

EXHIBIT "B"

MEMORANDUM OF AGREEMENT

For the Conditional Use for the property located at 2850, 2871, and 2880 Vision Court

Prova, Inc, petitioner for the Requesting approval of a Conditional Use for a Food, textiles, and related products use located at 2850, 2871, and 2880 Vision Court granted by Ordinance Number \_\_\_\_\_, agrees to abide by all of the provisions of said Ordinance and with the following conditions of approval:

- 1) That should the City receive odor complaints from residential properties, the City, as determined by the Zoning Administrator, may require the property to install within 12 months a chemical hood odor scrubber designed to capture and neutralize; esters, terpenes, aldehydes, ketones, alcohol vapor, ammonia, amines, other VOCs and Chemical odorants.

This agreement shall be mutually binding upon the heirs, executors, administrators, successors, devisees and assigns of future owners.

As petitioner for the Conditional Use granted for the subject property, I sign this agreement with full knowledge of the contents of said Ordinance and with total understanding of my/our responsibilities to comply with conditions set forth in this agreement and within said Ordinance. I hereby affirm that I have the full legal capacity to sign this document.

WHEREAS, I/We do affix my/our signature(s) hereto and acknowledge receipt of a certified copy of Ordinance Number \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

STATE OF ILLINOIS        )  
  ) SS  
COUNTY OF \_\_\_\_\_ )

I, the undersigned, a Notary Public in and for the said County and State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_, is known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notary seal this \_\_\_\_\_ day of \_\_\_\_\_, AD 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_, 20\_\_\_\_\_.