

19590

LLA City of Aurora, Illinois Liquor License Application



Incomplete applications will not be accepted.
Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Date Application Received _____ License Year: 16/17

New License: Change in Ownership/Corporation: Change in License Class:

APPLICANT INFORMATION

A. Corporation name: Hills Banquet Hall, LLC Class Applying For: R O

B. Business name: Hills Banquet Hall

C. Type of Business: Sole Proprietor Partnership Corporation LLC Non-Profit

C. Previous business name (if dba changed): Fraternal Order of Eagles

D. Business address (city, state, zip code): 649 Hill Avenue 60505

E. Business telephone: 630-649-3281 F. Business website: _____ G. Business Email: _____ H. IL Tax ID Number: 4133-5317

I. Owner or Manager contact name for license: Fidel Valerio

J. Business telephone: 630-649-3281 K. Email address: fvalerio52@gmail.com

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address): 649 Hill Avenue B. Zip code: 60505 C. # Parking Spaces: 128

D. Total Building s.f.: 9,580 E. Entertainment Area: 4,740 F. Kitchen (Square Footage): 629 G. Total Number of Seats: 168 H. Seating Area s.f.: 3,008

I. Number of bar seats: 0 J. Retail/public Area s.f.: 209 K. Cooler s.f.: 0 L. Dry Storage s.f.: 372 M. Sale Counter s.f.: 168

OFFICIAL USE ONLY

Approved Denied Date Approved/Denied: _____

Date Issued: _____

Liquor Control Commissioner

Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input type="checkbox"/>	<input type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration (Food & Beverage Tax—register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of the Articles of Incorporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all configurations.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input type="checkbox"/>	<input type="checkbox"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of State Liquor License (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current list of names, dates of birth and home addresses of all members (Class B)	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Corporation / Premises Questions

1.	<p>Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If, Yes state the parent corporation's name.</p>
2.	<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, explain. _____</p>
3.	<p>How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p> <p><i>We have not sold alcohol at this property</i></p>
4.	<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.</p>
5.	<p>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?</p> <p><i>Social club</i></p>
6.	<p>State the estimated value of goods, wares and merchandise to be used in the course of business.</p> <p><i>\$5,000</i></p>
7.	<p>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>
8.	<p>Does the corporation own the property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please list the start and end date of the current lease. Start: _____ to End: _____</p> <p>Name and full address of property owner: Name: _____ Address: _____</p> <p>Contact Information: _____</p>
9.	<p>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>

10. If applicant is applying for a **Class B - Fraternal Society or Club Liquor License**:

A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)

B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? Yes No

11. Does your establishment have entertainment? Yes No

If Yes, what form(s) of entertainment do you offer? Bands/Solo DJ Televised Sports

Other:

12. Do you employ security?

Yes No Only when entertainment is available.

If Yes, do you: Hire Private Security Use On - Staff Employees

Hire Off- Duty Police Officers Combination of the Above

If you hire a Private Security Company, please provide the company name and contact person.

Airtight Security
Darell phone (630)-258-2102

13. Do you have security cameras on premise? Yes No

If yes, are they: Indoor Outdoor Both

If yes, please provide a brief description of the location(s):

we have cameras monitoring the north and south parking lots
also the east side building monitoring hill Avenue
interior cameras monitoring the west side building that is being used currently

14. For Classes required to serve food for consumption on the licensed premises, please list the name of the chef(s) for the location applying for a liquor license:

Apdier Torres

15. For **Class G-1**, check the retail item categories available for purchase at the location:

Dairy Baked Goods Frozen Goods Groceries

Snack Foods Health Aids Beauty Aids

16. Has a *Personal Information Form (PIF)* been completed for each person holding (5%) or more stock in this corporation? Yes No

Corporate Information

Name of Corporation/Partnership: Hills Banquet Hall, LLC		
Corporate Address: 649 Hill Avenue		
Corporate Ph #: 630-649-3281	Corporate Email: Fvalerio52@gmail.com	FEIN: 45-2736679
Corporate Registered Agent/Contact: Fidel Valero	Contact Ph #: 630-649-3281	Contact Email: Fvalerio52@gmail.com
Date Corporation/Partnership was Organized:		6/27/2011
State Articles of Incorporation/Organization filed:		Illinois
Date Articles of Incorporation/Organization filed with Secretary of State:		June 27, 2011
Date Certification of Incorporation/Organization was issued by Secretary of State:		June 27, 2011
Has the corporation ever been dissolved either voluntary or involuntary? (If Yes, provide date of reinstatement) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date of Reinstatement
Are there any amendments to Articles of Incorporation? (if yes, provide date filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Amendment Filed June 27, 2011
What are the total shares of stock created by this Corporation? 100 units		
List stockholders/partners with 5% or more in holdings (corporations with a long list, attach copy of list)		
Name, Title		Percentage of Stock
Fidel Valero → President		25%
maria C. Rivas → secretary / treasurer		25%
Juan Valero → manager		25%
Leobardo Ortiz → vice president		25%
Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date: N/A		
What is the objective of Corporation? Target the market area and provide fair price with high quality service		



City of Aurora, Illinois Business Information Sheet

Type of PRE-Application Liquor License Hotel / Motel License

Business Entity Information

Type of Business Sole Proprietor Partnership LLC Corporation Non-Profit

Legal Name of Business
The exact "legal name" as it appears in the official business formation documentation.

Hills Banquet Hall, LLC
For Sole Proprietors, this is the full name of the business owner as it appears on the Sole proprietor's government-issued photo ID.

"Doing Business As" Name

The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation.

Hills Banquet Hall
Sole Proprietors of Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Kane County Clerk's Office at 217 S.

A State of Illinois File Number is **REQUIRED** for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations.

State of Illinois File # 03668002

Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312.793-3380 or www.cyberdriveillinois.com/departments/business_services/

A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification # 45-2736679

An Account ID is **REQUIRED** for ALL business entity types that conduct business in the State of Illinois or with Illinois Customers.

(formerly IBT #) **IDOR Account #** 4133-5317

Business Activity and Location

Business Activity

List your business activities, including all products and/or services to be offered.

limo service, catering service, entertainment service
Party Planner service for all types of occasions:
weddings, birthday, first communions, quinceañeras, etc

Business Activity

List your business activities, including all products and/or services to be offered.

Square footage used by the business:

5,369

SQ. FT.

Number of employees at this site:

6

Primary Contact Person

First Name <u>Fidel</u>	Middle Name	Last Name <u>Valerio</u>
Contact Phone # <u>630-649-3281</u>	Fax #	E-Mail Address <u>fvalerio52@gmail.com</u>

FDF

City of Aurora 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#)			
45-2736679	4133-5317	4133-5317			
Legal Name of Applicant Entity		"Doing Business as Name" of establishment			
Hills Banquet Hall, LLC		Hills Banquet Hall			
First Name of Primary Business Contact	Middle Name	Last Name			
Fidel		Valerio			
Home Street Address of Primary Business Contact		Suite/Apt.	City	State	Zip
[REDACTED]					
Home Phone	Work Phone	Cell Phone	E-mail Address		
()	()	[REDACTED]	[REDACTED]		

PART 2 EXPENSES		ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION.	
Description of Expenses (start-up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory)	Amount of Expense		
Exterior 1,500 gallon grease trap installation -> labor and material	25,000.00		
Landscaping - East, west, and south building -> labor, shrubs, and trees	4,500.00		
Exterior concrete work -> north, east and south building -> labor and material	12,500.00		
Interior kitchen remodel -> plumbing, labor, material, paint, emergency fixtures	5,000.00		
Exterior north and south parking lots -> re-striping, labor and material	5,000.00		
Start-up -> insurance, utilities, inventory, employees	25,000.00		
West side building and kitchen -> paint, fixtures, emergency lights, bar/kitchen equip	7,000.00		
Total		\$ 84,000.00	

PART 3 FINANCING

IDENTIFY THE SOURCE(S) OF THE FUND 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
				\$	\$
			N/A	\$	\$
			N/A	\$	\$
			N/A	\$	\$
			N/A	\$	\$

Total dollar amount drawn from business accounts: **a** → \$ 0.00

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

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
		6/2007	Maria C. Rivas	\$ 17,143.90	\$ 13,000.00
		6/2007	Maria C. Rivas	\$ 30,730.40	\$ 25,000.00
		08/2008	Leobardo Ortiz	\$ 20,000.00	\$ 15,000.00
		4/2006	Fidel Valero	\$ 3,017.08	\$ 2,500.00
		1/2000	Juan M. Valero	\$ 16,281.08	\$ 4,500.00

Total dollar amount drawn from business accounts: **b** → \$ 69,000.00

Description of Source (identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
Community Unit School District / Pentair (checking) (US Bank) → bi-weekly	\$ 2,170	\$ 2,000.00 monthly
Pentair (old second checking) → weekly	\$ 700	\$ 1,400.00 monthly
Alameda Services (old second checking) → weekly	\$ 15,000 - 20,000	\$ 7,000.00 monthly
VIM Recorders (Earthover checking) → bi-weekly	\$ 1,200	\$ 1,400.00 monthly

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
					\$
		N/A			\$
					\$
					\$
					\$
					\$
Total dollar amount loaned by financial institutions: c →					\$ 0.00

d LOANS FROM FINANCIAL INSTITUTIONS		Identify any loans from individuals used to fund Expenses, Part 2			
Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount	
					\$
		N/A			\$
					\$
					\$
					\$
					\$
Total dollar amount loaned by individuals: d →					\$ 0.00

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
						\$
		N/A				\$
						\$
						\$
						\$
						\$
Total dollar amount drawn from the sale of securities: e →						\$ 0.00

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	
					\$
		N/A			\$
					\$
					\$
					\$
					\$
Total financing from gifts: f →					\$ 0.00

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 and Phone	Grant Date	Amount Gifted
N/A				\$
				\$
				\$
				\$
Total money received from institutional gifts and/or grants:			→	\$ 0.00

h OTHER FINANCING Identify any financing (credit cards, etc.) used to fund Expenses, Part 2				
Description of Financing				Amount Financed
Barclay card master card → credit line				\$ 6,000.00
chase state visa → credit line				\$ 2,000.00
chase freedom visa → credit line				\$ 6,000.00
US Bank visa → credit line				\$ 25,000.00
Total money drawn from other financing:			→	\$ 39,000.00

= FINANCING TOTALS		Sub-total all funds (sections a-h) used to fund Part 2		
Business Accounts	a →	\$ 0.00	Gifts from Individuals	f → \$ 0.00
Personal Accounts	b →	\$ 60,000.00	Gifts/Grants from Institutions	g → \$ 0.00
Loans from Financial Institutions	c →	\$ 0.00	Other Financing	h → \$ 39,000.00
Loans from Individuals	d →	\$ 0.00	TOTAL BUSINESS FINANCING (a-h)*	→ \$ 99,000.00
Securities	e →	\$ 0.00	*Should be equal 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.

[Signature]
Signature of Applicant

9/11/2016
Date

Subscribed to and sworn to before me this 11th day of April, 2016.

[Signature]
Notary Public in and for said County and State



PA

City of Aurora

Probationary Agreement / Management Plan

FORM REQUIRED: City of Aurora Liquor Ordinance SEC. 6-5. Application for License.

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 discipline required.

Probationary Agreement / Management Plan

Applicant/Corporate Name

Hills Banquet Hall, LLC

d/b/a Name

Hills Banquet Hall

Location Address

649 Hill Avenue, Aurora, IL

Planned Days / Hours of Operation

<input checked="" type="checkbox"/>	SUNDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	11	A.M./P.M.	TO	2	A.M./P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	11	A.M./P.M.	TO	2	A.M./P.M.

Entertainment

Entertainment will be held on the premises. Yes No

If yes, what type(s) of entertainment? (Please list) Bands/Solo DJ Televised Sports
Other

Please specify the days and times that entertainment is planned.

<input checked="" type="checkbox"/>	SUNDAY	FROM	11	A.M./P.M.	TO	12:45	A.M./P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	11	A.M./P.M.	TO	12:45	A.M./P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	11	A.M./P.M.	TO	12:45	A.M./P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	11	A.M./P.M.	TO	12:45	A.M./P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	11	A.M./P.M.	TO	12:45	A.M./P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	11	A.M./P.M.	TO	1:45	A.M./P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	11	A.M./P.M.	TO	1:45	A.M./P.M.

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.

Julio Valero
President / Owner

4-13-2016
Date

Maria Guistina Rivas
Secretary / Owner

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 the agreement will be placed in the Licensee's file in the City Clerk's Office. .

Julio Valero
President / Owner

4-13-2016
Date

Maria Guistina Rivas
Secretary / Owner

4-13-2016
Date

City Clerk's Office

Date

Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCX 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora in the conduct of the place of business described herein. I understand and agree that if I violate any local, state or federal laws regarding alcohol sales, consumption or possession, while I have a City of Aurora Liquor License, said license may be suspended or revoked.

I further authorize the City of Aurora or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

I further certify that if any of the foregoing information changes during the course of the current license year, including, without limitation, changes to the status of the State liquor license, changes in the corporate stockholder shares or corporate officers, I will notify the City of Aurora, in writing, within seven (7) days of such change.

Corporate/LLC Signatures

Individual/Partnership Signatures

President

Fidel Valerio

Signature

Fidel Valerio

Secretary

Maria Gustina Rinos

Signature

Maria Gustina Rinos

Treasurer

Signed and sworn to before me this 17th day of

April

2016

Signature

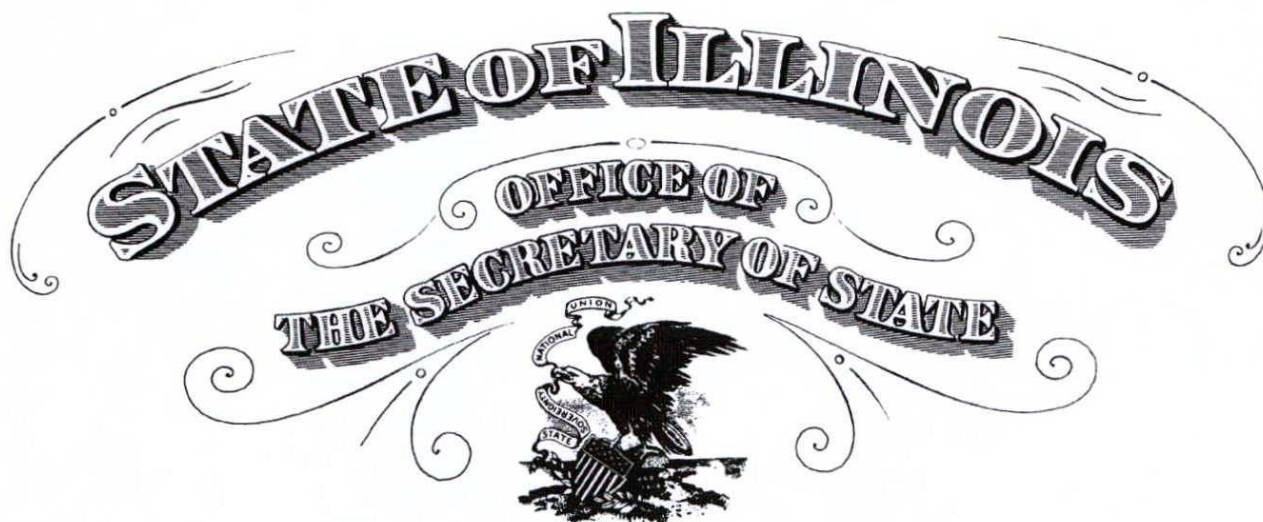
Maria Gustina Rinos

Notary Public

Claudia Quinones



File Number 0366800-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HILLS BANQUET HALL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 27, 2011, 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.



Authentication #: 1403602552

Authenticate at: <http://www.cyberdriveillinois.com>

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 FEBRUARY A.D. 2014 .

Jesse White

SECRETARY OF STATE

OPERATING AGREEMENT OF HILLS BANQUET HALL, LLC

In accordance with the Illinois Limited Liability Company Act, the members of agree to the following provisions for the regulation and management of the affairs and business of **HILLS BANQUET HALL, LLC** a limited liability company referred to in this Agreement as the "Company."

ARTICLE ONE MANAGEMENT AUTHORITY

Management Rights

1.01. The members of the Company reserve entirely the right to exercise the powers of the Company and to manage the business and affairs of the Company.

Execution of Documents

1.02. Any document or instrument shall be valid and binding on the Company if executed by any one or more of the members.

Amendment of Operating Agreement

1.03. The power to adopt, alter, amend, or repeal this operating agreement is entirely vested in the members of the Company and requires the unanimous approval of the members.

ARTICLE TWO MEMBERS

Number of Members

2.01. The Company shall at all times have at least ONE (1) members and no more than four (4) members, unless the Operating Agreement is amended by unanimous consent of all the members. The initial amended (the Resignation of Raul Ramirez Acknowledged) assigned Membership Interests/Certificates are hereby assigned as follows and thereby remaining Member Interest are as follows:

1. Maria Cristina Rivas 25% equaling (25 units)
2. Fidel Valerio 25% equaling (25 units)
3. Leobardo Ortiz 25% equaling (25 units)
4. Juan Manuel Valerio 25% equaling (25 units)

Admission of New Members

2.02. Any person who acquires a membership interest, either directly from the Company or as a transferee of a former member, shall be admitted as a member only with the unanimous consent of the members.

ARTICLE THREE MEETINGS OF MEMBERS

Place of Meetings

3.01. All meetings of members shall take place at 414 Jefferson, Aurora, Illinois 60505. The members are authorized to designate, from time to time, a place or places other than that specified above as the place for meetings of the members.

Annual Meetings

3.02. Members shall have an annual meeting to be held on the third Thursday of July. At the annual meeting, members shall consider reports of the affairs of the company and transact any other business that shall come before the meeting.

Special Meetings

3.03. Any member may call a special meeting by giving at least Five (5) Business days written notice to all other members. The notice must specify the date, time, and place of the special meeting and the purpose for calling the meeting. Notice of the meeting shall be delivered personally to the members or sent to each member by U.S. mail or facsimile machine at the member's address as shown on the records of the Company. For mailed notice, the notice must be deposited in the U.S. mail at least seven (7) days before the time the meeting is held.

Quorum of Members

3.04. At all meetings of the members, Two (2) members shall be necessary and sufficient to constitute a quorum for the transaction of business.

Action by Members/Voting Rights

3.05. An act of the members of record is effective if the majority (51%) or specify greater number or percent of members' votes adopt the act at a meeting at which a quorum of members is present. The voting rights of the members are to be distributed in proportion to each member's contribution to capital in the following manner: Each Member is entitled to one vote.

Action by Members Without Meeting

3.06. Any action permitted to be taken by the members may be taken without a meeting if all members individually or collectively consent by signing a written approval of the action. Any action by written consent shall have the same force and effect as a unanimous vote of the members.

Record Date

3.07. Only persons whose names are listed as members in the official records of the Company seven (7) days before any meeting of the members shall be entitled to notice of or to vote at that meeting.

Vote by Proxy

3.08. Members may vote either in person or by proxy. Proxies must be executed in

writing by the members. A telegram, telex, cablegram, or similar transmission by the member, or a photographic, photostatic, facsimile, or similar reproduction of a writing executed by a member is deemed an execution in writing for purposes of this regulation.

ARTICLE FOUR CONTRIBUTIONS

Contributions by Members

4.01. The initial contribution of each member shall be \$6,250.00. contributed in the form of cash, or its equivalent in property, services rendered, or a promissory note or other obligation to contribute cash or property or to perform services. Subsequent contributions shall be as agreed on by unanimous consent of the members. A member shall be obligated to perform a written promise signed by the member to contribute to the Company even if the member is unable to perform because of death, disability, or for any other reason.

ARTICLE FIVE DISTRIBUTIONS

Time for Distributions

5.01. The members shall be entitled to receive distributions from the Company at the following times or on the happening of the following events on adoption of a resolution by the members authorizing a distribution.

Form of Distributions

5.02. A member shall have no right to demand and receive a distribution in any form other than cash. A member may not be compelled to accept distribution of any asset in kind to the extent the percentage of the asset distributed to the member exceeds a percentage of that asset that is equal to the percentage in which the member shares in distributions from the company.

Limitations on Distributions

5.03. A distribution shall not be made if, after giving it effect, either (1) the Company would not be able to pay its debts as they became due in the usual course of business or (2) the Company's total assets would be less than the sum of its total liabilities, plus the amount that would be needed, if the Company were to be dissolved at the time of the distribution, to satisfy the preferential rights of other members on dissolution that are superior to the rights of the member or members receiving the distribution. In determining whether the distribution may be made, the members authorizing the distribution may base their determination on financial statements prepared on the basis of accounting practices and principles that are reasonable under the circumstances or on a fair valuation or other method approved by the members that is reasonable under the circumstances.

Allocation of Distributions

5.04. All interim distributions, that is, those made prior to the time of the company's

dissolution and winding up shall be in equal shares.

Taxation

5.05 The Company hereby elects the default tax classification of Partnership and not to be taxed as a Corporation. Company will make the following elections on the appropriate tax returns:

- (a) To adopt the calendar year as the Fiscal Year;
- (b) To adopt the cash or accrual method of accounting and keep the Company's books and records on the income tax method based on the recommendations of its tax advisor and to adopt any other income tax method/principles and/or plans based on the recommendations of its tax advisor ;
- (c) If a Distribution as described in Section 734 of the Code occurs, or if a transfer of a Membership Interest described in Section 743 of the Code occurs, on the written request of any Member, to elect to adjust the basis of the property of the Company pursuant to Section 754 of the Code;
- (d) To elect to amortize the organizational expenses of the Company and the start-up expenditures of the Company under Section 185 of the Code ratably over a period of 12 months as/or permitted by Section 708(b) of the Code; and
- (e) Any other election that the Managers deem appropriate and in the best interests of the Members. Neither the Company nor any Member may make an election for the Company to be excluded from the application of Subchapter K of Chapter 1 of Subtitle A of the Code or any similar provisions of applicable state law, and no provisions of this Agreement will be interpreted to authorize any such election.

ARTICLE SIX TRANSFER OF MEMBERSHIP INTERESTS

Right to Transfer

6.01. Each member shall have the right to transfer his or her right to receive distributions from the company and to share in the company's profits and losses.

Admission to Membership or Transferee

6.02. The transferee of a member's interest as described in Paragraph 6.01 shall be admitted to full membership in the company only on receiving the unanimous consent of all members.

ARTICLE SEVEN DISSOCIATION OF MEMBER

Power to Dissociate

7.01. Each member shall have the power to dissociate from the company at any time by giving notice of withdrawal to the company. Dissociation occurs on the date of the notice or on a later date specified in the notice.

Effect of Dissociation

7.02. On dissociation, the member's right to participate in the management and conduct of the company's business terminates, and the member ceases to be a member and is treated the same as a transferee of a member.

ARTICLE EIGHT DISSOLUTION

8.01. The company shall dissolve and wind up its business on the occurrence of the first of the following events.

- (a) The latest date on which the Company is to dissolve as set forth in Section 2.7;
- (b) The vote or written consent of all Members;
- (c) An event that makes it unlawful for all or substantially all of the business of the company to be continued.
- (d) The dissociation of any Member or any other event that terminates the continued membership of any Member, unless within 60 days after such event, the Company is continued by the vote or written consent of a Majority Interest of all of the remaining Members, and there are at least two remaining Members. Each of the Members agrees that within 60 days after the occurrence of a Withdrawal Event (and provided that there are then at least one remaining Members of the Company), they will promptly consent, in writing, to continue the business of the Company. The consents must be mailed or hand delivered to the principal place of business of the Company set forth here in above of this Operating Agreement (or to another address designated by the Managers) no later than 60 days after each Withdrawal Event or transfer by a Member of its entire Economic Interest or Membership Interest. The sole remedy for breach of a Member's obligation under this section is money damages (and not specific performance) .

An event that makes it unlawful for all or substantially all of the business of the company to be continued.

8.02. On dissolution of the company, the members or remaining members shall wind up the affairs of the company and distribute its assets in accordance with the provisions of the Illinois Limited Liability Company Act.

Dated: Effective June 27, 2011

Dated Effective: June 27, 2011

Maria Cristina Rivas
Maria Cristina Rivas

Leobardo Ortiz
Leobardo Ortiz

Fidel Valerio
Fidel Valerio

Juan M Valerio
Juan Manuel Valerio

Being All the Members of HILLS BANQUET HALL, LLC.



City of Aurora

Division of Building and Permits - 65 Water Street - Aurora, Illinois 60505-3305 - Phone: (630) 256-3130 - Fax: (630) 256-3139

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF BUILDING AND PERMITS

CERTIFICATE OF OCCUPANCY AND COMPLIANCE PERMANENT

Issue Date 12/02/13

Parcel Number 15-26-404-015

Property Address 649 HILL AV
AURORA IL 60505

Subdivision Name

Legal Description PARCEL WAS RENUMBERED DUE TO
THE DEDICATION OF PUBLIC ROW
FOR HILL AV IN 2000
ORIG PIN WAS 15-26-404-006

Property Zoning BUSINESS & WHOLE DIST

Owner ELECTRIC AERIE #1606 FRAT ORDE

Contractor UMANA CONSTRUCTION
630 234-6597

Application number 13-00002920 000 000

Description of Work **COMMERCIAL REMODEL (MULTI-TRADE & <50 K)

Construction type

Occupancy type

Flood Zone PLS. VERIFY W/ FEMA MAP

Special conditions

Hill Banquet Hall
The occupancy is for the west side of the building only
with the existing restrooms as per the approved plans.
The east side of the building is not approved for use.
There is no liquor allowed to be served or brought in to
the building.

Approved John P. Curby
Building Official

VOID UNLESS SIGNED BY BUILDING OFFICIAL

1 of 1 201449789
WSA779617



PREPARED BY:
Herbert C. Steinmetz, Jr.
CDH Law Group, LLC
2000 W. Galena Blvd, Suite 210
Aurora, Illinois 60506

2015K007430
SANDY WEGMAN
RECORDER - KANE COUNTY, IL

RECORDED: 2/13/2015 03:58 PM
REC FEE: 67.00 RHSPS FEE: 9.00
STATE TAX: 325.00 C
COUNTY TAX: 162.50 C
PAGES: 5

MAIL TAX BILL TO:
Hill Banquet Hall LLC
830 Sheldon Ave
Aurora, IL 60506

MAIL RECORDED DEED TO:
Hill Banquet Hall LLC
830 Sheldon Ave.
Aurora, IL 60506

Corporate WARRANTY Deed
Statutory (Illinois)

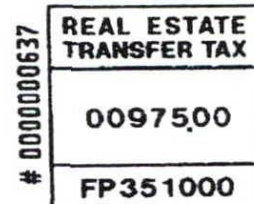
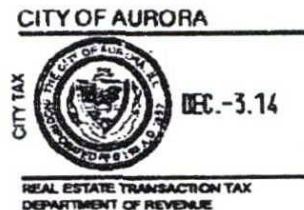
THE GRANTOR(S), Electric Aerie No. 1606, Fraternal Order of Eagles, a/k/a, Electric Aerie No. 1606, Fraternal Order of Eagles, INC., an Illinois not for profit corporation, a corporation created and existing under and by virtue of the laws of the State of Illinois, for and in consideration of Ten Dollars (\$10.00) and other good and valuable considerations, in hand paid, CONVEY(S) AND WARRANT(S) TO GRANTEE(S), Hill Banquet Hall, LLC, an Illinois limited liability company, of 601 N. Farnsworth Ave, Aurora, Illinois 60505, all right, title, and interest in the following described real estate situated in the County of KANE, State of Illinois, to wit:

See Attached Exhibit "A"

Subject, however, to the general taxes for the year of 2014 and thereafter, and all instruments, covenants, restrictions, conditions, easements, applicable zoning laws, ordinances, and regulations of record.

PROPERTY ADDRESS: 649 Hill Ave, Aurora, Illinois 60505

PARCEL INDEX NUMBERS: 15-26-404-008
15-26-404-015
15-26-452-018
15-26-452-019



ATG FORM 4110
ATG (2/05)

Chicago Title Insurance Company
1795 West State Street
Geneva, IL 60134

FOR USE IN IL
Page 20

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 15-26-404-015

Property ID: 15-26-404-008

Property ID: 15-26-452-018

Property ID: 15-26-452-019

Property Address:

649 Hill Ave.

Aurora, IL 60505

Legal Description:

Parcel 1: The East 200 feet of Lots 4, 5, 6 and Lot 15 in Block 5 of Sunnymere Addition to Aurora, in the City of Aurora, Kane County, Illinois.

Parcel 2: That part of the Southeast 1/4 of Section 26, Township 38 North, Range 8, East of the Third Principal Meridian, described as follows: Commencing at the point of intersection of the South line of Sunnymere Addition, Aurora, Kane County, Illinois and the West line of Hill Avenue as established in Document No. 233568; thence South 00 degrees, 41 minutes, 20 seconds East along said West line 183.0 feet for a point of beginning; thence South 88 degrees, 51 minutes, 0 seconds West parallel with said South line 371.70 feet to the center line of Ohio Street; thence South 19 degrees, 00 minutes, 0 seconds East along said center line 196.61 feet to the Northwest corner of a tract of land referred to as Parcel 1 conveyed by Document No. 1606268, thence North 88 degrees, 27 minutes, 40 seconds East along the North line of said tract 309.95 feet to said West line; thence North 00 degrees, 41 minutes, 20 seconds West along said West line 185.05 feet to the point of beginning, in the City of Aurora, Kane County, Illinois.

Parcel 3: That part of the Southeast 1/4 of Section 26, Township 38 North, Range 8, East of the Third Principal Meridian described as follows: Beginning at a point on the South line of Sunnymere Addition, Aurora, Kane County, Illinois that is 200.0 feet South 88 degrees, 51 minutes, 0 seconds West of the West line of Hill Avenue as established in Document No. 233568 (measured along said South line); thence North 88 degrees, 51 minutes, 0 seconds East along said South line 200.0 feet to said West line; thence South 0 degrees, 41 minutes, 20 seconds East along said West line 183.0 feet; thence South 88 degrees, 51 minutes, 0 seconds West parallel with said South line 371.70 feet to the center line of Ohio Street; thence North 19 degrees, 00 minutes, 0 seconds West along said center line 26.26 feet to a line drawn parallel with and 25.0 feet North 0 degrees, 41 minutes, 20 seconds West of the last described course; thence North 88 degrees, 51 minutes, 0 seconds East along said parallel line 179.95 feet to a line drawn parallel with said West line from the point of beginning; thence North 0 degrees, 41 minutes, 20 seconds West along said last described parallel line 158.0 feet to the point of beginning, in the City of Aurora, Kane County, Illinois.

Excepting from Parcels 1, 2 and 3, the Easterly 5 feet conveyed to the city of Aurora by Warranty Deed Recorded as Document 2000K077390.

PLAT ACT AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF KANE)

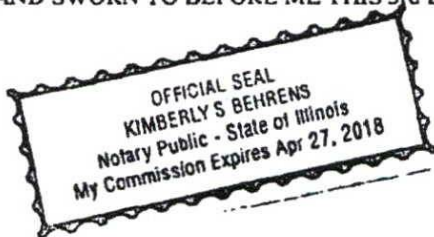
Ron Pederson, being duly sworn on oath states that he resides in Aurora, Kane County, Illinois, that the attached deed is not in violation of 765 ILCS 205/1 of the Illinois Compiled Statutes for one of the following reasons:

- A. The sale or exchange is of an entire tract of land not being a part of a larger tract of land; or,
- B. Circle number applicable to the attached deed.
 1. The division or subdivision of land into parcels of tracts of five acres or more in size which does not involve any new street or easements of access.
 2. The division of lots or blocks of less than one acre in any recorded subdivision which does not involve any new streets or easements of access.
 3. The sale or exchange of parcels of land between owners of adjoining and contiguous land.
 4. The conveyance of parcels of land or interests in those parcels for use as a right-of-way for railroads or other public utility facilities or pipelines which does not involve any new streets or easements of access.
 5. The conveyance of land owner by a railroad or other public utility which does not involve any new streets or easements of access.
 6. The conveyance of land for highway or other public purposes.
 7. A grant or conveyance relating to the vacation of land impressed with a public use.
 8. Conveyances made to correct descriptions in prior conveyances.
 9. The sale or exchange of parcels or tracts of land following the division into no more than two parts of a particular parcel or tract of land existing on July 7, 1959, and not involving any new streets or easements of access.
 10. The sale of a single lot of less than five acres from a larger tract, the dimensions and configurations of said larger tract having been determined by the dimensions and configuration of said larger tract on October 1, 1973, and no sale prior to this sale of any lot or lots from said larger tract having taken place since October 1, 1973, and a survey of said single lot having been made by an Illinois Registered Land Surveyor.

AFFIANT further states that he makes this affidavit for the purpose of inducing the Recorder of Deeds of DuPage County, Illinois to accept the attached deed for recording, and that all local requirements applicable to the subdivision of land are met by the attached deed and the tract described therein.

X *Ronald Pederson*
Ron Pederson, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 3rd DAY OF DECEMBER, 2014



Kimberly S. Behrens
Notary Public



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1412 WSA779617 AUR
STREET ADDRESS: 649 HILL AVE
CITY: AURORA COUNTY: KANE
TAX NUMBER: 15-26-404-008-0000

LEGAL DESCRIPTION:

PARCEL 1:

THE EAST 200 FEET OF LOTS 4, 5, 6 AND LOT 15 IN BLOCK 5 OF SUNNYMERE ADDITION TO AURORA, IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.

PARCEL 2:

THAT PART OF THE SOUTH EAST 1/4 OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT THE POINT OF INTERSECTION OF THE SOUTH LINE OF SUNNYMERE ADDITION, AURORA, KANE COUNTY, ILLINOIS AND THE WEST LINE OF HILL AVENUE AS ESTABLISHED IN DOCUMENT 233568; THENCE SOUTH 00 DEGREES, 41 MINUTES, 20 SECONDS EAST ALONG SAID WEST LINE 183.0 FEET TO A POINT OF BEGINNING; THENCE SOUTH 88 DEGREES, 51 MINUTES, 0 SECONDS WEST PARALLEL WITH SAID SOUTH LINE 371.70 FEET TO THE CENTER LINE OF OHIO STREET; THENCE SOUTH 19 DEGREES, 00 MINUTES, 0 SECONDS EAST ALONG SAID CENTER LINE 196.61 FEET TO THE NORTHWEST CORNER OF A TRACT OF LAND REFERRED TO AS PARCEL ONE CONVEYED BY DOCUMENT 1606268; THENCE NORTH 88 DEGREES, 27 MINUTES, 40 SECONDS EAST ALONG THE NORTH LINE OF SAID TRACT 309.95 FEET TO SAID WEST LINE; THENCE NORTH 00 DEGREES, 41 MINUTES, 20 SECONDS WEST ALONG SAID WEST LINE 185.05 FEET TO THE POINT OF BEGINNING, IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.

PARCEL 3:

THAT PART OF THE SOUTH EAST 1/4 OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE SOUTH LINE OF SUNNYMERE ADDITION, AURORA, KANE COUNTY, ILLINOIS THAT IS 200.0 FEET SOUTH 88 DEGREES, 51 MINUTES, 0 SECONDS WEST OF THE WEST LINE OF HILL AVENUE AS ESTABLISHED IN DOCUMENT 233568 (MEASURED ALONG SAID SOUTH LINE); THENCE NORTH 88 DEGREES, 51 MINUTES, 0 SECONDS EAST ALONG SAID SOUTH LINE 200.0 FEET TO SAID WEST LINE; THENCE SOUTH 0 DEGREES, 41 MINUTES, 20 SECONDS EAST ALONG SAID WEST LINE 183.0 FEET; THENCE SOUTH 88 DEGREES, 51 MINUTES, 0 SECONDS WEST PARALLEL WITH SAID SOUTH LINE 371.70 FEET TO THE CENTER LINE OF OHIO STREET; THENCE NORTH 19 DEGREES, 00 MINUTES, 0 SECONDS WEST ALONG SAID CENTER LINE 26.26 FEET TO A LINE DRAWN PARALLEL WITH AND 25.0 FEET NORTH 0 DEGREES, 41 MINUTES, 20 SECONDS WEST OF THE LAST DESCRIBED COURSE; THENCE NORTH 88 DEGREES, 51 MINUTES, 0 SECONDS EAST ALONG SAID PARALLEL LINE 179.95 FEET TO A LINE DRAWN PARALLEL WITH SAID WEST LINE FROM THE POINT OF BEGINNING; THENCE NORTH 0 DEGREES, 41 MINUTES, 20 SECONDS WEST ALONG SAID LAST DESCRIBED PARALLEL LINE 158.0 FEET TO THE POINT OF BEGINNING IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.

EXCEPTING FROM PARCELS 1, 2 AND 3 THE EASTERLY 5 FEET CONVEYED TO THE CITY OF AURORA, BY WARRANTY DEED RECORDED AS DOCUMENT 2000K077390.

LEGALD

KB9

12/03/14

5

Kane County Recorder's Office
Sandy Wegman - Recorder
Phone (630) 232-5935 / Fax (630) 232-5945
===== Customer Receipt =====

2015K007430(Photo Copy)	\$5.00
<u>Total of Sale</u>	<u>\$5.00</u>
Cash	-\$5.00

Counter Customer	
5/29/2015 8:54:17 AM	154826



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/12/2016

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).

PRODUCER Gabriela Reyna(222225C) 735 N Lake St Aurora IL 60506-3138		CONTACT NAME: PHONE (A/C, No, Ext): 630-892-1050 FAX (A/C, No): E-MAIL ADDRESS: greyna@farmersagent.com															
INSURED HILL'S BANQUET HALL LLC 649 HILL AVE AURORA,IL 60505		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td>INSURER B : Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td>INSURER C : Mid Century Insurance Company</td> <td>21687</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Truck Insurance Exchange	21709	INSURER B : Farmers Insurance Exchange	21652	INSURER C : Mid Century Insurance Company	21687	INSURER D :		INSURER E :		INSURER F :	
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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	ADDL SUBR INSR WVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		604685105	04/05/2016	04/05/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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 \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

LIQUOR LIABILITY/ POLICY: 604685104 / LIMITS: \$1,000,000 BI, PD LOSS OF MEANS OR SOCIETY, CLS

POLICY EFFECTIVE DATE: 04/06/2016 - 04/06/2017

CERTIFICATE HOLDER**CANCELLATION**

State of Illinois. Local Liquor Control Commission 100 W Randolph St Ste7-801 Chicago, IL 60601	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 Daisy Ballines
---	---

ACORD 25 (2010/05)

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The ACORD name and logo are registered marks of ACORD

Hill's Banquets
Menu

*Fajitas with Marinated
Flank Steak and Rajas*

*Carnitas Soft Tacos with Guacamole
and Pico de Gallo*

Mexican Rice

Mexican Pork and Beans

Arroz con Leche

Mango Flan

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

<small>EXPIRATION DATE</small> 05/21/2020	<small>I.D. NUMBER</small> 01679986
APDIEL TORRES IS A CERTIFIED FOOD SERVICE SANITATION MANAGER BY EXAM ON 05/21/15 ISSUED 10/21/2015	

BUSINESS ADDRESS

APDIEL TORRES
917 S FOURTH ST
AURORA

IL 60505

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

<small>EXPIRATION DATE</small> 05/21/2020	<small>I.D. NUMBER</small> 01679986
FOOD SERVICE MANAGER	

APDIEL TORRES
917 S FOURTH ST
AURORA

IL 60505

APDIEL TORRES
917 S FOURTH ST
AURORA

IL 60505

CLASS ON MAY 11, 2016

HILLS BANQUET HALL—HILL AVE.

GERARDO VALERIO

LEOBAROLO M. ORTIZ

NANCY GARCIA

JUAN VALERIO

DIEGO RIVAS

MARIE CRISTINA RIVAS

MARITZA RIVAS

FIDEL VALERIO

*Denese
Thulio #
54-0043341*