinting appointment. He is our new General Manager and has replaced Melissa Kokobe. Please let me know if you need any additional information!

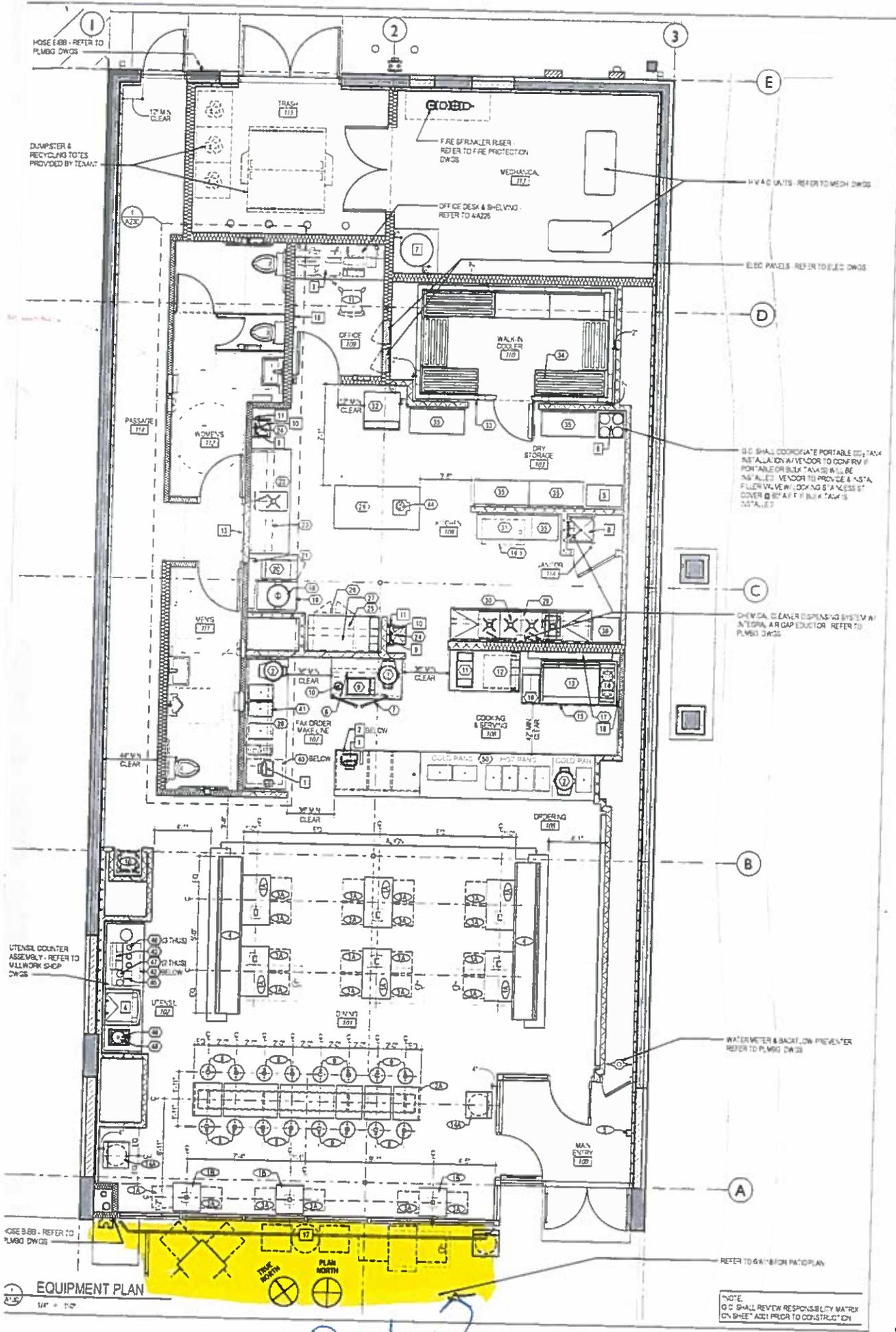
Thanks,

Lexie Christiansen | Licensing and Finance Support Specialist

Chipotle Mexican Grill  
1401 Wynkoop Street, Suite 500 Denver, CO 80202  
direct 303-605-1036  
fax 303-390-5620

*fingerprinting?*  
*new mgr*  
*DONE up*





**EQUIPMENT PLAN**

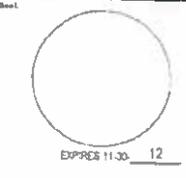
1/4" = 1'-0"

*patio*

NOTE:  
G.C. SHALL REVIEW RESPONSIBILITY MATRIX  
ON SHEET "ADD" PRIOR TO CONSTRUCTION



Chicago, IL  
316 S. LaSalle St.  
Chicago, IL 60604  
Tel: 773.631.8888  
Fax: 773.631.8888  
www.chipotle.com



27 May 2011

Copyright 2011  
This drawing is the property of Chipotle Mexican Grill, Inc. and is not to be reproduced or used in any way without the written consent of Chipotle Mexican Grill, Inc.



STORE NO.: 1541

**"PARK RIDGE"**  
119 South Northwest Highway  
Park Ridge, Illinois 60068

Date Received: 4/22/2011 Permit # 101

Project Name: \_\_\_\_\_

Drawn by: \_\_\_\_\_

Checked by: \_\_\_\_\_

Project No: CH14721-09

Comments: \_\_\_\_\_

Fixtures, Furniture, & Equipment Plan

**A130**

Date of Last Print: 27 May, 2011



Chipotle Mexican Grill - New Manager  
Lexie Christiansen

To: cpeterso@parkridge.us  
Sent On: Thursday, October 06, 2016 3:43:13 PM  
Archived On: Thursday, October 06, 2016 3:43:58 PM  
Identification Code: eml.a5ee5cd6-db48-4fb6-bdda-855b7bbd07e2-2147472801  
Folders: Inbox

*fingerprints?*  
*new mgr*

Hi Cheryl,

Per our phone conversation earlier, I have confirmed that Jonathan Palomo will be calling to schedule a fingerprinting appointment. He is our new General Manager and has replaced Melissa Kokober. Please let me know if you need any additional information!

Thanks,

Lexie Christiansen | Licensing and Finance Support Specialist

Chipotle Mexican Grill  
1401 Wynkoop Street, Suite 500 Denver CO 80202  
direct 303 605 1036  
fax 303 350 5620



PAID  
OCT 26 2016

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
LOCAL LIQUOR CONTROL COMMISSION  
APPLICATION FOR RETAIL LIQUOR LICENSE

CITY OF PARK RIDGE  
 CASH  CHECK  CREDIT

NEW	RENEWAL
	<input checked="" type="checkbox"/>

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: Highland Park CVS, LLC  
DBA/ CVS Pharmacy #4396 located at 2648 Dempster St. Park Ridge, IL 60068

Date of Application: 10/25/16 IL Liquor License Number, if renewal: 1A-0093088

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
X	Class P	Package License	\$2,500
	Class R	Restaurant License	\$2,500
	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Growler	\$250
	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$250.00 + CLASS FEE \$2,500.00 + ENDORSEMENT FEE \$\_\_\_\_\_ = TOTAL \$2,750.00

Rec'd \$ 2,750.00 10/26/16 cld

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant			Applicants Home Address		
Linda M. Cimbron			- N/A -		
Relationship to Business			Corporation Name to which License is to be issued		
Assistant Secretary			Highland Park CVS, LLC		
Corporation Address			Corporation Phone Number		
One CVS Dr. MC #1160 Woonsocket			401-765-1500		
Corporation Contact Person			Corporate Contact Email Address		
Carol Fontaine			Carol.Fontaine2@CVSHealth.com		
Name under which the licensed business will be operated			Description of the premises at which business will be operated		
CVS Pharmacy #4396			Retail / Pharmacy		
Total Square Feet of Premises	Total Square Feet Bar Area	Total Square Feet Kitchen Area	Total Number of Tables	Total Number of Parking Spaces	Type of Food Served
10,514	N/A	N/A	N/A	58	N/A
Do you own or lease space in the building?		OWN <u>LEASE</u>	If leasing, provide expiration date.		
			11/30/2035		

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you?	YES <u>NO</u>
If YES, provide the name and address, phone number, and email address of the manager of the management company.	

Date of Incorporation	8/24/2001	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <u>NO</u>
If yes, state the date of reinstatement:		If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

*All Corporate officers have 0% ownership*

1. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
	<i>See attached list</i>	
2. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

ENTITY NAME:

Highland Park CVS, L.L.C.

Personnel Name	Management Title	Business Address	Phone
Thomas S. Moffatt	President	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Carol A. DeNale	Senior Vice President/Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Melanie K. Luker	Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Linda M. Cimbron	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Jeffrey E. Clark	Assistant Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Sheelagh M. Beaulieu	Assistant Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Kimberley M. DeSousa	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500

ALL CORPORATE OFFICERS OWN 0%

ALL CORPORATE OFFICERS ARE CITIZENS

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

*N/A*

1. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name <i>Ahmad Fahimi</i>	Address <i>10...</i>	% of Stock Held <i>0%</i>
Date of Birth	Email Address	Telephone Number
2. Name <i>Amanda Schmidt</i>	Address	% of Stock Held <i>0%</i>
Date of Birth	Email Address	Telephone Number
3. Name <i>Varsha Patel</i>	Address <i>... 260077</i>	% of Stock Held <i>0%</i>
Date of Birth	Email Address	Telephone Number

DOB: *11-1* *Chicago* *3W* *0%*  
 Is the corporation a subsidiary of a parent corporation?  YES  NO  
*CVS Health Corporation*

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below. *N/A*

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ *250,000.00*

How long has the corporation been in the business of the retail sale of alcohol?  
*Store opened 8/9/2009 with alcohol*

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official?	YES <input type="radio"/> NO <input checked="" type="radio"/>
If yes, state the office and unit of government.	
Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official?	YES <input type="radio"/> NO <input checked="" type="radio"/>
If yes, please explain.	

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission?		YES	<input checked="" type="radio"/> NO
If yes, please list the name and amount below.			
Name		Amount	
1.			
2.			
Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position.		YES	<input checked="" type="radio"/> NO
Name	Job Position	Agency	
Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp?		YES	<input checked="" type="radio"/> NO
If yes, please state the reason(s).			
Has any person listed on this application or any of your managers ever held another liquor license in another state(s)?		YES	<input checked="" type="radio"/> NO
If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)
Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government?		YES	<input checked="" type="radio"/> NO
If yes, please explain.			
Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction?		YES	<input checked="" type="radio"/> NO
If yes, please explain.			
Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?		YES	<input checked="" type="radio"/> NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.			
Date of Charge	Disposition	Municipality/Jurisdiction	
Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license?		YES	<input checked="" type="radio"/> NO
If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.			
Date of Charge	Disposition	Municipality/Jurisdiction	
If no charges were involved, state the reason for the investigation or hearing below.			
It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City?		YES	<input checked="" type="radio"/> NO
If yes, state the reason.			
Is there any State of Illinois or City of Park Ridge regulation which you do not understand?		YES	<input checked="" type="radio"/> NO

If yes, please explain.		
Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		<input checked="" type="radio"/> YES <input type="radio"/> NO
Provide the Expiration Date	01/01/2017	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		<input checked="" type="radio"/> YES <input type="radio"/> NO
If yes, please explain.	had change in corporate officers. sent list and received a letter from the City of Park Ridge knowing and approving of the changes	

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSET training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. **ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED.** Please allow at least 45-days processing time for the issuance of a Liquor License.

*Linda M. Cimbron*  
Signature of Applicant

Linda M. Cimbron  
Assistant Secretary

*10/25/16*  
Date

Affix Corporate Seal  
(If applicant is corporation)

**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**



WRITTEN CONSENT  
OF THE SOLE MEMBER

OF

Highland Park CVS, L.L.C.

The undersigned, CVS Pharmacy, Inc., a Rhode Island corporation (the "Member"), being the sole member of Highland Park CVS, L.L.C. an Illinois limited liability company (the "Company"), does hereby adopt the following resolutions:

RESOLVED: the resignation of Jason D. Desrochers as Assistant Treasurer effective as of December 31, 2015 is hereby ratified and approved;

RESOLVED: the appointment of Sheelagh M. Beaulieu as Assistant Treasurer and the appointment of Kimberley M. DeSousa as Assistant Secretary effective December 31, 2015 is hereby ratified and approved; and

RESOLVED: the officers of the Company effective as of December 31, 2015 are as follows:

Name	Title
Thomas S. Moffatt	President
Carol A. DeNale	Senior Vice President/Treasurer
Melanie K. Luker	Secretary
Jeffrey E. Clark	Assistant Treasurer
Sheelagh M. Beaulieu	Assistant Treasurer
Linda M. Cimbron	Assistant Secretary
Kimberley M. DeSousa	Assistant Secretary

EXECUTED this 8th day of January, 2016.

Highland Park CVS, L.L.C.  
By: CVS Pharmacy, Inc.  
Its Sole Member

Acknowledged by:

Date Sept. 22 2016

Melanie K. Luker  
Assistant Secretary

Commissioner  
City of Park Ridge IL

OFFICIAL SEAL

*Rhode Island*  
STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF ~~COOK~~     )  
*Providence*

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

*Linda M. Cimbron*  
SIGNATURE OF APPLICANT (OWNER)

Linda M. Cimbron  
Assistant Secretary

Subscribed and Sworn to before me this 25<sup>th</sup> day of October, 2016.

*Kimberly M. Mitchell*  
NOTARY PUBLIC

SEAL

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/10/2015

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 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).

<b>PRODUCER</b> MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: CVSCaremark.CertRequest@Marsh.com Fax 212-948-5338		<b>CONTACT NAME:</b> <b>PHONE (A/C, No., Ext):</b> <b>E-MAIL ADDRESS:</b>		<b>FAX (A/C, No):</b>	
S02406-GL-GL-16-17 <b>INSURED</b> CVS HEALTH CORPORATION ONE CVS DRIVE, MC 2180 WOONSOCKET, RI 02895		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		<b>INSURER A:</b> New Hampshire Ins Company		23841	
		<b>INSURER B:</b>			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** NYC-007504652 22      **REVISION NUMBER:** 6

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SJR-\$500,000 <input checked="" type="checkbox"/> LIQUOR LIABILITY INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL 2039188	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 4,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,500,000 GENERAL AGGREGATE \$ 28,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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"/> EXCESS LIAB DED      RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A			PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: CVS STORE #04396-02, LOCATED AT 2648 DEMPSTER STREET, PARK RIDGE, IL 60068  
CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS THEIR INTERESTS MAY APPEAR, AS RESPECTS THE LEASED PREMISES, BUT ONLY TO THE EXTENT REQUIRED UNDER THE LEASE OF THE PREMISES OR UNDER ANY OTHER WRITTEN CONTRACT OR AGREEMENT.

<b>CERTIFICATE HOLDER</b> 04396-02 CITY OF PARK RIDGE ATTN: CHERYL 505 BUTLER PLACE PARK RIDGE, IL 60068	<b>CANCELLATION</b> 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 of Marsh USA Inc. Yevgeniya Muyamina
--	---

AGENCY CUSTOMER ID: S02406

LOC #: Boston



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED CVS HEALTH CORPORATION ONE CVS DRIVE, MC 2180 WOONSOCKET, RI 02895
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

#### ADDITIONAL REMARKS

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

#### COMMON POLICY CONDITIONS

##### A. Cancellation

2. We [Carrier] may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for non payment of premium

1) General Liability Additional Insured - Where Required Under Contract or Agreement language per endorsement 61712 (12/06).

SECTION II - WHO IS AN INSURED, is amended to include as an additional insured:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

2) General Liability Earlier Notice of Cancellation Provided By Us language per endorsement CG 02 24 10 93:

Number of Days' Notice 90

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

3) General Liability Advance of Cancellation to Entities Other Than The Named Insured Limited to E-Mail Notification per Chartis Manuscript endorsement:

In the event that the Insurer cancels this policy for any reason other than non payment of premium, and

1. The cancellation effective date is prior to this policy's expiration date;
2. The First Named Insured is under an existing contractual obligation to notify a certificate holder when this policy is cancelled (hereinafter, the "certificate Holder(s)"); and has provided to the Insurer, either directly or through its broker of record, the email address of the contact at such entity, and the Insurer received this information after the First Named Insured received notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the Insurer,

the Insurer will provide advice of cancellation (the "Advice") via e-mail to such Certificate Holders.

Proof of the Insurer emailing the Advice, using the information provided under this policy by the First Named Insured, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

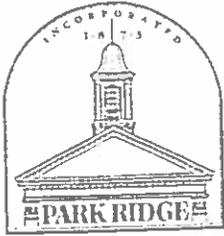
All other terms, conditions and exclusions shall remain the same.

Memorandum of Insurance

MEMORANDUM OF INSURANCE					DATE	
<p>This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via <a href="https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=3535866">https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=3535866</a>. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.</p>						
<b>PRODUCER</b> Marsh USA Inc. ("Marsh")			<b>COMPANIES AFFORDING COVERAGE</b>			
			Co. A See Additional Information Section			
<b>INSURED</b> CVS Health Corporation One CVS Drive MC 2180, Woonsocket Rhode Island 02895 United States			Co. B New Hampshire Insurance Company			
			Co. C National Union Fire Insurance Company of Pittsburgh, PA			
			Co. D ACE American Insurance Company			
<b>COVERAGES</b>						
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 MEMORANDUM 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						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED	
B	GENERAL LIABILITY Commercial General Liability Occurrence	GL 2039188 (Includes	01-JAN-2016	01-JAN-2017	GENERAL AGGREGATE	USD 28,000,000
					PRODUCTS - COMPROP	INCLUDED
					AGG	ABOVE
					PERSONAL AND ADV INJURY	USD 4,500,000
					EACH OCCURRENCE	USD 4,500,000
					FIRE DAMAGE (ANY ONE FIRE)	1,000,000
C C C	AUTOMOBILE LIABILITY Any Auto Hired Autos Non-Owned Autos	9734291 (AOS) 9734292 (VA) 9734293 (MA)	01-JAN-2016 01-JAN-2016 01-JAN-2016	01-JAN-2017 01-JAN-2017 01-JAN-2017	COMBINED SINGLE LIMIT	USD 2,000,000
					BODILY INJURY (PER PERSON)	
					BODILY INJURY (PER ACCIDENT)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY				EACH OCCURENCE	
					AGGREGATE	
	GARAGE LIABILITY				AUTO ONLY (PER ACCIDENT)	
					OTHER THAN AUTO ONLY	
					EACH ACCIDENT	
					AGGREGATE	

B	WORKERS	066830239 (MN)	01-JAN-2016	01-JAN-2017	WORKERS COMP LIMITS	Statutory
B	COMPENSATION	066830241	01-JAN-2016	01-JAN-2017	EL EACH ACCIDENT	USD 2,000,000
B	EMPLOYERS	(ND, WA, WI, WY)	01-JAN-2016	01-JAN-2017	EL DISEASE - POLICY	USD 2,000,000
B	LIABILITY	066830236 (FL) 066830235 (CA)	01-JAN-2016	01 JAN 2017	LIMIT	
					EL DISEASE - EACH EMPLOYEE	USD 2,000,000
A	Property	Refer to Additional Information Property Section	30-JUL-2015	30-JUL-2016	All Risk of Direct Physical Loss or Damage including Flood and Earth Movement, subject to Policy Terms and Conditions	
D	PBM E&O - Primary	MSPG24560533007	30-APR-2015	30-APR-2016		15,000,000
A	PBM E&O - Excess	105608393	30-APR-2015	30-APR-2016		15,000,000
<p>The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.</p>						

<b>MEMORANDUM OF INSURANCE</b>		<b>DATE</b> 06-Jan-2016
<p>This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via <a href="https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=3535866">https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=3535866</a>. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.</p>		
<b>PRODUCER</b> Marsh USA Inc. ("Marsh")	<b>INSURED</b> CVS Health Corporation One CVS Drive MC 2180, Woonsocket Rhode Island 02895 United States	
<b>ADDITIONAL INFORMATION</b> PROPERTY - Retail Stores Policy Limits: \$125,000,000		
<b>PARTICIPATING INSURERS:</b> Factory Mutual Insurance Company Policy# 1005268 Interstate Fire & Casualty Company Policy # AM1W-150449 Zurich American Insurance Company Policy # ERP 5571124 03 Chubb Custom Insurance Company Policy # 4468126304 Allied World Assurance Company, Ltd Policy # P010154/008 ACE American Insurance Company Policy # MAUD3786999-5 Arch Insurance Company Policy # PRP0057326-01 Lloyds (various syndicates) Policy # B0509DP046415 Aspen Specialty Insurance Company Policy #PRAEKQE05 Indian Harbor Insurance Company Policy # PRO0046346 And others.		



# CITY OF PARK RIDGE

505 BUTLER PLACE  
PARK RIDGE, IL 60068  
TEL: 847/318-5200  
FAX: 847/318-5300  
TDD 847/318-5252  
www.parkridge.us

## EMPLOYEE BASSET CERTIFICATE INFORMATION

*Highland Park CVS, LLC*

*DBA/ CVS Pharmacy # 4396*  
Name of Establishment

*2648 Dempster St. Park Ridge, IL 60068*  
Address

The Liquor Code requires the owner of a Liquor Licensed establishment to provide names of all employees involved in the mixing, serving, preparing, or delivering, which includes selling or exchanging of alcohol. A copy of the employees valid BASSET certificate must be retained by you and on file with the Liquor Commissioner.

You can make additional copies of this page if necessary. For further information, please refer to the Park Ridge Municipal Code, 12-6-24E

Employee Name	✓ Basset Certificate Attached	Expiration Date
John Q. Public		01/23/1234
<i>Ahmad Fahimi</i>	<i>✓</i>	<i>10/24/16</i>
<i>Kenneth Bass</i>	<i>✓</i>	<i>10/21/16</i>
<i>Varsha Patel</i>	<i>✓</i>	<i>10/28/15</i>
<i>Amanda Schmidt</i>	<i>✓</i>	<i>11/4/15</i>
<i>Bosko Petrov</i>	<i>✓</i>	<i>10/24/16</i>

# Certificate of Completion

This is to certify that

Ahmad Fahimi

has completed

Learn2Serve Off-Premises Alcohol Seller/Server

Completion Date 10/24/2016

Course Duration 3.0

Certificate # 000011356048



360training.com™

360training.com ♦ 13801 Burnet Rd., Suite 100 ♦ Austin, TX 78727 ♦ 800-442-1149 ♦ www.360trainingsupport.com

# Certificate of Completion

This is to certify that

**Kenneth Bass**

has completed

**Learn2Serve Off-Premises Alcohol Seller/Server**

Completion Date 10/21/2015

Course Duration 3.0

Certificate # 000011352427



**360training.com**

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Varsha Patel School Name: 360training.com dba Learn2Serve  
Date of Completion: 10/28/2015



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive you official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149



# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Amanda Schmidt  
Date of Completion: 11/04/2015

School Name:  
360training.com dba Learn2Serve



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Bosko petrov  
Date of Completion: 10/24/2016

School Name:  
360training.com dba Learn2Serve



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).

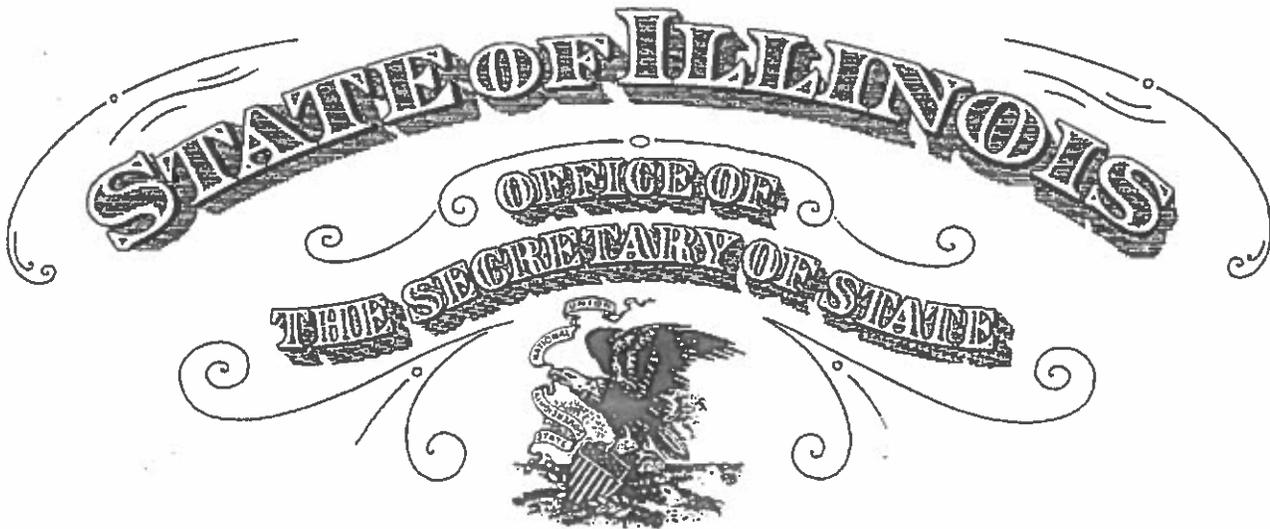


learn2  
serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235

File Number

0059411-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

HIGHLAND PARK CVS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 24, 2001, 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 DOMESTIC LIMITED LIABILITY COMPANY 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 16TH*  
*day of AUGUST A.D. 2016 .*

*Jesse White*

Form **LLC-5.5**  
January 2006

Jesse White  
Secretary of State  
Department of Business Services  
Limited Liability Company Division  
Room 358, Howlett Building  
Springfield, IL 62758  
http://www.sos.state.il.us

Payment must be made by certified check, cashiers check, Illinois attorney's check, Illinois C.F.A.B. check or money order payable to "Secretary of State."

# Illinois Limited Liability Company Act Articles of Organization

~~FOR OFFICIAL USE ONLY~~  
Must be completed

This space for use by Secretary of State

Date 8-24-06  
Assigned File # 0059-44-3  
Filing Fee \$400.00  
Approved [Signature]

This space for use by  
Secretary of State

**FILED**

AUG 24 2006

JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company Name: Richmond Park CVS, LLC

The LLC name must contain the words limited liability company, L.L.C., or LLC and cannot contain the words corporation, corp., incorporated, inc., llc, co., limited partnership, or LP.

2. If transacting business under an assumed name, complete and attach Form LLC-1.26.

3. The address of the principal place of business: (Post office box alone and po are unacceptable.)  
The CVS Store, Richmond Park, Springfield, IL 62708

4. The Articles of Organization are effective on: (Check one)

a) X the filing date, or b) \_\_\_\_\_ another date later than but not more than 60 days subsequent to the filing date: \_\_\_\_\_  
(month, day, year)

5. The registered agent's name and registered office address is:

Registered agent:	<u>CT Corporation System</u>		
	<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>
Registered Office: (P.O. Box and c/o are unacceptable)	<u>c/o CT Corporation System, 208 South LaSalle Street</u>		
	<u>Number</u>	<u>Street</u>	<u>State =</u>
	<u>Chicago</u>	<u>60614</u>	<u>Ill</u>
	<u>City</u>	<u>ZIP Code</u>	<u>County</u>

6. Purpose or purposes for which the LLC is organized: include the business code # (IRS Form 1065).  
(If not sufficient, space to cover this point, add one or more sheets of this size.)

"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."

5910 Retail Pharmacy

7. The latest date, if any, upon which the company is to dissolve on: \_\_\_\_\_  
(month, day, year)

Any other events of dissolution enumerated on an attachment. (Optional)

AMENDED AND RESTATED  
OPERATING AGREEMENT OF  
Highland Park CVS, L.L.C. (the "Company")  
as of 01/01/2006

ARTICLE I  
FORMATION AND MEMBERSHIP

SECTION 1.01. Formation. The Company has been organized as a limited liability company pursuant to the Illinois Limited Liability Company Act, as amended (the "Act"). The Act shall govern the rights and liabilities of the parties hereto except as otherwise expressly stated.

ARTICLE II  
OFFICES, NAME, ETC.

SECTION 2.01. Principal Office. The principal office of the Company shall be One CVS Drive, Woonsocket, Rhode Island or such other place as may be determined from time to time by the Member.

SECTION 2.02. Name. The business of the Company shall be conducted under the name of "Highland Park CVS, L.L.C." or such other name as the Member may determine from time to time.

SECTION 2.03. Term. The term of the Company commenced on the date its Certificate of Formation was filed in the office of the Secretary of State of Illinois and shall continue until terminated as hereinafter provided.

SECTION 2.04. Authorized Persons. The actions of the individual who executed the Certificate of Formation of the Company as an Authorized Person of the Company, are hereby ratified.

SECTION 2.05. Registered Agent. The name of the Company's Registered Agent in Illinois shall be CT Corporation System.

SECTION 2.06. Business Ventures. The Member may engage independently or with others in other business ventures of every nature and description, and the Company shall not have any rights in and to such independent ventures or the income or profits derived therefrom.

Park Ridge, Illinois  
CVS Store No. 4396

**SUBLEASE**

**Between**

**SCP 2009-C34-514 LLC,  
a Delaware limited liability company**

**as Landlord,**

**and**

**HIGHLAND PARK CVS, L.L.C.,  
an Illinois limited liability company**

**as Tenant**

**Date of Lease: As of December 11, 2009**

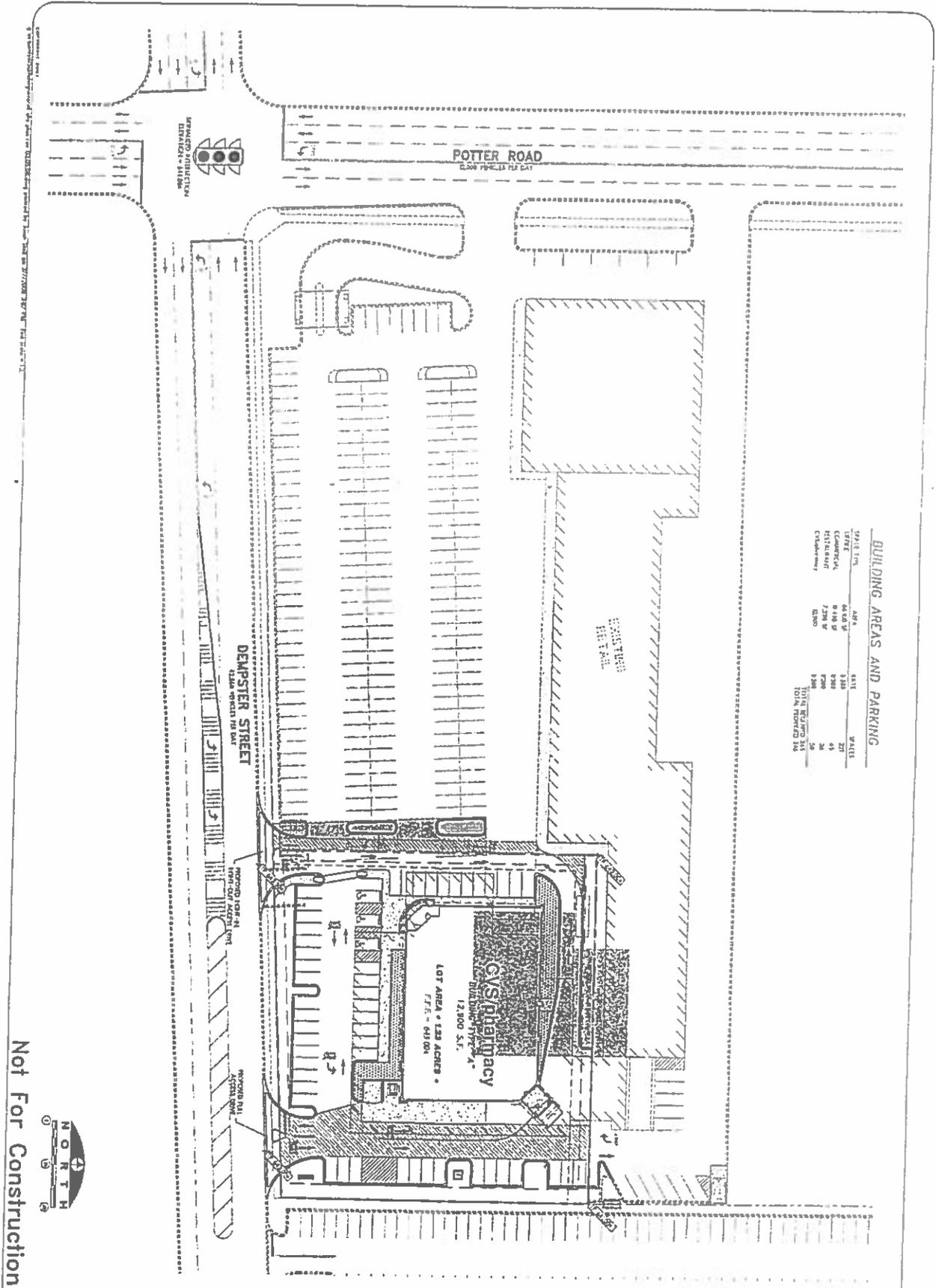
CVS Store No. 4396  
Park Ridge, Illinois

**SCHEDULE 5**

**ADDITIONAL LEASE TERMS**

1. Lease Commencement Date: December 22, 2009
2. Date of Rent Commencement: December 22, 2009
3. Substantial Completion Date: June 30, 2010
4. Occupancy Date: August 9, 2009
5. Final Amortization Date: January 31, 2032
6. Completion Reserve Amount: \$-0-
7. Initial Term Expiration Date: January 30, 2035
8. Total Number of Extension Periods: Eight (8)
9. Number of fixed rate Extension Periods: Two (2)
10. Number of Fair Market Value Based Extension Periods: Six (6)
11. Initial Extension Period Term: Five (5) years
12. Subsequent Extension Period Term: Five (5) years
13. Required Advance Notice of Exercise of Renewal Options: the date which is six (6) months prior to the expiration of the then current Term of this Lease.
14. Ground Lease: Ground Lease between Crystal Landings, L.L.C., an Illinois limited liability company, as landlord, and Highland Park CVS, L.L.C., an Illinois limited liability company, as tenant, dated November 22, 2007, as the same has been or hereafter may be amended, restated, renewed and/or extended.
15. Ground Landlord: the owner or owners, collectively, from time to time of the interest of the landlord/lessor in the Ground Lease.
16. Subdivision Escrow Property: No





**BUILDING AREAS AND PARKING**

STATE TYPE	AREA	DATE	SCALE
UTILE	6,140 SF	08/01	20'
COMMERCIAL	7,200 SF	07/01	30'
CYCLING	1,200 SF	08/01	30'
TOTAL	14,540 SF		

**CVS/pharmacy**  
 BUILDING TYPE: A  
 12,800 S.F.  
 LOT AREA: 1.52 ACRES  
 1775 - 04500

Not For Construction



**ARC**  
 DESIGN  
 RESOU  
 INC.

CVS/pharmacy  
 PARK  
 STORE NO.

FOR RENTON 2  
 1000 EAST MAIN ST  
 RENTON WA 98057  
 (206) 881-7222  
 (206) 881-7222

DATE: 08/01/08  
 SCALE: 1/8"=1'-0"

DESIGNED BY: [Name]  
 CHECKED BY: [Name]  
 APPROVED BY: [Name]

PROJECT NO: 0513

SHEET TITLE:  
 OVERALL  
 LAYOUT P

SHEET NUMBER:  
 2 of

PAID

OCT 27 2016

CITY OF PARK RIDGE  
 CASH  CHECK  CREDIT



od. 4,000.00

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS  
LOCAL LIQUOR CONTROL COMMISSION  
APPLICATION FOR RETAIL LIQUOR LICENSE

Check 2648 1,000  
2647 2500.  
2649 250.00  
2646 250.00

NEW	RENEWAL
	/

PIE

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee(s) shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: D. Agostino Pizzeria Inc. located at 742 Hillside  
Date of Application: 10/25/16 IL Liquor License Number, if renewal: 1A-0091680

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES <sup>exp. 11/30/16</sup>

Mark Selection "X"	CLASSIFICATION	DESCRIPTION	ANNUAL FEE
	Class P	Package License	\$2,500
X	Class R	Restaurant License	\$2,500
X	Class S-1	Specialty - Home Delivery	\$1,000
	Class S-2	Specialty - Bring Your Own Bottle (BYOB)	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Complementary Service	\$500
	Class S-5	License with Special Conditions	As set by City Council

LICENSE ENDORSEMENTS

Mark Selection(s) "X"	LICENSE ENDORSEMENT MENU	ADD - ON COST
	Banquet	\$250
	Catering	\$250
	Corkage	\$250
	Growler	\$250
X	Outdoor Seating	\$250
	Sampling	\$250
	Bar/Lounge	\$500
	Golf Cart	\$500
	Gourmet Beverage	\$500
	Live Entertainment	\$500
	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

AP FEE \$ 250.00 + CLASS FEE \$ 3500 + ENDORSEMENT FEE \$ 250 = TOTAL \$ 4,000

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.  
ANNUAL LICENSES EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER.**

**PLEASE PRINT LEGIBLY**

Name of Applicant <b>SCOTT DAGOSTINO</b>			Applicants Home Address A N A		
Relationship to Business <b>President</b>			Corporation Name to which License is to be issued <b>DAGOSTINO PIZZA HIGGINS INC.</b>		
Corporation Address <b>742 HIGGINS</b>			Corporation Phone Number <b>847-518-8700</b>		
Corporation Contact Person <b>SCOTT DAGOSTINO</b>			Corporate Contact Email Address <b>DAGSPIZZA@gmail.com</b>		
Name under which the licensed business will be operated <b>DAGOSTINO PIZZA and PUB</b>			Description of the premises at which business will be operated <b>RESTAURANT</b>		
Total Square Feet of Premises <b>4,000</b>	Total Square Feet Bar Area <b>400</b>	Total Square Feet Kitchen Area <b>1,200</b>	Total Number of Tables <b>40</b>	Total Number of Parking Spaces <b>35</b>	Type of Food Served <b>Pizza</b>
Do you own or lease space in the building? <b>LEASE</b>		OWN <input type="checkbox"/> LEASE <input checked="" type="checkbox"/>	If leasing, provide expiration date. <b>8/2018</b>		

**Please provide proof of ownership or a copy of your lease agreement.**

On file with the City

Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? If YES, provide the name and address, phone number, and email address of the manager of the management company.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	---

Date of Incorporation <b>12/1/10</b>	Has the corporation ever been dissolved, either voluntarily or involuntarily? If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, state the date of reinstatement:		

**List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:**

<b>1. Name</b> <b>SCOTT DAGOSTINO</b>	<b>Address</b> A N A	<b>Office Held</b> <b>President</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>
<b>2. Name</b>	<b>Address</b>	<b>Office Held</b>
<b>Date of Birth</b>	<b>Email Address</b>	<b>Telephone Number</b>

3. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	Office Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

1. Name	Address	% of Stock Held
Scott D. Agosin		100
Date of Birth	Email Address	Telephone Number
12/1/12		
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
4. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
5. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

1. Name Berto Hernandez	Address 5...	% of Stock Held 0
Date of Birth 10/10/1980	Email Address	Telephone Number
2. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number
3. Name	Address	% of Stock Held
Date of Birth	Email Address	Telephone Number

Is the corporation a subsidiary of a parent corporation? YES  NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES  NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

1. Name of Person	Charge
Date	City, State
Disposition	
2. Name of Person	Charge
Date	City, State
Disposition	

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15?  
YES  NO  If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ 30,000.00

How long has the corporation been in the business of the retail sale of alcohol? 7 years.

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official? YES  NO   
If yes, state the office and unit of government.

Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official? YES  NO   
If yes, please explain.

In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission? YES  NO

If yes, please list the name and amount below.

Name	Amount
1.	
2.	

Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position. YES  NO

Name	Job Position	Agency

Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp? YES  NO

If yes, please state the reason(s).

Has any person listed on this application or any of your managers ever held another liquor license in another state(s)? YES  NO

If yes, please indicate the date(s), city(s) and states(s).	Date(s)	City(s)	State(s)

Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government? YES  NO

If yes, please explain.

Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction? YES  NO

If yes, please explain.

Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? YES  NO

If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge.

Date of Charge	Disposition	Municipality/Jurisdiction

If no charges were involved, state the reason for the investigation or hearing below.

It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City? YES  NO

If yes, state the reason.

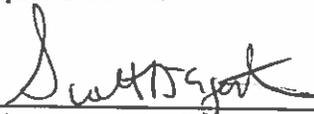
In the event of a hearing, the applicant shall be responsible for the cost of the hearing.

Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises?		YES	NO
Provide the Expiration Date 7/9/17	/ /	A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage.	
If this is a renewal application, has the ownership or management changed in any manner since the prior application?		YES	NO
If yes, please explain.			

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSET training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan -- only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED. Please allow at least 45-days processing time for the issuance of a Liquor License.



Signature of Applicant

10/25/16

Date

Affix Corporate Seal  
(If applicant is corporation)

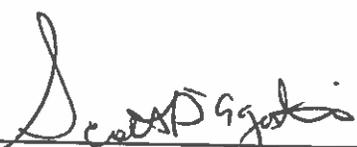
**According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.**

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 27 day of October, 202016.

  
\_\_\_\_\_  
NOTARY PUBLIC

SEAL



# Bassett - Park Ridge

Humberto Hernandez

Daniela Buta

Mary Lydon

Sarah Griffin

Brittany YedLA

---

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Humberto Hernandez

Date of Completion: 12/06/2015

School Name:

360training.com dba Learn2Serve

I, Humberto Hernandez  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360traininq.com](mailto:support@360traininq.com).



**Corporate Headquarters**  
13891 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

**Trainee Name:** Daniela Buta  
**Date of Completion:** 02/10/2016

**School Name:**  
360training.com dba Learn2Serve

I, 

certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



**Corporate Headquarters**  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# Certificate of Completion

**American  
Safety Council**

MARY LYDON

Has diligently and with merit completed the  
On-Premise BASSET Alcohol Certification on 11/10/2014

from the American Safety Council.

  
\_\_\_\_\_  
Jeff Pairan

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Sarah Griffin  
Date of Completion: 11/13/2014

School Name:  
360training.com dba Learn2Serve

I, Sarah Griffin

certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

# BASSET Card



October 15, 2015



Letter ID: L1462983648

BRITTANY YEDLA  
5189 N MONTEREY  
NORRIDGE IL 60706

License No.: 5A-0110606  
Expiration Date: 10/6/2018  
License Type: Basset Card

Your "Student ID number" is: 9103023

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

Your BASSET Card is located BELOW

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

### IMPORTANT:

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

<p><b>ILLINOIS LIQUOR CONTROL COMMISSION</b> 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 <b>BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</b></p> <p>Date of Certification: 10/6/2015 Expires: 10/6/2018 Trainer's IL Liquor License Number: 5A-0110606 BRITTANY YEDLA</p> <p><b>**Card is not transferrable**</b></p>
--

File Number

6661-684-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, 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*

D'AGOSTINOS PIZZA HIGGINS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 09, 2009. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES. AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

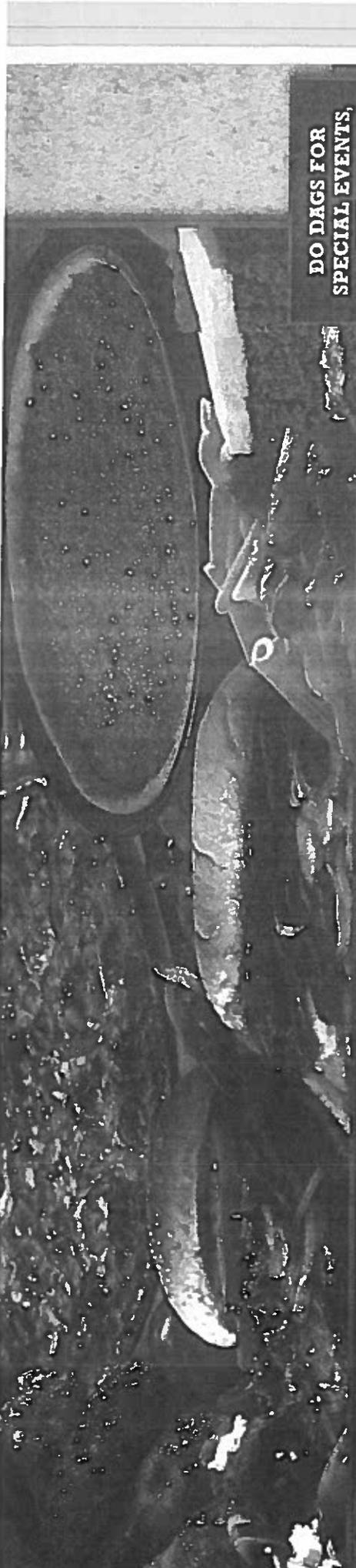
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of OCTOBER A.D. 2016 .***



Authentication #: 1629901190 verifiable until 10/25/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



**DO DAGS FOR  
SPECIAL EVENTS,  
PARTIES,  
MEETINGS & MORE!**

**DINE IN • BAR • OUTDOOR PATIO • CARRY-OUT • DELIVERY • CATERING**

Private and semi-private party rooms available. Call now to book your next event!



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PAID  
EDDM RETAIL

D'Agostino's Pizza  
1351 W. Addison  
Chicago, IL 60657

241 S. Milwaukee Ave.  
Wheeling  
(847) 308-8200

3131 Thatcher Ave.  
River Grove  
(708) 453-DAGS (847) 729-0909

742 W. Higgins  
Park Ridge  
(847) 518-8700

2350 Lehigh Ave.  
Glenview  
(847) 453-DAGS (847) 729-0909

752 N. Ordien  
Chicago  
(312) 850-DAGS (312) 472-1822

1351 W. Addison  
Chicago  
(773) 472-1822

**DAGSDELIVERS.COM** ORDER ONLINE / MOBILE

VISIT OUR FACEBOOK PAGE FOR SPECIALS AND COUPONS  
FACEBOOK.COM/DAGSDELIVERS

Local  
Postal Customer

**GOOD THINGS FIRST**

- Jumbo Chicken Wings** 10 pc 20 pc 30 pc 100 pc  
Your choice of hot or mild buffalo, BBQ, chipotle BBQ, honey BBQ, garlic, parmesan, or teriyaki sasame. 9.95 17.95 25.95 85.95
- Breaded Chicken Strips** 4 pc 8 pc 12 pc  
Plain or tossed in buffalo or BBQ sauce...or...try 'em grilled. 7.95 13.95 19.95
- Jalapeño Poppers** 6 pc 12 pc 18 pc  
Cream cheese filled, breaded jalapeños. Served with your choice of marinara or ranch dipping sauce. 6.95 12.50 18.25
- Mozzarella Sticks** 8 pc 12 pc 16 pc  
Served with marinara dipping sauce. 7.75 10.95 14.25
- Toasted Ravioli** 1/2 lb 1 lb  
Cheese ravioli served with marinara for dipping. 8.95 15.95
- Fried Calamari** 7 oz 14 oz 31 oz  
Tender calamari, lightly breaded and made to order. 7.95 14.95 31.95

- Bruschetta** 6.95  
Our house-made bread is lightly toasted, then topped with fresh tomatoes, sweet red onions, black and green olives, garlic, basil, and extra virgin olive oil.
- Pizza Bread** 7.95 6.95  
French bread topped with pizza sauce and mozzarella, then toasted in our pizza oven. Add toppings for .75 each. Premium toppings for 1.25 each.
- Cheesy Garlic Bread** 3.95
- Garlic Bread** 2.95
- DAGS Nachos** 10.95  
Corn tortilla chips topped with white cheddar cheese sauce, salsa, jalapeños, avocado sour cream, and your choice of seasoned ground beef, smoked BBQ pork, brisket, or grilled chicken.
- Tot'chos** 7.95  
Tater tots covered in our homemade four cheese sauce, jalapeños, sour cream, and bacon.

**SALADS**

**Dressings:**

All of our dressings are house-made (with the exception of fat-free raspberry). Bleu cheese, Caesar, or extra dressing is .95 additional.

- Ranch 8.00
- Bleu Cheese 8.00
- BBQ Ranch 8.00
- Creamy Garlic 8.00
- Honey Mustard 8.00
- Caesar 8.00
- Thousand Island 8.00
- Fat-free Raspberry 8.00
- Italian 8.00
- Balsamic 8.00

**TOP YOUR SALAD:**

- Add Chicken, Sausage or Anchovies Half/Full 3.00 5.00
- Add Shrimp 3.50 5.00
- Add Cheese or Extra Cheese (each) 1.00 1.50
- American, cheddar, feta, goat cheese, gorgonzola, mozzarella, provolone, or Swiss, Add Avocado 1.50 2.00

- Greek** 7.25 9.75 27.95 49.95  
Mixed greens, tomatoes, cucumbers, red onions, kalamata olives, pepperoncini, and feta cheese, with our house-made Greek vinaigrette.
- Caesar** 7.25 9.75 27.95 49.95  
Crisp romaine lettuce, red onions, and parmesan cheese with caesar dressing and topped with croutons.



**Chicken Sandwich (Breaded or Grilled)** . . . . . 10.95  
Served with French fries.

**Hamburger** . . . . . 10.95  
Served with French fries.

**Chicken Parmesan Dinner** . . . . . 14.95  
Served with a garden salad.

**Fusilli Pasta** . . . . . 12.95  
Served with a garden salad.

**10" Pizza (Toppings 1.25 ea. / Premium toppings 1.75 ea.)** . . . . . 14.95

**Gluten Free Salad Dressings** . . . . . 1.95  
Ranch, blue cheese, Italian, or honey mustard.

**Vesuvio Chicken** . . . . . 13.95  
Lightly seasoned chicken breast, grilled then simmered in a seasoned "broth" of white wine, lemon, and garlic. Served with potato wedges and choice of soup or salad.

**Jumbo Fried Shrimp** . . . . . 14.95  
Served with cocktail sauce and lemon wedges.

**Grilled Salmon** . . . . . 12.95  
Marinated in olive oil, garlic, and fresh herbs. Served with fire roasted vegetables.

**Beer Battered Fish n' Chips** . . . . . 10.95  
Crispy beer-battered cod. Served with fries, coleslaw, tartar sauce, and choice of soup or salad.

**Lightly seasoned and grilled—choose plain, teriyaki, blackened, or BBQ. Create your own chicken specialty from the add-ons above!**

**Lightly seasoned and grilled—choose plain, teriyaki, blackened, or BBQ. Create your own chicken specialty from the add-ons above!**

## DAGOSTINO'S PIZZA

At D'Agostino's, every pizza is created especially for you. We start with our family dough recipe, made fresh daily, and top it with our specially blended pizza sauce and freshly grated mozzarella. Choose from our "Famous" Thin Crust, Pan, or Stuffed Pizza, and then add all of your favorite toppings... Just the way you like it!

### FAMOUS THIN CRUST PIZZA

*Requests for pie-cut are not guaranteed*

	Personal 10"	Small 12"	Medium 14"	Large 16"	X-Large 18"
<b>La Cheese</b>	9.45	12.45	15.45	17.45	19.45
<b>ings (each)</b>	1.25	1.95	2.25	2.75	2.95
<b>mium, Toppings* (each)</b>	1.75	2.25	2.75	3.25	3.50
<b>r Combination</b>	12.45	17.45	21.95	24.95	27.95
<b>rust (additional)</b>	1.25	1.95	2.25	2.75	2.95
<b>ee Crust</b>					14.95

### SPECIALTY PIZZAS

*Special and sometimes "unique" combinations of ingredients created for your eating enjoyment. No substitutions.*

**The Dags Special**- House-made sausage, mushrooms, green peppers, and onions.

**Meat Lover's**- Your choice of any 4 meats. *Chef suggests: house-made sausage, pepperoni, bacon, and hamburger.*

**Vegetarian**- Your choice of any 4 vegetables. *Chef suggests: spinach, tomatoes, onions, and mushrooms.*

**Greek**- Roasted garlic, red peppers, feta cheese, olive oil, and light parmesan and mozzarella cheese. *No pizza sauce.*

**Hawaiian**- Canadian bacon, imported ham, and pineapple.

**Sun-dried Tomato Basil**- Sun-dried tomatoes, fresh basil, and goat cheese.

**Margherita**- Olive oil and fresh garlic base with fresh basil, ripe tomatoes, shredded mozzarella, and parmesan. *(Thin crust only)*

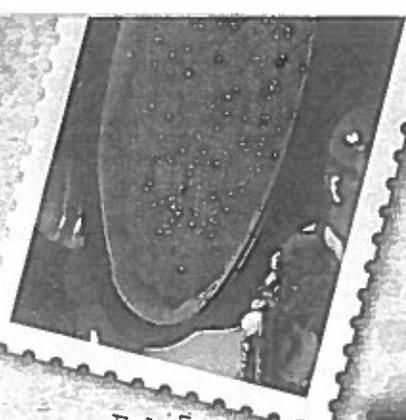
**Smoke House BBQ Pizza**- Choice of chicken, brisket, or pork with caramelized onions and BBQ sauce. *Specify with or without pizza sauce.*

**Mushroom & Brie Pizza**- Garlic, olive oil, and Italian herb base with mushrooms and brie cheese.

**\$2 OFF** a +20 purchase.  
**\$3 OFF** a +30 purchase.  
**\$4 OFF** a +40 purchase.  
**\$5 OFF** a +50 purchase.

**DAGOSTINO'S** [dagsdelivers.com](http://dagsdelivers.com)

\*Not to be combined w. other offers  
Valid for Open-Grill, Carry-Out, and Delivery, Exp. 6/30/16



**CAIZONE**  
 Pocket of pizza dough stuffed with mozzarella, pizza sauce, and your favorite toppings then toasted in our pizza oven

	Small 8"	Medium 12"	Large 14"
<b>STUFFED PIZZA</b>	1-2	2-3	3-4
	14.00	19.20	21.70
	1.75	2.25	2.75
	2.25	2.75	3.25
	18.70	26.20	30.20

Serves 1

### TOPPINGS

- Meats**
- House-made Sausage
  - Pepperoni
  - Bacon
  - Canadian Bacon
  - Italian Beef
  - Hamburger
  - Meatballs
  - Imported Ham
  - Genoa Salami
  - \*Chicken
  - \*Smoked Turkey
  - \*Brisket
  - \*Pulled Pork
  - \*Shrimp
  - \*Anchovies
- Vegetables**
- Fresh Mushrooms
  - Onions
  - Green Peppers
  - Black Olives
  - Green Olives
  - Sliced Tomatoes
  - Spinach
  - Zucchini
  - Artichoke Hearts
  - Giardiniera
  - Jalapenos
  - Pineapple
  - Basil
  - Minced Garlic
  - \*Red Peppers
  - \*Yellow Peppers
  - \*Sun-Dried Tomatoes
  - \*Doritos Premium Topping
- Cheeses**
- Cheddar
  - Provolone
  - Swiss
  - American
  - \*Feta
  - \*Goat
  - \*Gorgonzola
  - \*Ricotta
  - \*Smoked Gouda
  - \*Pepper-Jack



JOIN US EVERY WEDNESDAY FOR 25 YEAR TRADITION: CRUST THAT CRUSTS!

Valid for Open-Grill only

DAGOS 4268 A (2), 4265 B (3), 4265 C (2), 4265 D (3)

# SANDWICHES, WRAPS, PANINIS, GRINDERS & BURGERS

Served with choice of French fries, tater tots, or baked potato. Sub waffle fries or sweet potato fries for 1.00 • Sub side salad for 2.00

## CUSTOMIZE YOUR SANDWICH:

- Add Cheese or Extra Cheddar (each) 1.00
- Amesheatz cheddar, Swiss, feta, goat cheese, gorgonzola, mozzarella, provolone, pepper jack, or smoked gouda. Add Veggies (each) 1.00
- Sweet or hot peppers/sautéed onions, or mushrooms. Add Avocado 1.00
- On Garlic Bread 1.25

## CLASSIC SANDWICHES 7.95

House-made Italian Beef or Sausage - Served on French bread with au jus or marinara. Add sweet peppers, hot peppers, or giardiniera for 1.00. Make it a Beef & Sausage Combo for 10.00 more.

House-made Meatball - Served on French bread with house-made marinara.

Chicken Breast Sandwich - Lightly seasoned, grilled or breaded chicken breast served on French bread with lettuce, tomatoes, onions, and pickles.

## FRESH WRAPS-8.95

Choice of spinach or wheat tortilla.

Smoked Turkey - Smoked turkey, shredded cheddar, lettuce, tomatoes, bacon, and chipotle mayo.

Buffalo Chicken - Grilled or breaded chicken tossed in buffalo sauce, with bacon, iceberg lettuce, and ranch dressing.

Chicken Caesar - Grilled chicken, parmesan, red onions, romaine lettuce, and caesar dressing.

Fire Roasted Veggie - Sautéed red and yellow peppers, mushrooms, and zucchini with mozzarella cheese.

## SMOKEHOUSE SANDWICHES 9.95

Smoked Turkey Club - Smoked turkey breast, applewood bacon, cheddar and Swiss cheese, mayo, crisp lettuce, tomatoes, and onions.

BBQ Pork Sandwich - Pulled pork tossed with BBQ, topped with creamy coleslaw.

## PASTA ENTREES

Full portions served with your choice of soup or salad. Family and Party size served with bread and butter.

### CREATE A PASTA MASTERPIECE:

	Full	Family	Party
Add Meatballs, Sausage, Chicken, or Anchovies (ea)	3.00	10.00	20.00
Add Shrimp	3.50	12.00	24.00
Add Baked Mozzarella	2.00	8.00	16.00
Add Specialty Sauces	2.00	8.00	16.00

Alfredo or tomato-basil cream.

Series	Full	Family	Party
10-16	1	5-9	10-16
<b>THE CLASSICS</b>	10.95	29.95	55.95

Ravioli - Pasta filled with your choice of meat, ricotta cheese, or a spinach and cheese blend, topped with your favorite sauce.

Spaghetti & Meatballs - House-made meat sauce or marinara served over spaghetti with meatballs (or sausage).

## STEAK SANDWICH-12.95

Served on garlic bread with sautéed mushrooms, roasted red peppers, arugula, mozzarella.

## PARMIGIANA SANDWICHES-8.95

Parmigiana are topped with house-made marinara and melted mozzarella on French bread.

Eggplant Parmigiana - Breaded eggplant cutlets.

Chicken Parmigiana - Choice of grilled or breaded.

## GRILLED PANINIS

Smoked Brisket Panini 9.95

Smoked sliced brisket, caramelized onions, and gorgonzola.

Chicken Guacamole Panini 8.95

Grilled chicken, fresh guacamole, and pepper jack cheese.

Fresh Mozzarella Basil Panini 8.95

Fresh mozzarella, sliced tomatoes, and fresh basil.

BLT Panini 8.95

Thick cut bacon, lettuce, tomatoes, and mayonnaise.

## OVEN BAKED GRINDERS

Freshly prepared to order and baked in our stone deck pizza ovens.

The Italian 8.95

Capicola, pepperoni, salami, and ham layered with sautéed green peppers and onions on sourdough bread. Sprinkled with our house-made Italian dressing and topped with melted provolone.

Philly Steak 9.95

Philly steak, sautéed green peppers, onions, and mayonnaise, piled on French bread and topped with melted provolone.

Brisket Philly 10.25

Smoked brisket, sautéed green peppers, onions, and mayonnaise on French bread, topped with melted provolone.

Reuben Grinder 9.95

Lean corned beef piled high and smothered with 1000 island dressing and sauerkraut. Served on toasted rye bread and topped with melted Swiss cheese.

## DINNER ENTREES

Served with soup or salad plus your choice of baked potato, fries, tater tots, spaghetti, or macaroni (unless otherwise specified).

### ENTREE ADD-ONS:

Jumbo Golden Fried Shrimp (4)	6.00
Add Cheese or Extra Cheese (each)	1.00
Cheddar, mozzarella, provolone, feta, goat cheese, gorgonzola, American, or Swiss.	
Add Veggies (each)	1.00
Sautéed onions, peppers, or mushrooms.	

St. Louis Ribs 14.95 Full Slab 22.95

1/2 or full slab of St. Louis pork ribs basted with our special BBQ.

BBQ Combo Platter 21.95

Ribs, brisket, pulled pork, and BBQ wings. Served with choice of 2 sides: 4 cheese mac, fries, tater tots, or baked potato.

## 1/2 LB BUILD A BURGER-8.25

Start with a juicy half-pound burger, then add cheese, or any of our sandwich extras to build your own specialty burger!

## TURKEY BURGER-9.25

Juicy half-pound char-grilled turkey burger with lettuce, tomatoes, onions and pickles. Served on a pretzel roll.

## DACSI 1/2 LB BURGER SPECIALTIES-9.25

Juicy 1/2 lb char-grilled burgers come with lettuce, tomatoes, onions, and pickles.

BBQ Bacon Cheddar - Smothered in sweet BBQ sauce with bacon and cheddar.

Joe's Burger - Loaded with sautéed onions and mushrooms, topped with bacon and cheddar cheese.

Rise & Shine Burger - Bacon, poached egg, and pepper jack cheese.

Deli Burger - Topped with corned beef, Swiss cheese, sauerkraut, and thousand island dressing.

Southwest Guacamole Burger - Topped with house-made guacamole and pepper jack cheese. Try it with jalapeños and creamy coleslaw.

Little Piggy Burger - Topped with pulled pork, applewood-bacon, and creamy coleslaw.

Smokehouse Burger - Topped with BBQ brisket, smoked gouda, and crispy onions.

Mushroom & Brie Burger - Sautéed mushrooms and rich creamy brie cheese.

## BROASTED CHICKEN

### Broasted Chicken Dinner 12.95

Four pieces of lightly breaded chicken, broasted golden brown. Served with broasted potato wedges and choice of soup or salad. Make all white meat or all dark meat for only 3.00 more.

### Broasted Chicken Only (No Sides Included)

4 pc	8 pc	12 pc	24 pc	48 pc	72 pc
8.95	14.95	20.95	38.95	70.95	100.95

## GLUTEN FREE



D'Agostino's passed The Dr. Schär Gluten Free Training Process

Gluten Free Pasta • Gluten Free Bun • Gluten Free Breading • Gluten Free Crust

Please mention if you have a severe allergy to gluten.

as our kitchens are not 100% gluten-free.

GEORGE E. COLE®  
LEGAL FORMS

No. 9-REC  
April 2000

### STORE LEASE

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

SEP-1-2014 TO AUG-31-2015 \$16,750  
SEP-1-2015 TO AUG-31-2016 - \$19,500  
SEP-1-2016 TO AUG-31-2017 - \$20,250  
SEP-1-2017 TO AUG-31-2018 \$21,000  
SEP-1-2018 TO AUG-31-2019 \$21,750

TERM OF LEASE		LOCATION OF PREMISES
BEGINNING	ENDING	
MONTHLY RENT	DATE OF LEASE	
PURPOSE		

Above Space for Recorder's Use only

LESSEE		LESSOR	
NAME		NAME	• Michael Loukas
ADDRESS		ADDRESS	• 1850 Half Day Rd.
CITY		CITY	• Bannockburn, IL 60015

In consideration of the mutual covenants and agreements herein stated, Lessor hereby leases to Lessee and Lessee hereby leases from Lessor solely for the above purpose the premises designated above (the "Premises"), together with the appurtenances thereto, for the above Term.

### LEASE COVENANTS AND AGREEMENTS

- 1. RENT.** Lessee shall pay Lessor or Lessor's agent as rent for the Premises the sum stated above, monthly in advance, until termination of this lease, at Lessor's address stated above or such other address as Lessor may designate in writing.
- 2. WATER, GAS AND ELECTRIC CHARGES.** Lessee will pay, in addition to the rent above specified, all water rents, gas and electric light and power bills taxed, levied or charged on the Premises, for and during the time for which this lease is granted and in case said water rents and bills for gas, electric light and power shall not be paid when due, Lessor shall have the right to pay the



Doc#: 0917529029 Fee: \$38.00  
 Eugene "Gene" Moore  
 Cook County Recorder of Deeds  
 Date: 06/24/2009 12:28 PM Pg. 1 of 2

**FORM BCA 2.10 (rev. Dec. 2003)**  
**ARTICLES OF INCORPORATION**  
 Business Corporation Act

Jesse White, Secretary of State  
 Department of Business Services  
 501 S. Second St., Rm. 350  
 Springfield, IL 62756  
 217-782-9522  
 217-782-8961  
 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

**Filed: 6/9/2009 Jesse White Secretary of State**

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ **25.00** Total \$ **175.00** Id # **66616843** Approved: **CAF**

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: D'Agostino's Pizza Higgins, Inc.

**CAF**



CP0726723

The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: Scott A. D'Agostino

First Name Middle Initial Last Name

Initial Registered Office: 1351 West Addison Street

Number Street Suite No. (P.O. Box alone is unacceptable)  
 Chicago IL 60613 Cook  
 City ZIP Code County

3. Purposes(s) for which the Corporation is Organized:

If more space is needed, attach additional sheets of this size.

**44**

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

4. Paragraph 1 — Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Thereof
Common	10000	1000	\$ 1,000.00

**TOTAL = \$ 1,000.00**

Paragraph 2 — The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

If more space is needed, attach additional sheets of this size.

(cont. on back)





Letter ID:L0068295184



**STATE OF ILLINOIS**  
**LIQUOR CONTROL COMMISSION**  
Governor Bruce Rauner

**1A-0091680**

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL  
ACT OF 1934, THIS CERTIFIES THAT:

DAGOSTINOS PIZZA HIGGINS INC  
D'AGOSTINO'S PIZZA AND PUB  
742 WEST HIGGINS SP1-3  
PARK RIDGE IL 60068-0000

Cook

HAS PAID ALL FEES  
AND IS ISSUED A  
LICENSE IN THE  
FOLLOWING CLASS

**RETAILER  
ON-PREMISES**

ISSUE DATE

10/30/15

Effective:

12/01/15

THIS LICENSE  
EXPIRES ON

11/30/16

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW  
IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES  
Warehouse: N/A

Sales Tax Acct # 39605183

THIS LICENSE NOT TRANSFERABLE  
AS TO PRINCIPAL