



CITY OF AURORA, ILLINOIS LIQUOR LICENSE APPLICATION



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND SUBMITTED TO THE CITY CLERK'S OFFICE, 44 E. DOWNER PLACE, AURORA, IL

LICENSE YEAR: ___/___/___ TO ___/___/___

I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME Shringi LLC
 D/B/A NAME BB Eola
 BUSINESS LOCATION ADDRESS 1207 N Coley Road Aurora IL 60502
 BUSINESS PHONE (630 236 0745) FAX NUMBER (630 236 6663)
 APPLICANT'S REPRESENTATIVE Navin Patel
 REPRESENTATIVE'S PHONE (630 954 9276) CELL (630 946 9982)
 E-MAIL ADDRESS FOR CONTACTING BUSINESS Navin@9090@gmail.com

OFFICIAL USE ONLY

REQUIREMENTS - NEW APPLICATIONS:

- APPLICATION FEE \$250
- BIS (BUSINESS INFORMATION SHEET)
- FDF (FINANCIAL DISCLOSURE FORM)
- CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX)
- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF INCORPORATION
- PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS) \$50/pp
- SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED)
- PROBATIONARY AGREEMENT / MANAGEMENT PLAN
- OTHER _____

REQUIREMENTS - NEW & RENEWAL APPLICATIONS:

- COPY OF LEASE / PROOF OF OWNERSHIP
- COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE)
- COUNTY HEALTH DEPT. CERTIFICATE
- COPY OF MENU, IF APPLICABLE
- COPY OF STATE LIQUOR LICENSE
- COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES (BRASSETT) *needed on Mita Patel*
- OTHER _____

NOTES: Each owner
Each manager

APPROVED
 DENIED
 DATE OF APPROVAL / DENIAL _____

 MAYOR / LIQUOR CONTROL COMMISSIONER

DATE RECEIVED 11/17/15
 DATE ISSUED _____

II. BUSINESS INFORMATION

Business Name B8 Cola / Shingl LLC
 Business Address 1207 N Eola Road Aurora IL 60502
 Employer Identification Number (EIN) 26-0625331 / Tax ID 5563-3323
 Website B8connect.com

DESCRIPTION OF BUSINESS FACILITY

Total Area (square feet)	Entertainment Area (square feet)	Kitchen Area (square feet)	Number of Seats at Tables	Number of Parking Spaces
3400		100	6 Seats 2 Tables	20 + 1 hand. corp.

III. LIQUOR LICENSE CLASSIFICATION

Select the classification of liquor license you are applying / re-applying for from the listing of classifications below. See Sec. 6-8 of the City of Aurora Liquor Ordinance for a description of each license classification and its particular requirements.

- CLASS A - Tavern. \$2,070.00
- CLASS B - Fraternal Society or Club. \$2,070.00
- CLASS C - Package Liquor \$1,815.00 →
- CLASS D-1 - Metropolitan Exposition and Auditorium \$1,815.00
- CLASS D-2 - Theatrical-Arts Facility \$1,815.00
- CLASS E - Restaurant \$2,070.00
- CLASS F - Beer and Wine Restaurant \$1,815.00
- CLASS F-1 - Beer and Wine Restaurant with Package Sales \$2,000.00
- CLASS G - Package Beer and Wine \$1,650.00
- CLASS H - Golf Course / Club House \$2,070.00 → \$1,650.00
- CLASS I - Specialty Basket \$550.00
- CLASS J - Hotel (Full Service) \$2,070.00
- CLASS K - Catering \$825.00
- CLASS L - Riverboat Facility \$2,070.00
- Members-only Lounge*
- \$4,140.00
- CLASS M - Hotel (Limited Service) \$2,070.00
- CLASS N - Specialty Package \$1,815.00

G-1 Package Beer & Wine w/ Gas

IV. PREVIOUS LIQUOR LICENSES

N/A

1. Starting with the most recent, list any business that was owned or operated by the applicant within the past ten (10) years that possessed a liquor license. If more space is needed, please attach a separate sheet.

Business Name: N/A

Address: _____

Phone: _____ Date Owned (mm/yy - mm/yy) _____

Liquor License Number: _____

Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy - mm/yy) _____

Liquor License Number: _____

2. Have any liquor licenses issued to the applicant been revoked or suspended? Yes No
If Yes, proceed to Question 2A. If more space is needed, please attach a separate sheet.

2A. Name: _____ Name of Business: _____

Address: _____

Date License Held (mm/yy - mm/yy): _____ Date of Revocation: _____

Reason(s) for Revocation of License: _____

3. Has any director, officer, shareholder, or any of your managers ever held a liquor license (wholesale or retail) that was revoked by the federal, state, or local government? Yes No
If Yes, proceed to Question 3A. If more space is needed, please attach a separate sheet.

3A. Name: _____ Name of Business: _____

Position with Business: _____

Date License Held (mm/yy - mm/yy): _____ Date of Revocation: _____

Reason(s) for Revocation of License: _____

4. Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction? Yes No
If Yes, proceed to Question 4A. If more space is needed, please attach a separate sheet.

4A. Name: _____ Name of Business: _____

Position with Business: _____

Date of Denial _____

Reason(s) for Denial of License: _____

V. BUSINESS ORGANIZATION INFORMATION

TYPE OF BUSINESS: Sole Proprietor Partnership LLC Corporation Non-Profit

For LLC, Corporation or Non-Profit organizations, proceed to Question C.

A. Name of Sole Proprietor: _____

D/B/A (Doing Business As) Name: _____

B. Name of ALL Partners (If more space is needed, please attach separate sheet): _____

C. Corporation Name: Shringi LLC / BP Eala

Corporate Registered Agent / Contact: Navin Patel

Corporate Headquarters Address: 1207 N Eala Rd, Aurora IL 60502

Corporate Phone: 630 236 0245 Corporate Contact Cell Phone: 630 946 9982

State of Incorporation: Illinois Date of Incorporation: _____

VI. OWNER / MANAGER INFORMATION

Please provide the below-requested information as follows:

Sole Proprietor or Partnerships - ALL owner(s) and partner(s)

Corporations - ALL director(s) and officer(s)

If more space is needed, please attach a separate sheet.

Name: Navin Patel

Position with Business: Owner / Manager % of Ownership: 50%

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name: Mita Patel

Position with Business: Manager % of Ownership: 50%

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name: _____

Position with Business: _____ % of Ownership: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

2. OWNERS / PARTNERS / DIRECTORS / OFFICERS (Continued):

Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

VII. MANAGER, ASSISTANT / SECONDARY MANAGER / COOK INFORMATION

ALL Managers and an Assistant or Secondary Manager MUST Submit to a background check.

For Class E-Restaurant, Class F and Class F-1-Beer and Wine Restaurant applications, provide the name and address of the cook or chef responsible for duties as outlined in the City Liquor Ordinance.

Manager's Name: N/A
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Manager's Name: N/A
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Cook / Chef's Name: N/A
Home Address: _____

VIII. CORPORATION / PREMISES QUESTIONS

1. Have you attached a copy of your corporation's Certificate of Incorporation? Yes No

If your corporation is incorporated in another state other than the State of Illinois, please attach a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act.

2. Has the corporation ever been dissolved either voluntary or involuntary?
 Yes No If Yes, state of date of reinstatement.

3. Is the corporation a subsidiary of a parent corporation?
 Yes No If Yes, state the parent corporation's name.

4. Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder above?
 Yes No If Yes, explain.

5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?

6. Does the corporation own or lease the building or the space in which the business is located?
 Own Lease If you lease the premises, a copy of the lease must be attached to this application.

7. If the building is not owned, what is the expiration date of the lease?

8. 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 No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.

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

New Licenses

10. State the estimated value of goods, wares and merchandise to be used in the course of business.

11. Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense?
 Yes No If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

12. Does the director, officer, shareholder, or any of your managers hold any law enforcement office?
 Yes No If Yes, state the person's name, title and agency.

<p>13. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, 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. If no charges were filed, state the reason(s) for the investigation or hearing.</p>	
<p>14. Is the premises within 100 feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. If applicant is applying for a Class B - Fraternal Society or Club Liquor License:</p> <p>A. How many dues-paying members to you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>16. Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)</p>	
<p>17. Do you employ security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held</p> <p>If Yes, do you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hire Private Security Company <input type="checkbox"/> Use On-staff Employees <input type="checkbox"/> Hire Off-duty Police Officers <input type="checkbox"/> Combination of the Above <p>If you hire a Private Security Company, please provide the company name and contact person.</p>	
<p>18. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a copy of menu with application.</p>	
<p>19. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a drawing, drawn to scale, of the layout of tables and chairs as they will be positioned in your restaurant. The drawing should include all bars, stages, dance floors, amusement devices, and kitchen area(s).</p>	
<p>20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please attach a copy of your current County Health Department Certificate.)</p>	
<p>21. Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of the insurance policy to this application.)</p>	
<p>22. Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education and training program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of all employees' certificates, if you have not already submitted same to the City Clerk's Office.)</p>	
<p>24. Has the applicant completed and filed a Certificate of Registration Application and produced appropriate bond pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>26. All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agreement / Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy of said Probationary Agreement / Management Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This requirement does not apply to renewal applications.)</p>	

IX. AFFIDAVIT

I, first being duly sworn, under oath, deposes and say that I am an applicant for the license requested in the foregoing Application; that I am 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 Code provisions in the City of Aurora's Liquor Ordinance. I further agree not to violate any of the laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora. 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, NON-RENEWAL, OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

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

CORPORATE / LLC SIGNATURES

[Redacted Signature]

President

[Redacted Signature]

Secretary

11/17/15

Date

INDIVIDUAL / PARTNERSHIP SIGNATURES

11/17/15

Signature

11/17/15

Signature

Date

Signed and sworn to before me this 17th day of Nov 2015

[Redacted Signature]

Notary Public

(SEAL)





CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



FORM REQUIRED: CITY OF AURORA LIQUOR ORDINANCE SEC. 6-5. APPLICATION FOR LICENSE.

(i) UPON APPROVAL OF THE APPLICATION AND ISSUANCE OF ANY NEW LIQUOR LICENSE, THE LICENSEE WILL BE PLACED ON A ONE-YEAR PROBATION PERIOD. DURING SAID PROBATIONARY PERIOD, IF THE LICENSEE VIOLATES ANY SECTION OF THE LIQUOR ORDINANCE, AS SPECIFIED IN A PROBATIONARY AGREEMENT THAT INCLUDES A MANAGEMENT PLAN PUT FORTH TO THE LICENSEE PRIOR TO THE ISSUANCE OF A LICENSE, A LIQUOR HEARING WILL BE CALLED AND THE LICENSE MAY BE REVOKED IMMEDIATELY, WITH NO PROGRESSIVE DISPLICINE REQUIRED.

PROBATIONARY AGREEMENT / MANAGEMENT PLAN

APPLICANT / CORPORATE NAME *Shrighi Ue*

D/B/A NAME *BP Eolis*

LOCATION ADDRESS *1207 N Oak Road, Aurora IL 60502*

PLANNED DAYS / HOURS OF OPERATION

<input type="checkbox"/>	SUNDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	<i>gastation BP 24/7 open</i>
<input type="checkbox"/>	MONDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	
<input type="checkbox"/>	TUESDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	
<input type="checkbox"/>	WEDNESDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	
<input type="checkbox"/>	THURSDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	
<input type="checkbox"/>	FRIDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	
<input type="checkbox"/>	SATURDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.	

ENTERTAINMENT

ENTERTAINMENT WILL BE HELD ON THE PREMISES. YES NO

IF YES, WHAT TYPE(S) OF ENTERTAINMENT WILL BE HELD (LIVE MUSIC, D.J., DANCING, COMEDY CLUB, ETC.):

[Blank space for answer]

PLEASE SPECIFY DAYS AND TIMES THAT ENTERTAINMENT IS PLANNED.

<input type="checkbox"/>	SUNDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.
<input type="checkbox"/>	MONDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.
<input type="checkbox"/>	TUESDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.
<input type="checkbox"/>	WEDNESDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.
<input type="checkbox"/>	THURSDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.
<input type="checkbox"/>	FRIDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.
<input type="checkbox"/>	SATURDAY	FROM	<input type="text"/>	A.M. / P.M.	TO	<input type="text"/>	A.M. / P.M.

SECURITY

WILL PRIVATE SECURITY BE HIRED FOR YOUR BUSINESS? YES NO

IF YES, WILL PRIVATE SECURITY BE HIRED ONLY WHEN ENTERTAINMENT IS HELD? YES NO

NAME OF PRIVATE SECURITY COMPANY TO BE HIRED

ADDRESS OF PRIVATE SECURITY COMPANY

CONTACT PERSON FOR PRIVATE SECURITY COMPANY

CONTACT PERSON PHONE NUMBER FOR PRIVATE SECURITY COMPANY



AFFIDAVIT

BY SIGNING THIS PROBATIONARY AGREEMENT, THE UNDERSIGNED AFFIRMS THAT HE/SHE UNDERSTANDS IF THE BUSINESS IS FOUND TO BE IN VIOLATION OF ANY SECTION OF THE LIQUOR ORDINANCE WITHIN THE FIRST YEAR OF OPERATION, A LIQUOR HEARING MAY BE HELD AND THE LIQUOR LICENSE ISSUED MAY BE REVOKED WITHOUT PROGRESSIVE DISCIPLINE BEING INSTITUTED.

PRESIDENT / OWNER

11/17/2015
DATE

SECRETARY / OWNER

11/17/2015
DATE

RECEIPT

I HAVE RECEIVED A COPY OF THE PROBATIONARY AGREEMENT / MANAGEMENT PLAN THAT HAS BEEN SIGNED BY THE PRESIDENT AND SECRETARY / OWNER(S) OF THE BUSINESS. ONE COPY OF AGREEMENT WILL BE PLACED IN THE LICENSEE'S FILE IN THE CITY CLERK'S OFFICE.

PRESIDENT / OWNER

DATE

SECRETARY / OWNER

DATE

CITY CLERK'S OFFICE

DATE

FDF

CITY OF AURORA, ILLINOIS FINANCIAL DISCLOSURE FORM



FORM REQUIRED: Used to document the source of all money invested or spent to fund a new establishment, expand an existing establishment, or buy an existing business, when the business holds one of the following licenses: Liquor, Amusement, Hotel, or Day Care.

INSTRUCTIONS: Complete the four (4) parts below, being sure to follow all printed instructions carefully. If a section does not apply, mark it "N/A". If more room is needed to complete any of the following sections, include an attachment. This form must be signed and notarized in Part 4 by an owner or officer listed with the Department of Business Affairs & Consumer Protection. PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION.

PART 1 INFORMATION		PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FOR THE LICENSE(S).					
FEIN # (IRS)	IDOR # (IL Dept. of Revenue - formerly IBT #)	IDOR # (IL Dept. of Revenue - formerly IBT #)					
26-0625331	5563 - 3323						
Legal Name of Applicant Entity			"Doing Business as Name" of establishment				
shrogi LLC			BB Eola				
First Name of Primary Business Contact		Middle Name	Last Name				
Nawin Patel		N.	Patel				
Home Street Address of Primary Business Contact			Suite/Apt.	City	State	Zip	
Home Phone	Work Phone	Cell Phone	E-mail Address				
	830 236 0745	809 48 9982	Nawin 69099@gmail.com				

PART 2 EXPENSES		ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATON.	
Description of Expenses (start-up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory,	Amount of Expense		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Expenses: (Should be equal to or less than Total Business Financing Amount on Page 3)	\$		

PART 3 FINANCING

IDENTIFY THE SOURCE(S) OF THE FUNDS USED TO PAY FOR THE EXPENSES LISTED IN PART 2

a BUSINESS SAVINGS & CHECKING

Identify any funds from business accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **a** \$

Description of Source (identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
from Business		\$
		\$
		\$
		\$

b PERSONAL SAVINGS & CHECKING

Identify any funds from personal accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from personal accounts: **b** \$

Description of Source (identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
Savings		\$
		\$
		\$
		\$

c LOANS FROM FINANCIAL INSTITUTIONS

Identify any loans from financial institutions used to fund Expenses, Part 2

Account Number	Financial Institution	Loan Date	Loan Term	Co-signers of Loan	Loan Amount
					\$
					\$

Total dollar amount loaned by financial institutions: **c** \$

d LOANS FROM INDIVIDUALS

Identify any loans from individuals used to fund Expenses, Part 2

Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount
				\$
				\$
				\$
				\$

Total dollar amount loaned by individuals: **d** \$

e SECURITIES Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2

Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested
						\$
						\$
						\$
						\$

Total dollar amount drawn from the sale of securities: **e** \$

f GIFTS FROM INDIVIDUALS Identify any gifts from individuals used to fund Expenses, Part 2

Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount
				\$
				\$
				\$
				\$

Total financing from gifts: **f** \$

g GIFTS/GRANTS FROM INSTITUTIONS Identify any gifts and/or grants from institutions used to fund Expenses, Part 2

Institution	Address (Street, City State)	Contact Name & Phone	Grant Date	Amount Gifted
				\$
				\$
				\$
				\$

Total money received from institutional gifts and/or grants: **g** \$

h OTHER FINANCING Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2

Description of Financing	Amount Financed
	\$
	\$
	\$

Total money drawn from other financing: **h** \$

= FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2

Business Accounts	a \$	Gifts from Individuals	f \$
Personal Accounts	b \$	Gifts/Grants from Institutions	g \$
Loans from Financial Institutions	c \$	Other Financing	h \$
Loans from Individuals	d \$	TOTAL BUSINESS FINANCING (a-h)*	= \$
Securities	e \$		

*Should be equal to or greater than total amount of expenses listed in Part 2

PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on this form is complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will be corroborated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this verification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a disapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this information is grounds for recalling the license(s) issued.

 Date 11/17/15
 Subscribed to and sworn to before me this 17th day of Nov, 2015



DuPage County Health Department

Environmental Health Services

PERMIT

to operate a food service establishment issued to:

PERMIT EXPIRES: 05/01/2016
PERMIT #: FS1003287
BP CONNECT
1207 N EOLA RD
AURORA, IL 60504

*This Permit is to be posted at all times in a location visible to patrons.
The responsibility for maintaining the Permit rests with the operator. This Permit is not transferable.*


Karen L. Ayala
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**
Prevention. Promotion. Protection.

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 1ST INSTALLMENT PAYMENT OF 2014 TA

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
 PAY ON-LINE AT: treasurer.dupegoco.org
 SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

MDG2015 00121859 1 AV 0.381

07-17-111-026
 PATEL, NAVIN
 1207 N EOLA RD
 AURORA IL 60502

1

ON OR BEFORE: JUNE 1, 2015	PAY: \$18,368.03
PAYING LATE?	PAY THIS AMOUNT:
JUN 2 THRU 30	18,643.55
JUL 1 THRU 31	18,919.07
AUG 1 THRU 31	19,194.59
SEP 1 THRU 30	19,470.11
OCT 1 THRU 31	19,745.63
NOV 1 THRU 18	20,021.15

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY.
 PAYMENT OF THIS 2014 TAX BILL AFTER OCTOBER 30, 2014 REQUIRES A CASHIER'S CHECK CASH OR MONEY ORDER.
 MARK IF CHANGE OF NAME/ADDRESS

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 18, 2015

1071711102607045000183680351

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 2ND INSTALLMENT PAYMENT OF 2014 TA

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
 PAY ON-LINE AT: treasurer.dupegoco.org
 SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

07-17-111-026
 PATEL, NAVIN
 1207 N EOLA RD
 AURORA IL 60502

2

ON OR BEFORE: SEPT 1, 2015	PAY: \$18,368.03
PAYING LATE?	PAY THIS AMOUNT:
SEP 2 THRU 30	18,643.55
OCT 1 THRU 31	18,919.07
NOV 1 THRU 18	19,204.59

*INCLUDES \$10 COST: SEE BACK OF BILL FOR EXPLANATION

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY.
 PAYMENT OF THIS 2014 TAX BILL AFTER OCTOBER 30, 2014 REQUIRES A CASHIER'S CHECK CASH OR MONEY ORDER.
 MARK IF CHANGE OF NAME/ADDRESS

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 18, 2015

2071711102607045000183680352

Rate 2013	Tax 2013	Taxing District	Rate 2014	Tax 2014
		** COUNTY **		
.1228	456.17	COUNTY OF DU PAGE	.1237	456.08
.0265	96.38	PENSION FUND	.0267	98.44
.0396	147.02	COUNTY HEALTH DEPT	.0411	151.53
0153	56.80	PENSION FUND	.0142	52.35
.1533	569.15	FOREST PRESERVE DIST	.1568	578.13
.0124	46.03	PENSION FUND	.0123	45.35
		** LOCAL **		
.0515	191.20	NAPERVILLE TWP	.0413	152.27
.0363	134.77	NAPERVILLE TWP ROAD	.0224	82.59
0022	8.16	PENSION FUND	.0023	8.48
1.4779	5,466.99	CITY OF AURORA	1.4827	5,466.86
.6831	2,536.14	PENSION FUND	.8019	2,956.68
.2866	1,064.06	CITY AURORA LIBR	.2864	1,055.98
.5827	2,163.39	FOX VALLEY PARK DIST	.5871	2,164.69
.0422	156.87	PENSION FUND	.0460	169.60
NO LEVY		FOX METRO WATER REC	NO LEVY	
		** EDUCATION **		
5.8180	21,593.06	UNIT SCHOOL DIST 204	5.8785	21,674.61
1441	535.00	PENSION FUND	.1425	525.41
2956	1,097.56	COLLEGE DU PAGE 502	.2975	1,097.00
9.7879	<u>36,336.54</u>	TOTALS	9.9634	<u>36,736.08</u>

Mail To: PATEL, NAVIN 1207 N EOLA RD AURORA IL 60502
Property Location: 1207 N EOLA RD AURORA, 60502
Township: NAPERVILLE 630-355-2444
Tax Code: 7045
Property Index Number: 07-17-111-026
Back Taxes: NO

TIF Frozen Value	
Fair Cash Value	
Land Value	251,090
+ Building Value	117,620
= Assessed Value	368,710
x State Multiplier	1.0000
= Equalized Value	368,710
- Residential Exemption	
- Senior Exemption	
- Senior Freeze	
- Disabled Veteran	
- Disability Exemption	
- Returning Veteran Exemption	
- Home Improvement Exemption	
- Housing Abatement	
= Net Taxable Value	368,710
x Tax Rate	9.9634
= Total Tax Due	36,736.08

CHANGE OF NAME/ADDRESS:
 COUNTY CLERK 630-407-5540

* S OF A FACTOR .9931

Proof of Ownership

Handwritten signature



2014 DuPage County Real Estate Tax Bill
 Gwen Henry, CPA, County Collector
 421 N. County Farm Road
 Wheaton, IL 60187

Office Hours - 8:00 am-4:30 pm, Mon-Fri
 Telephone - (630) 407-5900

SHRIGI, LLC
GAS STATION BP AM/PM
1207 N. EOLA ROAD
AURORA, IL 60504

SHRIGI, LLC
DBA BP
1207 N. EOLA ROAD
AURORA, IL 60502
PH 630-236-0745

Form: Melbye, Sid & Associates, CPA

Re: City Of Aurora Tax

IBT Number: 5563-3323

Liability Period of: OCT 2015

Must be postmark by: NOV 20, 2015

Tax Amount Due: \$649.21

Mail To: City of Aurora
Revenue & Collection Div.
44 E Downer Olace
Aurora, IL 60507-2067

*Last Month
Food & Beverage Tax*

Enclosed please find your City of Aurora Tax return for the period indicated above. The return was prepared from information you supplied to us. Please examine the return, sign it, and mail it to City of Aurora at the above address. Any discounts taken assume you will be mailing the return (s) with the remittance by the applicable due date.

IF PAYING BY CHECK, WRITE YOUR IBT NUMBER ON YOUR CHECK!

Melbye, Sid & Associates, CPA



CITY OF AURORA, ILLINOIS

TAX RETURN FOR
CITY FOOD & BEVERAGE TAX

SHRIGI LLC
BP AMPM
P.O. BOX 340
BIG BEND WI 53103

ID # 15563-3323

1. FOOD AND BEVERAGE TAX BASE	37,893.56
2. AMOUNT OF TAX MULTIPLY LINE ONE BY 1.75% (.0175)	663.14
3. DEDUCT COMMISSION IF PAID ON TIME MULTIPLY LINE TWO BY 2.1% (.021)	139.3
4. AMOUNT OF TAX PAYABLE (LINE 2 LESS LINE 3)	649.21
5. PENALTY FOR LATE FILING/PAYMENT MULTIPLY LINE 2 BY 7.5% (.075)	000
6. INTEREST FOR LATE FILING PER MONTH - MULTIPLY LINE 2 BY 1.25% (.0125) FOR EACH MONTH (INCLUDING ANY PARTIAL MONTH) THAT PAYMENT IS LATE	000
7. TAX, PENALTIES, INTEREST FROM PREVIOUS MONTHS	000
8. GROSS AMOUNTS PAYABLE (ADD LINES 4 + 5 + 6 + 7)	649.21
9. DEDUCT AUTHORIZED CITY CREDITS DUE	000
10. TOTAL TAXES PAYABLE (LINE 8 LESS LINE 9)	649.21

1. This return is due on or before the last day of each month following the month in which TAXABLE SALES are made.
2. The governing ordinance provides for significant financial penalties for late filing or failure to file this return.
3. Make check payable to: CITY OF AURORA.
4. Enclose the check and the bottom portion of this form in the enclosed envelope. Keep a copy for your records.
5. Be sure to put proper postage on the envelope or the Post Office will not deliver it.

TAX RETURN MONTH
OCT 2015

FOOD AND BEVERAGE TAX BASE	37,893.56
AMOUNT PAID	649.21

OFFICE USE ONLY
CK #
DATE
AMT
BY

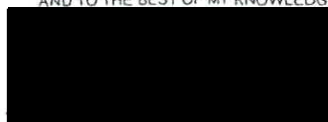
City of Aurora
Revenue & Collections Division
44 E. Downer Pl.
Aurora, IL 60507-2067

Phone: 630-844-3641

15563-3323 11/02/09
SHRIGI LLC
BP AMPM
1207 N EOLA RD
AURORA IL 60504

IF OUT OF BUSINESS FINAL RETURN CHECK HERE	
LAST TAXABLE SALE DATE	
IF AMENDED RETURN CHECK HERE	
DATE ORIGINAL PAID	

UNDER PENALTY AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT.

 *owner* 11/17/15

SIGNATURE TITLE DATE



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0228761-7

01/06/2015

To: Navin Patel
Fax #: 847-789-7171
From: Tara L. Bowles

RE: SHRIGI, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 1500602337.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217)524-8008

JW:LLC

LIMITED LIABILITY COMPANY DIVISION

JUL-31-2007 11:41

S & S CLOSING DEPT

4142718441 P.02/03

Form **LLC-5.5**

April 2007

Illinois
Limited Liability Company Act
Articles of Organization

FILE # **02287617**

This space for use by Secretary of State.

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

SUBMIT IN DUPLICATE
Must be typewritten.

This space for use by Secretary of State.

Filed: 07/31/2007

Jesse White

Secretary of State

Filing Fee: \$500

Approved:

jd

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

1. Limited Liability Company Name: SHRIGI, LLC

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.) 1185 Sandpiper Drive, Oconomowoc, WI 53066

3. Articles of Organization effective on: (check one)

the filing date

a later date (not to exceed 60 days after the filing date):

Month, Day, Year

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

Registered Agent: Dashu

First Name

Middle Initial

Patel

Last Name

Registered Office: 2304 Brinmore Court

(P.O. Box alone or c/o is unacceptable.)

Number

Street

Suite #

Naperville

City

60540

ZIP Code

Du Page

County

5. Purpose(s) for which the Limited Liability Company is organized: (If more space is needed, attach additional sheets of this size.)

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

6. Latest date, if any, upon which the company is to dissolve: (Leave blank if duration is perpetual.)

Month, Day, Year

JUL-31-2007 11:41

S & S CLOSING DEPT

4142718441 P.03/03

LLC-5.5

7. (OPTIONAL) Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.)

8. The Limited Liability Company: (Check either a or b below.)
a. is managed by the manager(s) (List names and business addresses.)

Navin P. Patel, [REDACTED]

Mitaben N. Patel, [REDACTED]

b. has management vested in the member(s) (List names and addresses.)

9. Name and Address of Organizer(s)

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 30, 2007
Month & Day Year

1. [REDACTED]

Michael P. Stupar, Esq.

Name (type or print)

2. [REDACTED] Organizer

2. [REDACTED] Signature

Name (type or print)

Name If a Corporation or other Entity, and Title of Signer

1. 633 West Wisconsin Ave.; #1800
Number Street

Milwaukee
City/Town

WI 53203-1955
State ZIP Code

2. [REDACTED] Number Street

[REDACTED] City/Town

[REDACTED] State ZIP Code

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.



LC0646205

Form **LLC-5.25**

August 2008

Illinois
Limited Liability Company Act
Articles of Amendment

FILE #: 02287617

This space for use by Secretary of State.

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

SUBMIT IN DUPLICATE

Must be typewritten.

This space for use by Secretary of State.

FILED

DEC 29 2009

JESSE WHITE
SECRETARY OF STATE

Payment may be made by business firm check payable to Secretary of State. If check is returned for any reason this filing will be void.

Filing Fee: \$150

Approved: *pe*

PAID

DEC 31 2009

1. Limited Liability Company Name: SHRIGI, 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 d/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 6 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:

d) MITABEN N. PATEL

e) NAVIN P. PATEL
988 RIVERSTONE DR.
AURORA, IL 60504

COUNTY: DUPAGE

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 DECEMBER 14, 2009

[Redacted Signature]

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

NAVIN P. PATEL

Name and Title (type or print)

Approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

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 3] 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.

File Number 0228761-7



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

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 4 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR SHRIGI, LLC.

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JANUARY A.D. 2015



Jesse White

SECRETARY OF STATE

NewVT

Page 1 of 1

Transaction Result:			
Date/Time:	Tuesday, January 06, 2015/1:50:12 PM PDT	Amount:	\$ 75.00
Merchant ID:	110817	Service Fee:	\$ 2.00
Transaction Type:	CC SALE	Total Amount:	\$ 77.00
Response Type:	A	Response Code:	A01
Response Description:	APPROVED	Authorization Code:	[REDACTED]
ATM Verify Result:			
Details:			
Trace Number:	[REDACTED]		

Payment Info:	
Customer Name:	Navin Patel
Payment Method:	Credit Card: [REDACTED]
Last 4 digits:	[REDACTED]
File No.:	[REDACTED]
Wallet ID:	

Contact Info:	
Company Name:	SOS/BS LLC AFF/COPIES
Street Name:	
Street Name 2:	
City:	11081
State:	
Phone Number:	217-782-4696
Customer Service:	217-782-4696
	Postal Code:
	Fax Number:

Account Holder/Authorization Signature _____

Credit Card: AMER



BUILDING PERMIT

Application Number 09-00001962 Date 6/09/09
 Application pin number 218098
 Property Address 1207 N BOLA RD
 Parcel Number: 07-17-111-026
 Lot #:
 Tenant nbr, name 7-11 STORE
 Application type description DRIVEWAY/ RESIDENTIAL PRIVATE DRIVEWAY
 Subdivision Name F.V.V. EAST REG 2 PH 2 UNIT 49
 Property Use RETAIL
 Property Zoning PLANNED DEVELOP DIST (S)
 Application valuation 7500

Application description
REMOVE, REPLACE, & RE-STRIPE

Owner	Contractor
-----	-----
SHRIGI, LLC 1207 N BOLA RD AURORA IL 60502	OWNER

Structure Information 000 000	
Flood Zone	PLS. VERIFY W/ FEMA MAP
Other struct info	ADJACENT 2 DRIVEWAY Y / N Y
	CURB-CUT REQUESTED Y / N n
	COMPLETION DATE a.s.a.p.
	MATERIAL asphalt
	WORK IN PUBLIC R.O.W. Y/N n
	SQUARE FOOTAGE OF REMODEL 2500.00

Permit	DRIVEWAY PERMIT		
Additional desc			
Permit pin number	2119527		
Permit Fee00	Plan Check Fee00
Issue Date	6/09/09	Valuation	7500
Expiration Date	12/06/09		

Special Notes and Comments
 It is the responsibility of the owner or contractor to notify J.U.L.I.E. at (800)892-0123 to mark any utilities prior to digging.
 Approved stamped "permit copy" of plat must be posted on site with permit.
 PLEASE TAKE OUR CUSTOMER SATISFACTION SURVEY AT: http://www.aurora-il.org/communitydevelopment/customer_survey.php

Fee summary	Charged	Paid	Credited	Due
Permit Fee Total	.00	.00	.00	.00
Plan Check Total	.00	.00	.00	.00
Grand Total	.00	.00	.00	.00

Call (630) 892-8088 before 4:30 p.m. to schedule inspections for the following workday.

If **yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard** - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

Illinois Business Authorization

SHRIGI LLC

Loc. Code: 022-0042-2-001
Aurora (DuPage)
DuPage County

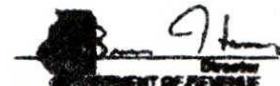
1207 N EOLA RD
AURORA IL 60502-9606

Certificate of Registration

Expiration Date:
11/1/2017

Sales and use taxes and fees

(5563-3323)


Director
DEPARTMENT OF REVENUE
Issued Date: 11/01/2012

Don Murch Good Stuff University Dipl

This Certifies that

Navin Patel

has satisfactorily completed the Course of Study
as prescribed by the School Administrators for Graduation
from the prestigious, Indulgence Department of

Don Murch Good Stuff University

and is therefore entitled to the Rights and Privileges appertaining thereto
this 12th day of October A.D. 2007.

SHRIGI, LLC
DBA BP am pm
1207 N. EOLA ROAD
AURORA, IL 60502
PH 630-236-0745



UNIVERSITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/18/2015

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).

PRODUCER Cummings Insurance Associates, Inc. 75 Executive Dr. Ste. 409 Aurora, IL 60504	CONTACT NAME: Deanna Pabich-Cooper	
	PHONE (A/C, No, Ext): (331) 457-5752 FAX (A/C, No): (866) 413-2909 E-MAIL ADDRESS: Deanna@CummingsInsurance.com	
INSURED Shrigi LLC 1207 N Eola Rd Aurora, IL 60502-9606	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Society Insurance	
	INSURER B: Accident Insurance Company	
	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.

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			[REDACTED]	3/3/2015	3/3/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
A	<input checked="" type="checkbox"/> Liquor Liability \$1,000,000				3/3/2015	3/3/2016	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	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				3/3/2015	3/3/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$
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	5/21/2014	5/21/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Building				3/3/2015	3/3/2016	\$ 640,600 (\$1,000 Deductible)	
A	Business Personal Property				3/3/2015	3/3/2016	\$ 124,800 (\$1,000 Deductible)	
A	Business Income				3/3/2015	3/3/2016	12 Months	

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

CERTIFICATE HOLDER City of Aurora 44 E. Downer Place Aurora, IL 60505	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 <i>William B. Cummings</i>
---	--

CRB 111-2

CITY OF AURORA
44 E. DOWNER PL.
AURORA, IL 60507

CASH RECEIPT

Date 11-18-2015

020473

Received From Shrigi LLC / DBA BP Am Pm

Address 1207 NEola Rd

One Thousand Five Hundred ⁰⁰ 100 Dollars \$ 1,500.00

For Adding Liquor Bond to F&B Bond that was \$500.00

10# 5563-3323 / MR# 56174

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	<u>1500 00</u>
BALANCE DUE		MONEY ORDER <input type="checkbox"/>	
		CREDIT CARD <input type="checkbox"/>	

ck# 1206

By AS

SHRIGI LLC

City of Aurora

Liquor Bond

11/18/15

1206

It was $\frac{\$1500.00}{500.00}$ Ahead
2000.00