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## VILLAGE OF SUGAR GROVE

### BOARD REPORT

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**TO:** VILLAGE PRESIDENT AND BOARD OF TRUSTEES  
**FROM:** MICHAEL CASSA, ECONOMIC DEVELOPMENT DIRECTOR  
**SUBJECT:** DISCUSSION: LIQUOR LICENSE APPLICATION FOR RTE. 47 WINGS AND TAVERN  
**AGENDA:** February 18, 2025 REGULAR BOARD MEETING  
**DATE:** February 11, 2025

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#### ISSUE

Should the Village Board discuss the application for an on-premise liquor license for Rte. 47 Wings and Tavern?

#### DISCUSSION

Rte. 47 Wings and Tavern plans to open a new business at 519 Sugar Grove Parkway, Unit D, in the Sugar Grove Center. The owner of the business, Jay Patel, has submitted an application for an on-premise liquor license. A copy of the liquor license application is attached.

This issue is being presented to the Village Board in this way because of the following reasons: (1) this is a new business; there are not other locations that can be visited, like Primo's or Cilantro; (2) the business is not yet open; and (3) a partial buildout has been completed. The owner has already made significant investments to this 1,268 sq. ft. lease space. Completed improvements include two bathrooms, plumbing, electrical, sprinkling, framing, and drywall. Mr. Patel is finish the buildout after he has received approval for the liquor license application.

Rte. 47 Wings and Tavern would feature: (1) a dining area with seating; (2) a kitchen; (3) a bar; and (4) a video gaming room. The buildout plan that has been submitted to the Community Development Department ensures that no customer or employee would have to enter or pass through the video gaming room in order to access the dining area, the kitchen, exterior doors or the bathrooms. There will be 6 dining tables and seating for 21. The liquor license application includes a menu. The items to be served include: Buffalo wings, panini sandwiches, nachos, mozzarella sticks, onion rings, fried pickles, Buffalo cauliflower bites and french fries. The main item on the menu will be the Buffalo wings. Mr. Patel has indicated that a cook and wait staff would be employed. A copy of the floor plan is attached. A larger copy of the floor plan will be provided at the Village Board meeting.

Staff and the applicant are looking for feedback from the Village Board on this application for a liquor license.



**ATTACHMENTS**

Application for a liquor license submitted by Rte. 47 Winds and Tavern.

Floor plan of 519 Sugar Grove Parkway, Unit D, in Sugar Grove.

**COST**

There is no cost to the Village.

**RECOMMENDATION**

The Village Board should discuss the application for an on-premise liquor license for Rte. 47 Wings and Tavern.



## APPLICATION FOR LIQUOR LICENSE



160 S. Municipal Drive, Suite 110  
Sugar Grove, IL 60554  
[www.sugargroveil.gov](http://www.sugargroveil.gov)  
phone 630-391-7200  
fax 630-391-7210

All information on this form must be completed in black ink, printed or typed and submitted to:  
Village Clerk, 160 S. Municipal Drive, Suite 110, Sugar Grove, IL 60554

License Year - May 1, 2024 to April 30, 2025

### 1. Applicant Information

Rte. 47 Wings and Tavern

Applicant/Corporate Name

D/B/A

Business Location Address 519 Sugar Grove Pkwy Unit #D, Sugar Grove, IL

Business Phone Cell Fax

Website N/A

Applicant's Representative JAY PATEL

Representative's Phone Cell

Email Address for Contacting Business

### 2. Required Submittals

#### New License Only

- ☒ Application
- ☐ Application Fee
- ☐ Copy of Certificate of State Registration
- ☐ Copy of Certificate of Occupancy
- ☐ Copy of Certificate of Incorporation

#### For Office Use Only

- ☐ Fee Received
- ☐ Inspection Completed

#### Annual License Renewal and New License

- ☐ Copy of Lease or Proof of Ownership
- ☐ Certificate of Liquor Liability Insurance
- ☐ Copy of Kane Co. Health Dept. Certificate
- ☐ Copy of Menu (if applicable)
- ☐ Copy of State Liquor License
- ☒ Copy of Beverage Alcohol Sellers and Servers Education and Training (BASSET) Certification
- ☐ License Fee
- ☐ Personal Information Form
- ☐ On Premise Financial Statement (if applicable)
- ☐ Inspection Scheduled/Completed



## Tracey Conti

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**From:** [REDACTED]  
**Sent:** Friday, January 10, 2025 1:42 PM  
**To:** Tracey Conti  
**Subject:** [EXTERNAL] - [EXTERNAL] Re: New Business Name

**CAUTION:** This email originated outside of the Village of Sugar Grove's email system. Do not click on links or open attachments unless you recognize the sender and you are expecting the message. Never provide your user ID or password to anyone or enter credentials from a link in email.

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Hello Tracy  
Please change name to Rte. 47 Wings and Tavern.

On Fri, Jan 10, 2025 at 9:27 AM Tracey Conti <[tconti@sugargrovel.gov](mailto:tconti@sugargrovel.gov)> wrote:

Hi Jay,

Michael Cassa said you plan to submit a new name for your liquor license application. Please email me the information, and I'll make sure it's updated.

Thank you.

Best regards,



**Tracey R. Conti** | Executive Assistant & Village Clerk

Administration Department | [Village of Sugar Grove](https://www.villageofsugargrove.org)

160 S. Municipal Dr., Suite 110, Sugar Grove, IL 60554

T: 630.391.7207 | F: 630.391.7210 | E: [tconti@sugargrovel.gov](mailto:tconti@sugargrovel.gov)

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### 3. Liquor License Classifications and Fees 2023-2024

Select the classification of liquor license(s) applying for from the list below. Select if the license is Annual or Temporary. See [Section 3-2-6 of the Sugar Grove Village Code](#) for a description of each license classification and guidelines.

- |                                     |                                    |                                 |
|-------------------------------------|------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | a. On Premise – All Ages           | Annual - \$1,500. <sup>00</sup> |
| <input type="checkbox"/>            | b. On Premise – 21+                | Annual - \$1,500. <sup>00</sup> |
| <input type="checkbox"/>            | c. On Premise – Pour               | Annual - \$1,500. <sup>00</sup> |
| <input type="checkbox"/>            | d. Off Premise                     | Annual - \$1,500. <sup>00</sup> |
| <input type="checkbox"/>            | e. Government – On and Off Premise | Annual - \$1,500. <sup>00</sup> |

### 4. Temporary License

#### Bring Your Own Beer/Beverage (BYOB)

The holder of a valid On Premise liquor license may apply on an annual basis for a Bring Your Own Beer/Beverage (BYOB) Permit to allow for alcoholic liquor to be brought into and/or consumed on the defined premises.

- |                          |  |                                  |
|--------------------------|--|----------------------------------|
| <input type="checkbox"/> | a. Temporary License for Current License Holders | Temporary - \$100. <sup>00</sup> |
| <input type="checkbox"/> | b. Temporary License for Non-License Holders     | Temporary - \$750. <sup>00</sup> |

### 5. Overlay Permit Classifications and Fees 2023-2024

#### Bring Your Own Beer/Beverage (BYOB)

The holder of a valid On Premise liquor license may apply on an annual basis for a Bring Your Own Beer/Beverage (BYOB) Permit to allow for alcoholic liquor to be brought into and/or consumed on the defined premises.

- |                          |  |  |   |
|--------------------------|--|--|---|
| <input type="checkbox"/> | a. Bring Your Own Beer/Beverage (BYOB) | <input type="checkbox"/> Annual - \$100. <sup>00</sup> | <input type="checkbox"/> Temporary - \$100. <sup>00</sup> |
|--------------------------|--|--|---|

#### Food Service Waiver

On Premise licensees must derive more than 15% of gross revenues (on an annual basis) from the sale of foods. The holder of a valid On Premise liquor license may apply on an annual basis for a Food Service Waiver, which allows the license holder to allow for alcoholic liquor to be sold and consumed on the defined premises without the requirement of food service.

- |                          |                        |  |   |
|--------------------------|------------------------|--|---|
| <input type="checkbox"/> | b. Food Service Waiver | <input type="checkbox"/> Annual - \$0. <sup>00</sup> | <input type="checkbox"/> Temporary - \$0. <sup>00</sup> |
|--------------------------|------------------------|--|---|



6. Business Information

Employer Identification Number (EIN) 87-1488006

7. Owner/Manager Information

Please provide the below requested information as follows:

Sole Proprietor or Partnership – ALL owners(s) and partners

Corporations – ALL Directors and officers

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

Name JAY PATEL

Position with business OWNER % of Ownership 100

Driver's License Number \_\_\_\_\_ State of Issuance IL

(please provide copy of License)

Date of Birth [REDACTED] Place of Birth \_\_\_\_\_

Home Address [REDACTED]

Home Phone \_\_\_\_\_ Cell [REDACTED]

Email address [REDACTED]

Name \_\_\_\_\_

Position with business \_\_\_\_\_ % of Ownership \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

(provide copy of License)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_



**8. Owner/Manager information (cont'd).**

Name \_\_\_\_\_

Position with business \_\_\_\_\_ % of Ownership \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

*(provide copy of License)*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

-----  
Name \_\_\_\_\_

Position with business \_\_\_\_\_ % of Ownership \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

*(provide copy of License)*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_



**8. Manager/Assistant/Secondary Manager/Cook Information**

All Managers/Assistant/ Secondary Managers MUST submit to initial background check.

For all establishments that will prepare food onsite, cook information must also be provided.

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

Name \_\_\_\_\_

Position with business \_\_\_\_\_ % of Ownership \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

*(provide copy of License)*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

-----  
Name \_\_\_\_\_

Position with business \_\_\_\_\_ % of Ownership \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

*(provide copy of License)*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

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For all establishments that will prepare food onsite, cook information must also be provided.

Cook's Name \_\_\_\_\_

Home Address \_\_\_\_\_



### 9. Corporation/Premises Questions

1. Has the corporation ever been dissolved either voluntary or involuntary?

☒ No ☐ Yes If yes, state the date of reinstatement: \_\_\_\_\_

2. Is the corporation a subsidiary or a parent corporation?

☒ No ☐ Yes If yes, state the parent corporation's name: \_\_\_\_\_

3. Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder?

☒ No ☐ Yes If yes, explain: \_\_\_\_\_

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

NEW \_\_\_\_\_

5. Does the corporation own or lease the building or space in which the business is located?

☐ Own ☒ Lease (attach a copy of the lease to this application)

6. Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor including but not limited to gambling or any alcohol related traffic offense:

☒ No ☐ Yes If yes, explain: \_\_\_\_\_

7. Does the director, officer, shareholder or any of your managers hold any law enforcement office:

☒ No ☐ Yes If yes, state the person's name, title and agency:

\_\_\_\_\_



8. 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?

☒ No ☐ Yes

If yes, list each and every charge, the date of the charge and the eventual disposition of the charge. If no charges were filed, state the reason(s) for the investigation or hearing.

9. Is the premises with 100 feet of a church, school, hospital or home for the indigent?

☒ No ☐ Yes

10. Does your establishment have entertainment?

☐ No ☒ Yes If yes, list each form of entertainment (i.e.: TV

11. Do you employ security?

☒ No ☐ Yes ☐ Only when entertainment is held

If yes, do you:

- ☐ Use on-staff employees  
☐ Hire Private Company  
☐ Combination of above

If you hire a private company, please provide the company name and a contact person:

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

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

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

Company Email: \_\_\_\_\_

Company Website: \_\_\_\_\_



10. Affidavit

I, JAY PATEL, certify that I am the applicant for the license requested in the foregoing application, that I am of good repute, character, and standing, and that the answers to the questions in the foregoing application are true and correct in every detail. I further state that I have read and understand the Village of Sugar Grove Liquor Code. I further agree not to violate any of the laws of the United States, the State of Illinois, or any of the code of ordinances of the Village of Sugar Grove, in the conduct of business.

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

I further give my permission to the Village of Sugar Grove or any agency thereof to check with any agency or individual name of referred in this application to verify or clarify any answer that I have given.

Corporate / LLC

Individual / Partnership

Printed Name

Printed Name

Printed Name

Printed Name

Signature

Date

Date

Signed and sworn to before me this 13<sup>TH</sup> day of

DECEMBER, 20 24

Notary Public

(seal)

Official Seal  
SAMUEL R. WISE III  
Notary Public, State of Illinois  
Commission No. 589876  
My Commission Expires December 29, 2027



# PERSONAL INFORMATION FORM – LIQUOR LICENSE APPLICATION



160 S. Municipal Drive, Suite 110  
Sugar Grove, IL 60554  
[www.sugargroveil.gov](http://www.sugargroveil.gov)  
phone 630-391-7200  
fax 630-391-7210

In order for your liquor license application to be processed quickly and thoroughly,  
it is necessary that this form be completed in full. Please fill in all blanks.

A FALSE OR MISLEADING ANSWER MAY RESULT IN DENIAL OF YOUR APPLICATION FOR A LIQUOR LICENSE.

ALL INFORMATION MUST BE PRINTED OR TYPED LEGIBLY.

Rte. 47 Wings and Tavern

BUSINESS ADDRESS 519 Sugar Grove Pkwy Unit D PHONE NO [REDACTED]

APPLICANT NAME Jay Patel

HOME PHONE [REDACTED] CELL [REDACTED]

CURRENT HOME ADDRESS

STREET [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

PREVIOUS ADDRESS

STREET [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

DRIVER'S LICENSE NO (include copy) [REDACTED]

DATE OF BIRTH 01/20/1980 PLACE OF BIRTH India

SEX M EYE COLOR Brown HAIR COLOR Black

CITIZEN? ☒ YES ☐ NO IF NO, PLACE & DATE OF CITIZENSHIP [REDACTED]

HAVE YOU EVER BEEN FINGERPRINTED? ☒ YES ☐ NO

IF YES, WHY? Naturalization

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☒ NO

IF YES, EXPLAIN [REDACTED]

HAVE YOU EVER BEEN ARRESTED? ☐ YES ☒ NO

IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE	CHARGE	LOCATION	DISPOSITION

HAVE YOU EVER MADE APPLICATION FOR ANY LICENSE(S) IN THE VILLAGE OF SUGAR GROVE OTHER THAN THE ONE FOR WHICH THIS LICENSE IS BEING SOUGHT? ☐ YES ☒ NO

IF YES, WHAT WAS THE DISPOSITION OF THE ABOVE APPLICATION? [REDACTED]

HAVE YOU EVER HAD A LICENSE REVOKED? ☐ YES ☒ NO IF YES, EXPLAIN [REDACTED]

HAVE YOU HELD OR DO YOU PRESENTLY HOLD A LICENSE WITH SUGAR GROVE? ☐ YES ☒ NO

IF YES, LIST PLACE OF BUSINESS, TYPE OF LICENSE AND PERIOD OF TIME LICENSE

HELD: FROM/TO [REDACTED] BUSINESS [REDACTED] TYPE OF LICENSE [REDACTED]



# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied and are knowledgeable about how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 12107024  
CARD # 12107024

## ServSafe Alcohol® CERTIFICATE



JAY PATEL

NAME

12107024

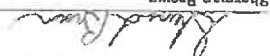
DATE OF EXAMINATION

For details about your final date of expiration, visit [ServSafe.com](http://ServSafe.com)

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Executive Vice President, National Restaurant Association Solutions

Sherman Brown



This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

Please see the back of this card for a full list of restrictions.



2017 ServSafe Alcohol  
ID # 12107024  
CARD # 12107024  
12/17/2017  
[ServSafe.com](http://ServSafe.com)

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com).

If you have any questions regarding your certification, please contact the National Restaurant Association Service Center at [ServiceCenter.restaurant.org](http://ServiceCenter.restaurant.org) or 800.765.2122 ext. 6703.

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# Drinks

## **Draft Beers**

A selection of local and imported draft beers.

## **Signature Cocktails**

Spicy Margarita: Tequila, lime, triple sec, and jalapeño.

Whiskey Sour: Bourbon, lemon juice, simple syrup.

Long Island Iced Tea: Vodka, rum, tequila, gin, triple sec, sour mix, and cola.

## **Wine**

A selection of red and white wines.

## **Soft Drinks**

Coke, Diet Coke, Sprite, Lemonade, Iced Tea, Ginger Ale.

## **Open Daily**

Hours

## **Happy Hour**

Hours

# Route 47 Restaurant & Tavern

519 Sugar Grove Pkwy Unit D,  
Sugar Grove, IL



# Starters & Shareables

## Loaded Nachos

Tortilla chips topped with melted cheddar and jack cheeses, jalapeños, sour cream, guacamole, and salsa. Add pulled pork, grilled chicken, or beef for an extra charge.

## Mozzarella Sticks

Breaded and deep-fried, served with marinara dipping sauce.

## Onion Rings

Crispy, golden-brown onion rings served with a side of ranch or BBQ sauce.

## Fried Pickles

Dill pickle slices, battered and fried until crispy, served with ranch dipping sauce.

## Buffalo Cauliflower Bites

Lightly battered cauliflower tossed in buffalo sauce, served with ranch dressing.

## French Fries

Crispy and golden fries, served with ketchup.

## Chili Cheese Fries

French fries topped with chili and melted cheddar cheese.



# Wings

## Boneless & Classic

### Classic Buffalo

Tossed in traditional spicy buffalo sauce, served with celery and ranch or blue cheese dressing.

### Honey BBQ

Sweet and smoky honey barbecue sauce.

### Garlic Parmesan

A savory blend of garlic, parmesan cheese, and herbs.

### Spicy Sriracha

A sweet and fiery sriracha sauce with a touch of honey.

# Panini Sandwich

## Ham & Cheese

Sliced ham, melted Swiss cheese, mustard, and pickles on crusty Italian bread, grilled to perfection.

## Classic Turkey & Swiss

Sliced roasted turkey with melted Swiss cheese, crisp lettuce, and tangy mustard, grilled on hearty ciabatta bread to perfection.

## Classic Grilled Cheese

A timeless favorite with gooey melted American cheese, grilled to crispy perfection on ciabatta bread.

## Mango Habanero

A tropical mix of sweet mango and spicy habanero heat.

## Asian Zing

Sweet soy glaze with ginger, garlic, and a hint of heat.

## Teriyaki

A tangy and slightly sweet soy-based glaze with sesame seeds.

## Plain Jane

Just crispy wings, no sauce – served with ranch or blue cheese.

## Turkey & Pesto

Fresh turkey, melted mozzarella cheese, and a spread of basil pesto, pressed between two slices of warm, toasted ciabatta bread

## Pesto Ham & Turkey

Turkey and ham, paired with mozzarella cheese, fresh basil, and a spread of basil pesto, all pressed to perfection in a warm ciabatta roll





3131 Greenhead Drive  
Springfield, IL. 62711  
(217) 391-5252

U.S. Insurance Company of America is a stock company.

### LIQUOR LIABILITY QUOTE

Quote Number

US-2024-483

Policy Period

12/20/2024 to 12/20/2025  
12:01 A.M. Standard Time at the mailing address

Mail To

TANVIR AHMAD  
1783 SOUTH WASHINGTON ST.  
SUITE #101-B  
NAPERVILLE, IL 60565

Agent

Tanvir Ahmad  
Advance Insurance Consultants, Inc.  
1783 South Washington St.  
Suite #101-B  
Naperville, IL 60565  
Phone: (630) 718-9492

Prepared For

All Star Food Development LLC DBA Route 47  
Mailing Address: [REDACTED]  
Type of Entity: Limited Liability Company

**THIS IS A QUOTE SUMMARY ONLY. THIS QUOTE EXPIRES IN 45 DAYS.  
A POLICY MUST BE ACCEPTED, ISSUED, AND PAID FOR IN ORDER TO PROVIDE COVERAGES.**

Insured Premises #1

519 Sugar Grove Pkwy, Suite D, Sugar Grove, IL 60554  
County: Kane  
Classification: Restaurant (Food Sales Greater than 50%)  
Total Alcohol Sales: \$150,000  
During the term of this insurance, the insured's business at this location will close at or before: 12:00 AM (midnight)





3131 Greenhead Drive  
Springfield, IL. 62711  
(217) 391-5252

U.S. Insurance Company of America is a stock company.

### LIQUOR LIABILITY QUOTE

Quote Number

US-2024-483

Policy Period

12/20/2024 to 12/20/2025  
12:01 A.M. Standard Time at the mailing address

### POLICY LIMITS OF INSURANCE

Each Common Cause Limit: \$1,000,000

Aggregate Limit: No Aggregate

### Policy Forms and Endorsements

IL-LL 101 (09-09) Illinois Liquor Liability Coverage Form  
IL LL 911 (11 07) Notice of Terrorism Insurance Coverage

### BILLING

Payment Plan: Annual

Billings Sent to:

Minimum Earned Premium: \$250

**PREMIUM: \$ 1,620      FEE: \$ 50      POLICY TOTAL: \$ 1,670**





3131 Greenhead Drive  
Springfield, IL. 62711  
(217) 391-5252

U.S. Insurance Company of America is a stock company.

LIQUOR LIABILITY QUOTE	
Quote Number	Policy Period
US-2024-483	12/20/2024 to 12/20/2025 12:01 A.M. Standard Time at the mailing address

## PAYMENT OPTIONS

ALL PLANS ARE DIRECT BILL.  
EACH INSTALLMENT HAS A \$7 FEE, EXCEPT FOR THE DOWN PAYMENT.

### BELOW ARE YOUR AVAILABLE PAYMENT PLANS:

#### Annual

Down Payment = \$1,670.00 \*  
No Installments

#### Semi-Annual

Down Payment = \$1,022.00 \*  
(1 subsequent installment)

#### Quarterly

Down Payment = \$698.00 \*  
(3 subsequent installments)

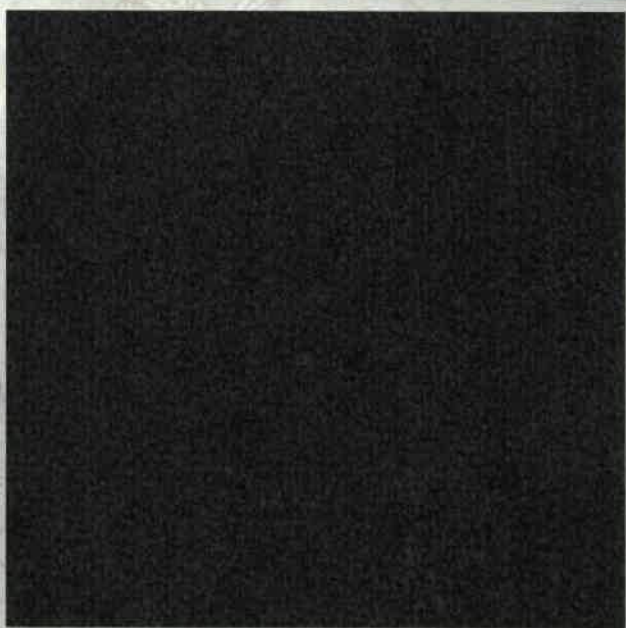
\* The down payment is estimated based on the premium and any policy fee shown in the quote.  
The actual down payment amount due may change based on selected coverages and final premium.  
The invoice will show the actual amount due. Please pay when invoiced.



ILLINOIS



*Handwritten signature*





Form **LLC-5.5**

**Illinois  
Limited Liability Company Act  
Articles of Organization**

**FILE # 10566053**

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

Filing Fee: **\$150**

Approved By: **MAG**

**FILED**

**JUL 01 2021**

**Jesse White  
Secretary of State**

1. Limited Liability Company Name: **[REDACTED]**

2. Address of Principal Place of Business where records of the company will be kept:

**[REDACTED]**

3. The Limited Liability Company has one or more members on the filing date.

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

KAMLESH LAKDAWALA  
953 N PLUM GROVE RD STE A  
SCHAUMBURG, IL 60173-4783

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

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

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

PATEL JAY

**[REDACTED]**

PATEL SIDDHARTH

**[REDACTED]**

PATEL ZEEL

**[REDACTED]**

PATEL DAXKUMAR S

**[REDACTED]**

8. Name and Address of Organizer

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

Dated: JULY 01, 2021

JAY PATEL

**[REDACTED]**




Date of this notice: 07-01-2021

Employer Identification Number:  
87-1488006

Form: SS-4

Number of this notice: CP 575 A

ALL STAR FOOD DEVELOPMENT LLC  
JAY PATEL MBR  


For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-1488006. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2022
Form 1065	03/15/2022
Form 944	01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.



If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ALLS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



575A

07-01-2021 ALLS B 9999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999999

Your Telephone Number      Best Time to Call  
(       )                      -

DATE OF THIS NOTICE: 07-01-2021

EMPLOYER IDENTIFICATION NUMBER: 87-1488006  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

ALL STAR FOOD DEVELOPMENT LLC  
JAY PATEL MBR



Jay Patel



"Search for the impossible and you will find the best possible" - Italian Proverb



