



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

AGENDA

LIQUOR LICENSE REVIEW BOARD

CITY HALL
COUNCIL CHAMBERS
505 BUTLER PLACE PARK RIDGE, IL 60068

MONDAY, JANUARY 9, 2017 AT 6:45 P.M.

- I. Roll Call
- II. Approval of Minutes
 - A. December 5, 2016
- III. Citizens Present Wishing To Be Heard On a Non-Agenda Item
- IV. Non-Member Aldermen Wishing To Be Heard On a Non-Agenda Item
- V. Administrative Report
- VI. Action Items
 - A. Approve a new Class R Liquor License application for Park Ridge Fitness Holding located at 826 West Touhy Avenue
- VII. Pending Items
- VIII. New Business
- IX. Adjournment



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JOURNAL OF THE PROCEEDINGS

LIQUOR LICENSE REVIEW BOARD

CITY HALL – FINANCE CONFERENCE ROOM
505 BUTLER PLACE
PARK RIDGE, IL 60068

MONDAY, DECEMBER 5, 2016 AT 6:30 P.M.

I. Call to Order

Acting Mayor / Liquor Control Commissioner Maloney called the meeting to order at 6:30 p.m.

II. Roll Call

Deputy Clerk Peterson read the roll call and the following members indicated their presence:
Comm. Baldi, Greisbach, Svanascini, Acting Mayor/Liquor Control Comm. Maloney

Comm Bowles and Flyke were absent.

III. Approval of Minutes

A. November 21, 2016

Moved by Comm. Greisbach; Seconded by Comm. Svanascini.

Motion carried; voice vote.

IV. Non-Member Aldermen who wish to be heard on a non-agenda item

No comments.

V. Citizens present who wish to be heard on a non-agenda item

No comments.

VI. Administration Report

Deputy Clerk Peterson provided information relating to the two applications before the Board.

VII. Action Items

A. Approve the Liquor License Applications and recommend the issuance of 2017 Liquor Licenses for the following establishments:

1. Silvers Bar & Grill, Inc. located at 103 S. Euclid Avenue (new) / Class R; and

Moved by Comm. Greisbach. Seconded by Comm. Svanascini.

Motion carried; voice vote.

2. Venus Restaurant located at 18 S. Northwest Highway (renewal) / Class R

Moved by Comm. Svanascini. Seconded by Comm. Greisbach.

Motion carried; voice vote.

VIII. Pending Items

IX. New Business

X. Adjournment

The meeting adjourned at 6:36 p.m.

Attest:

Acting Mayor / Liquor Control Commissioner Maloney

Deputy Clerk Cheryl Peterson



LLRB Agenda Cover Memorandum

Meeting Date: January 9, 2017

Item Title: Approve a new Class R Liquor License application for Park Ridge Fitness Holding LLC located at 826 West Touhy Avenue and recommend the issuance of its 2017 Liquor License

Action Requested:

- | | | | |
|-------------------------------------|--------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | Approval | <input type="checkbox"/> | For discussion |
| <input type="checkbox"/> | Feedback requested | <input type="checkbox"/> | For your information |

Staff Contact: Cheryl Peterson, Deputy Clerk

Phone: 847/318-5464

Email: cpeterso@parkridge.us

Background:

The Liquor License Review Board will convene at 6:45 p.m. on January 9, 2017 to approve the application submitted on December 16, 2016 by Park Ridge Fitness Holding LLC. If the Board recommends the issuance of a Liquor License for this private health club establishment to Liquor Control Commissioner Maloney, an Ordinance will be presented before the City Council at its Special meeting scheduled for 6:55 p.m. on January 9, 2017 increasing the number of 2017 Liquor Licenses.

In regards to the Liquor License application, it was presented to the City by Brian Singleton, the contact person for the establishment. Mr. Singleton chose to wait until January to move forward with the licensing process. The application is found to be in good order. Mr. Singleton has been asked to make arrangements for fingerprinting for himself, Gale Landers (the applicant), and Stephanie Hagemann (manager) at the Park Ridge Police Department.

In closing, it is important to remember that no Liquor License is issued to any establishment if it is in arrears of any payment to the City of Park Ridge or if an application requirement has not been met. In this case, the City is simply waiting for the completion of the fingerprinting process.

Attachments:

- Liquor Application

#1680
\$3750.00
12/16/16

* Inv. Cert. OK
* Art. of Inc. OK
* Deed of Prop. OK
* Menu OK
* Cert of GS IL
* Basset OK



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

PAID

DEC 16 2016

CITY OF PARK RIDGE
 CASH CHECK CREDIT

NEW	RENEWAL
-----	---------

APPLICATION FEE: \$250.00

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.

FILE COPY

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: Park Ridge Fitness Holding LLC located at 826 W Touhy
Date of Application: 12/16/16 IL Liquor License Number, if renewal: NA - New

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	\$1,000
	Class S-3	Specialty - Off-Site Dispensing	\$750
	Class S-4	Specialty - Special Conditions	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
X	Private Club	\$500
	Gasoline Sales	\$1,500
	Grocery Café	\$1,500

CLASS COST \$2500 TOTAL ADD-ON ENDORSEMENT COST \$1000 TOTAL LICENSE COST \$3750

ap fee 250

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

PLEASE PRINT LEGIBLY

Name of Applicant <i>Gate Landers</i>		Applicants Home Address			
Relationship to Business <i>Managing owner</i>		Corporation Name to which License is to be issued <i>Park Ridge Fitness Holding LLC</i>			
Corporation Address <i>619 W Jackson Blvd, Chicago IL 60661</i>		Corporation Phone Number <i>312-648-4666 X228</i>			
Corporation Contact Person <i>Brian Singleton</i>		Corporate Contact Email Address <i>bsingleton@ffc.com</i>			
Name under which the licensed business will be operated <i>FFC - Park Ridge</i>		Description of the premises at which business will be operated <i>Health Club</i>			
Total Square Feet of Premises <i>67,100</i>	Total Square Feet Bar Area <i>150</i>	Total Square Feet Kitchen Area <i>271</i>	Total Number of Tables <i>10</i>	Total Number of Parking Spaces <i>254</i>	Type of Food Served <i>Cafe</i>
Do you own or lease space in the building?		<input checked="" type="radio"/> OWN	<input type="radio"/> LEASE	If leasing, provide expiration date.	

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="radio"/>	NO <input checked="" type="radio"/>
If YES, provide the name and address, phone number, and email address of the manager of the management company.		

Date of Incorporation <i>12/18/14</i>	Has the corporation ever been dissolved, either voluntarily or involuntarily?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
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>Gate Landers</i>	Address	Office Held <i>Managing Member</i>
Date of Birth	Email Address <i>gtl@ffc.com</i>	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
NA		
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
Stephanie Hagemann		0
Date of Birth	Email Address	Telephone Number
	shagemann@ffc.com	
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 \$ NR

How long has the corporation been in the business of the retail sale of 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 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, 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 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?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Provide the Expiration Date	3/1/17	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.

Gale T. Landers

Signature of Applicant

3/4/16
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.

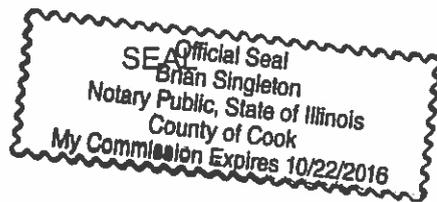
I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

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.

Gall T. Landers
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 4th day of March, 20 16.

B. Singleton
NOTARY PUBLIC



Form **LLC-5.5**

Illinois
Limited Liability Company Act
Articles of Organization

FILE # 05056942

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

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

FILED
DEC 18 2014
Jesse White
Secretary of State

1. Limited Liability Company Name: PARK RIDGE FITNESS HOLDING, LLC
2. Address of Principal Place of Business where records of the company will be kept:
826 W TOUHY
PARK RIDGE, IL 60068
3. Articles of Organization effective on the filing date.
4. Registered Agent's Name and Registered Office Address:
GALE LANDERS
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).
LANDERS, GALE T
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: DECEMBER 18, 2014

GALE LANDERS

~~2014~~ SB
Stebbins-19457 1/3

WARRANTY DEED
Illinois Statutory

Mail To:
DLA Piper LLP (US)
C/o Mr. Braham Ketcham
203 North LaSalle Street, Suite 1900
Chicago, Illinois 60601-1293



Doc#: 1421919078 Fee: \$40.00
RHSP Fee: \$9.00 RPPF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/07/2014 03:02 PM Pg: 1 of 2

Name & Address of Taxpayer
Park Ridge Fitness, LLC
C/o Fitness Formula Clubs
Attn: Brian Singleton
619 W. Jackson Blvd
Chicago, Illinois 60661

THE GRANTOR(S) WILLIAM NAPLETON, married to MARY K. NAPLETON, of 15 W 030 60th St, Burr Ridge, Illinois 60527 for and in consideration of Ten (\$10.00) Dollars and other good and valuable consideration, in hand paid, CONVEY AND WARRANT to Park Ridge Fitness, LLC, an Illinois limited Liability Company in fee simple; all interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

SEE ATTACHED LEGAL DESCRIPTION

Hereby releasing and waiving all rights under and by virtue of the Homestead Laws of the State of Illinois. SUBJECT TO: General taxes for 2014 and subsequent years.

Permanent Real Estate Index Number: 09-26-421-006; 09-26-421-015; 09-26-421-016;
09-26-421-005; 09-26-421-008; 09-26-421-009; 09-26-421-010; 09-26-421-011; 09-26-421-014
Address of Real Estate: 826 West Touhy Avenue, Park Ridge, Illinois 60061

DATED THIS: 14th day of July, 2014

William Napleton

Mary K. Napleton

STEWART TITLE
800 E. DIEHL ROAD
SUITE 180
NAPERVILLE, IL 60563

State of Illinois)
) SS
County of Cook) Married



CITY OF PARK RIDGE
REAL ESTATE
TRANSFER STAMP
NO. 34679

I, the undersigned ^{Married} a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY, that William Napleton and Mary K. Napleton, ^{his wife} are personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledge that they signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 14th day of July, 2014

Commission expires Jan 18, 2017



This instrument was prepared by James J. Roche & Associates, 642 N. Dearborn, Chicago, IL 60654.

BREAKFAST

\$4.50 Eggs / \$5.25 Whites

2 CAGE-FREE SCRAMBLED EGGS OR 3 EGG WHITES
CHOICE OF MILD OR SALSA VERDE / BAGEL OR GLUTEN-FREE BREAD FOR +50¢

LOCAL 04 WRAP OR SCRAMBLE

Sautéed Broccoli, Zucchini, Squash, Red Onions with Cheddar Blend

MONTEREY WRAP OR SCRAMBLE

Kale, Spinach, Mexican Cheese Blend, Black Beans,
Roasted Poblanos, Cholula Sauce

ITALIANO WRAP OR SCRAMBLE

Spinach, Fresh Mozzarella, Fresh Basil, Tomato *Try Adding Pesto*

GREEK YOGURT PARFAIT \$4.99

Choice of Flax, Chia, Quinoa Grains OR Granola
Served with Blueberries OR Banana

OATMEAL BOWL \$4.99

Steel Cut Oats, Scoop of Chocolate OR Vanilla Protein,
Agave Nectar OR Maple Syrup, Choice of Milk, Half Banana

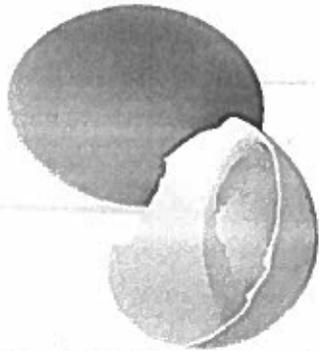
HAM WRAP \$3.99

All Natural Ham & Mexican Cheese Blend

WAKE-UP WRAP \$3.99

Turkey Bacon & Mexican Cheese Blend

ALL WRAPS ARE ON WHOLE WHEAT TORTILLA



KIDS MENU \$5.50

SERVED WITH 8OZ MANGO, STRAWBERRY, 4 BERRY OR PINEAPPLE SMOOTHIE
CHIPS FOR +\$1.00

PB&B

All Natural Peanut Butter, Banana, Honey on Whole Wheat Pita

KIDS PIZZA

Baked on Whole Wheat Pita (12 Minute Bake Time)

KIDS GRILLED CHEESE

Cheese Blend on Whole Wheat Pita

KIDS CHICKEN MELT

All Natural Shaved Chicken & Mozzarella on Whole Wheat Pita

KIDS HAM N CHEDDAR

All Natural Ham & Cheddar Cheese Blend on Whole Wheat Pita

6" ARTISAN PIZZAS \$6.00

ON WHOLE WHEAT PITA (12 MINUTE BAKE TIME)

MARGHERITA

Sauce, Tomato, Fresh Mozzarella, Fresh Basil

VEGGIE

Sauce, Roasted Red Peppers, Zucchini, Onions, Drizzled Balsamic

EXTRAS

Chicken \$2.00 - Cheese \$1.00 - Avocado \$1.00 - Salsa 50¢
Dressings 75¢ - Extra Toppings 50¢

SMOOTHIES

20oz - \$5.50

STRAWBERRY CLASSIC

Strawberries with Banana

BERRIES A'MORE

Strawberries, Blueberries, Blackberries & Raspberries with Banana

HAWAIIAN HARVEST

Pineapple & Coconut with Banana

MANGO TANGO

Mangos & Pineapple with Banana

ACAI FOR ME

Acai, Blackberries & Blueberries with Banana



FRESH JUICE

12OZ GIN 'N' BEETS \$6.00

Beets, Carrot, Apple, Coconut Water, Lemon, & Ginger

12OZ WHEATGRASS SUPREME \$6.50

Pineapple, Orange, Lime, Lemon, Filtered Water, Wheatgrass Shot

12OZ HEALTH MARKET \$6.50

Organic Spinach & Kale, Celery, Apple, Ginger, Cucumber, Parsley, Lemon, Lime & Coconut Water

12OZ ORANGE JUICE \$3.99

Fresh Squeezed California Oranges

FRESH WHEATGRASS \$3.25 / \$4.00

Fresh Pressed Wheatgrass Shot - 1oz / 2oz

ALL OF LOCAL84'S INGREDIENTS ARE
ALL NATURAL. FRESH, LOCALLY SOURCED
AND MADE TO ORDER

SHAKES 20oz - \$6.25



CARDIO FREEWAY

Choice of Milk, Cream, Strawberries, Flax Seed Oil & Honey with 20g Vanilla Whey Protein

BODY BUILDER **G**

Choice of Milk, Banana & 5g Creatine with 40g Vanilla OR Chocolate Whey Protein

PEANUT BUTTER CUP

Choice of Milk, Chocolate & Peanut Butter with 40g Chocolate Whey Protein

NUTTY BANANA BLAST **G**

Choice of Milk, Peanut Butter & Banana with 40g Vanilla Whey Protein

CHOCOLATE FROSTY

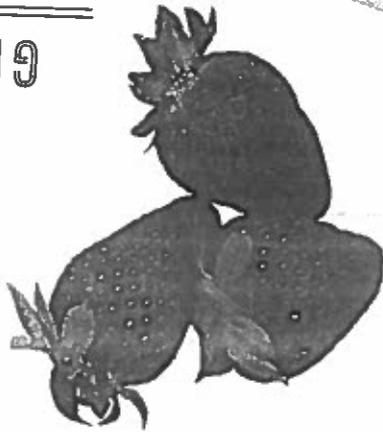
Choice of Milk & Chocolate with 40g Chocolate Whey Protein

FIREWORKS **G**

Strawberries, Blueberries & Lemon with 20g Vanilla Whey Protein

VEGAN RESOLUTION **S V G**

Almond Milk, Acai, Banana & Almond Butter with 20g Plant Protein



GREEN SHAKES

FRUITY VEGGIE **G**

Squash, Mangos, Spinach, Kale & Banana with 20g Vanilla Whey Protein

GREEN GIANT **V G**

Pineapple, Spinach, Banana & Lemon with 'Get Lean'

COCONUT GROVE **S G**

Choice of Milk, Kale, Spinach & Coconut Flakes with 20g Vanilla Whey Protein

NUTS & BERRIES +25¢ **S V G**

Almond Milk, Coconut Flakes, Honey, Almond Butter, Spinach, Lemon & Strawberries with 20g Plant Protein

RAW ENERGY +25¢ **S V G**

Almond Milk, Banana, Sweet Potato, Kale, Raisins, Flax Seed Oil & Agave Nectar with 20g Plant Protein



local84

- NUTRITION KEY -

S SUGAR FREE **V** VEGETARIAN **G** GLUTEN FREE

SANDWICHES

SERVED WITH SEASONAL VEGGIES

OAK PARK VELIT \$6.99

All Natural Shaved Chicken, Tomato, Mozzarella Blend, Turkey Bacon, Organic Spinach, Avocado, House Herb Aioli On 12 Grain Bread

BRUSCHETTA PANINI \$4.99

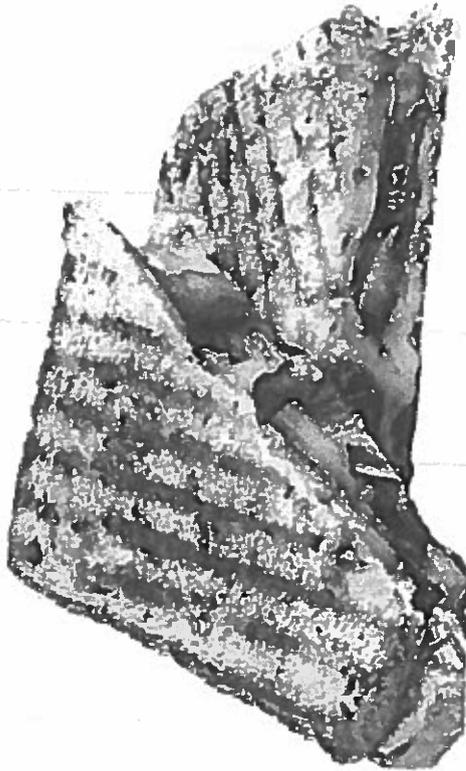
Organic Kale & Spinach, Roasted Red Peppers, Pickled Onions, Fresh Mozzarella, Fresh Basil, House Italian Dressing On Whole Wheat Pita

MUSHROOM PANINI \$5.50

Organic Spinach, Red Peppers, Roasted Mushrooms, Italian Cheese Blend, Herb Aioli On Whole Wheat Pita

QUESADILLA \$4.99

12" Tortilla, 4 Cheese Blend, with Side Greek Yogurt, Red OR Green Salsa



WRAPS

SERVED WITH SEASONAL VEGGIES

KETTLE-BELL QUINOA WRAP \$5.99

Black Beans, Tomato, Caramelized Onions, Chipotle Aioli, Organic Tri-Quinoa, Mexican Cheese Blend, Whole Wheat Tortilla. *Try Adding Pesto*

BUFFALO WRAP \$4.99

Organic Spinach & Kale, Tomato, Gorgonzola Cheese, Litehouse Greek Yogurt Ranch, Grilled Whole Wheat Tortilla

VEGGIE 'N' HUMMUS WRAP \$5.99

Hummus, Organic Spring Mix, Tomato, GMO-Free Corn, Red Peppers, Black Beans, Pickled Onion, Avocado, Mexican Cheese Blend, Pickled Jalapeños, Balsamic Dressing

SNACK WRAP \$2.99

Mexican Cheese Blend, Organic Spring Mix
Wrapped in Tortilla, Balsamic Dressing *Try Adding Pesto*

ADD PROTEIN +\$2.00

Chicken - Ham - Tofu - Tuna - Ground Turkey +50¢

SOUP OF THE DAY

Small \$2.50 / Large \$3.99

EAT AT LOCAL84
AND TASTE THE DIFFERENCE

File Number

0505694-2



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

PARK RIDGE FITNESS HOLDING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 18, 2014, 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 DECEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1635101006 verifiable until 12/16/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Stephanie Hagemann
Date of Completion: 03/09/2016

School Name:
360training.com dba Learn2Serve

I, 

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

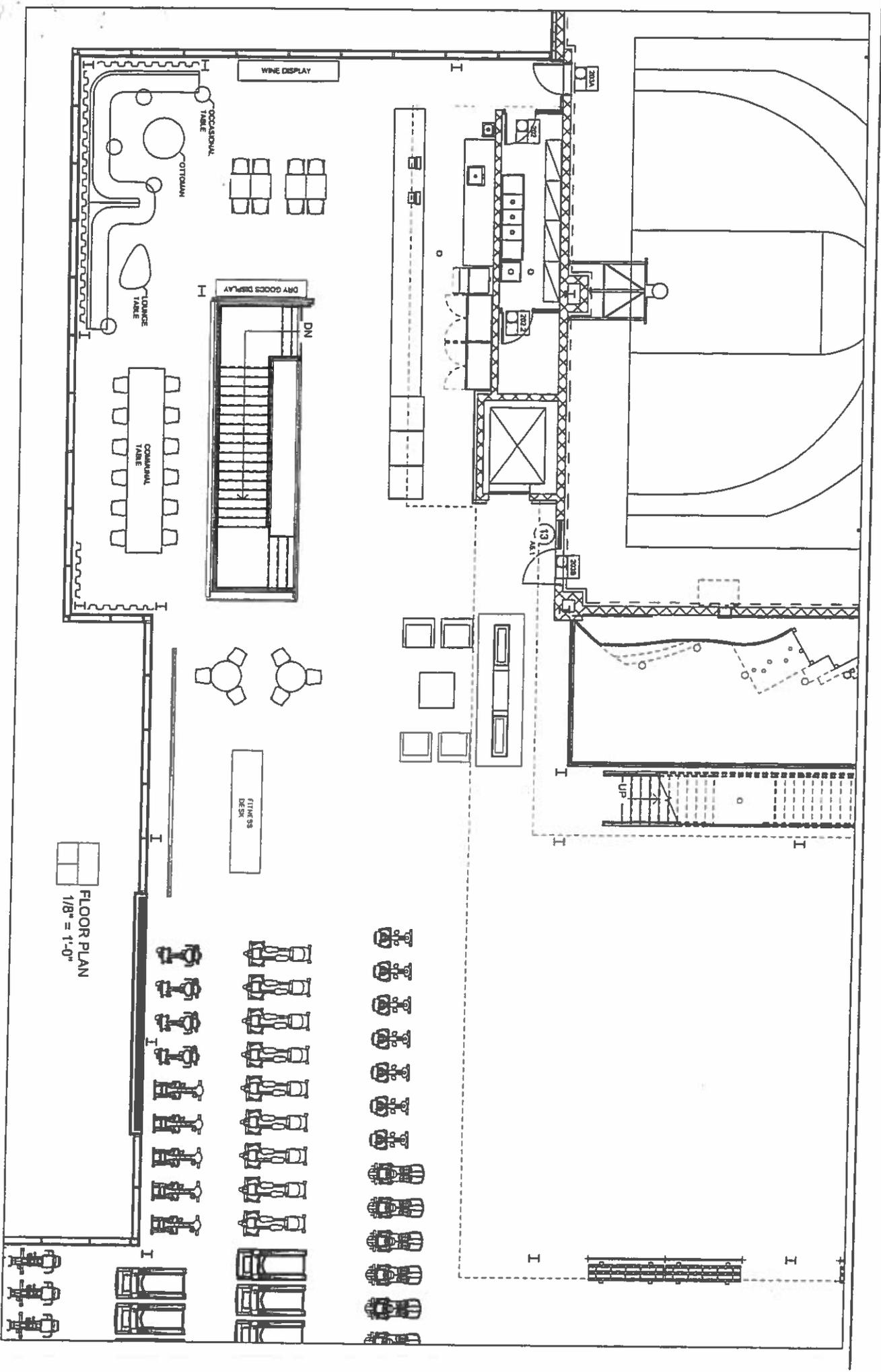
This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

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



Corporate Headquarters
18801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

with soft service alcohol





CERTIFICATE OF LIABILITY INSURANCE

OP ID: BB

DATE (MM/DD/YYYY)

12/12/2016

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 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
WM. F. BUELL INC.
621 E. Park Ave.
Libertyville, IL 60048

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: **FITNE-3**

INSURED
**PARK RIDGE FITNESS HOLDING, LL
PARK RIDGE FITNESS, LLC
619 W. JACKSON BLVD
CHICAGO, IL 60661**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: West Bend Insurance Co.		15350
INSURER B: The Hartford		22357
INSURER C: Lloyd's of London		43591
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	NSA1314251	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 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 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		NSA1314251	04/01/2016	04/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	NUA1314252	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$ \$
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	TWC3096787	02/01/2016	02/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Lloyd's of London		LIQ/222740 LIQOUR LIABILITY	03/01/2016	03/01/2017	Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Park Ridge is added as additional insured as required by written agreement

CERTIFICATE HOLDER**CANCELLATION**

CITY/ST/ZIP

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

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

Wm F Buell