Village of Algonquin
Liquor Commission
July 21, 2026
7:25 PM
Special Meeting
Ganek Municipal Center
2200 Harnish Drive, Algonquin

Agenda

1. **Roll Call - Establish a Quorum**
2. **Public Comment - Audience Participation**
   (Persons wishing to address the Commission must register with the Village Clerk prior to call to order.)
3. **Items for Consideration**
   A. Approved a Class B Liquor License for Haley Vraj, LLC (dba) 51 Liquor and Smoke, 513 E. Algonquin Road
4. **Adjournment**

A Memo From…

VILLAGE OF ALGONQUIN

To: Tim Schloneger

From: Michelle Weber

Date: July 15, 2026

Re: Liquor License Change of Ownership

Haley Vraj, LLC (dba) 51 Liquor and Smoke has taken ownership of Discount Liquors, located at 513 E. Algonquin Rd., Algonquin and has applied for a Class B Liquor License allowing for purchase alcoholic liquor for off premise consumption.

Haley Vraj, LLC. has complied with the Village's requirements by completing the submittal of all documents as required by the Village of Algonquin for obtaining the license pertinent to their establishment.

Attached for your review, is a copy of their liquor license application.

FOR OFFICE USE ONLY
APPLICATION FEE $500.-
LICENSE FEE
DATE RECEIVED 6/19/26
CHANGE OF OWNERSHIP 6/19/26
DATE RECEIVED
RECEIVED BY: BH

VILLAGE OF ALGONQUIN
LIQUOR LICENSE APPLICATION

New Applicant

TO: **Liquor Commission**
Village of Algonquin
Algonquin, Illinois

Applicant:

The undersigned applicant, being duly sworn on oath, makes application for a **Liquor License, Class** B, and **Auxiliary** (outdoor), if applicable indicate No the Village of Algonquin, Illinois, stating in support thereof;

1. **The name of the Liquor License Applicant (Corporation, Individual, or Partnership) as it is to appear on the license is:**
   Haley vraj llc
   (For example, You & Me, Inc., d/b/a Our Place)
   If **individual,** Date of Birth: 51 LIQUOR & SMOKE
   If **corporation, Limited Liability Corporation, or partnership** items 15, 16, or 17 must be completed
2. **The address and phone number of the Business (Algonquin street address only):**
   Address: 513 E ALGONQUIN ROAD ALGONQUIN IL 60102
   Phone: (847) 658-8566 (if business not yet open, phone number of contact person)
3. **The Applicant (if an individual) is a citizen of the United States (circle one):**
   ☑ YES ☐ NO ☐ N/A
   If naturalized, please attach a copy of the naturalization papers.
4. **The Applicant has been in business since** 25 YEARS
5. **The Renewal Applicant has applied for and been granted State Liquor License #_____.**
   Said License was granted on_____ Expiration Date_____.
6. **New Liquor License Applicant is to provide a copy of the State Liquor License to the Village of Algonquin Liquor Commissioner prior to the issuance of their local Liquor License. (Copy of local Liquor License is provided to initiate State Liquor License process.)**
7. **The Applicant has registered with the Illinois Department of Revenue and has been assigned State Sales Tax No** 41-4317254 **Expiration Date** 05/1/2027
8. **The value of goods, wares, and merchandise (including inventory) on hand as of today's date is** $150000.
9. **Liquor revenues for this business are specifically for the sale of (specify which one) beer, beer and wine, or alcoholic liquor** ALL
   for consumption ON or OFF the premises OFF PREMISES
   (Specify on the above line if the license requested is for liquor consumption on or off premises or both.)

10. **Type of business** LIQUOR&SMOKE SHOP
(Tavern, Restaurant, Convenience Store, Grocery Store, Gas Station, other (if other describe)).

11. **How will employees be trained for liquor sales?** WITH BASSET TRAINING

12. **The general description, and approximate square footage of the premises or place of business which is to be operated under the proposed license** 2000 SQUARE FEET.

Attach a scaled drawing of the premises showing all ingress and egress locations, windows, and location of bar. On initial applications, or whenever there has been remodeling, you must include photographs depicting the interior of the premises showing all ingress and egress locations, windows, bar, and service areas.

13. **If an Applicant, Shareholder, or Partner has applied for, held, or holds an interest in any other Liquor License, please provide the following information for all such interests. Use a separate sheet of paper if necessary.**

Name of license holder: ANISH KHARVARI

Location: 450 ROUTE 31 UNIT 150 CRYSTAL LAKE IL 60012

Dates held: 05/01/2024

14. **The Applicant agrees to or answers in the affirmative to the following statements:**

A) The applicant owns said place of business or has a lease on said place of business for the period which the license is issued. (IF LEASED, A COPY OF THE LEASE SHALL BE ATTACHED HERETO.)

B) The Applicant will not allow illegal gambling or other illegal activities on the premises.

C) The Applicant has neither been convicted of a felony nor disqualified to receive a license by reason of any matter or thing contained in the Liquor Control and Liquor Licensing Ordinance for the Village of Algonquin, McHenry and Kane Counties, Illinois, passed and approved on May 4, 1965, the laws of the State of Illinois, or the United States of America, or any other Ordinance of the Village of Algonquin.

D) A liquor license held by the Applicant, a corporation of which the applicant is a shareholder, officer, or director, or a partnership of which the applicant belongs, has neither been revoked nor suspended by any licensing body.
If the license has either been revoked or suspended, the applicant shall explain, on a separate sheet of paper, the circumstances, date and location of said suspension or revocation, and attach it to and make it a part of this application.

E) The Applicant will not violate any of the laws of the State of Illinois, or the United States of America, or any Ordinance of the Village of Algonquin in the conduct of the place of business described above.

F) The Applicant hereby files with this application a Certificate of Insurance by a company authorized to do business in the State of Illinois, certifying that the applicant has in force and effect the insurance required by the Village of Algonquin and agrees to maintain said insurance for the duration of this licensing period. (Include a copy of Certificate of Insurance.)

CORPORATION

15. CORPORATION (Strike out if not applicable.)

The Applicant is a Corporation, and the person signing the application is a duly authorized agent of said Applicant Corporation, and the following representations are made in connection with this application:

A) Objectives as stated on Corporate Charter: _____

_____

_____

_____

_____

B) Number of shares authorized_____Class: _____

Number of shares issued_____Class:_____

The Corporate Charter was issued to the Applicant:

1. By the State of _____
2. Date of incorporation _____
3. Corporate registration number_____

A copy of Applicant Corporation's last annual report is attached as a part of this application.

C) Officers and Directors (CORPORATION)

The names, complete addresses, social security numbers, phone numbers, and dates of birth of all officers and directors of the applicant corporation are (use additional paper if necessary):

Name: KHARVARI ANISH D [redacted]

(Last) (First) (Initial) SS# Date of Birth

Complete Address: [redacted]

HOFFMAN ESTATES IL 60169 Phone [redacted]

Title: PRESIDENT/OWNER

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

D) **MANAGER (CORPORATION)**

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premise and shall have an actual, regular presence at the facility:

Name: KHARVARI ANISH D [redacted]

(Last) (First) (Initial) SS# Date of Birth

Complete Address [redacted]

HOFFMAN ESTATES IL 60169 Phone: [redacted]

BASSET Training Completion Date: (include a copy of certificate)

E) **STOCKHOLDER (CORPORATION)**

Names of stockholders owning 5% or more of the stock of the Applicant or agent who will conduct the business are:

Name: KHARVARI ANISH D [redacted]

(Last) (First) (Initial) SS# Date of Birth

Complete Address [redacted]

HOFFMAN ESTATES IL 60169 Number of Shares: 100

Phone: [redacted]

Name:

(Last) (First) (Initial) SS# Date of Birth

Complete Address:

Phone: ( )

Number of Shares:

Name:

(Last) (First) (Initial) SS# Date of Birth

Complete Address:

Phone: ( )

Number of Shares:

CORPORATION INFORMATION ENDS

(If more space is needed, please add an extra sheet.)

LIMITED LIABILITY CORPORATION

16. LIMITED LIABILITY CORPORATION: (Strike out if not applicable.)

A) MEMBERS (LIMITED LIABILITY CORPORATION)

Name: KHARVARI ANISH D [redacted]

(Last) (First) (Initial) SS# Date of Birth

Complete Address: [redacted]

HOFFMAN ESTATES IL60169 Phon[redacted]

Name: _____

(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____) _____

Name: _____

(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____) _____

Name: _____

(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____ Phone: (_____) _____

B) **MANAGER (LIMITED LIABILITY CORPORATION)**

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name: KHARVARI ANISH D [redacted]

(Last) (First) (Initial) SS# Date of Birth

Complete Addres[redacted]

HOFFMAN ESTATES IL 60169 Phone[redacted]

BASSET Training Completion Date: 06/05/2026 (include a copy of certificate)

LIMITED LIABILITY CORPORATION INFORMATION ENDS
(If more space is needed, please add an extra sheet.)

PARTNERSHIP

17. PARTNERSHIP (Strike out if not applicable.)

The Applicant is a partnership and the names and addresses of those persons who are either limited or general partners or are in some other manner entitled to share in the profits are as follows (use additional paper if necessary):

A) MEMBERS (PARTNERSHIP)

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

B) MANAGER (PARTNERSHIP)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____Phone (_____)_____

BASSET Training Completion Date:_____(include a copy of certificate)

PARTNERSHIP INFORMATION ENDS (If more space is needed, please add an extra sheet.)

SOLE PROPRIETORSHIP (INDIVIDUAL)

18. SOLE PROPRIETORSHIPS (INDIVIDUAL (Strike out if not applicable.)

The Applicant is an individual entitled to the profits of this business and his/her name, address and other pertinent information is required as follows (use additional paper if necessary):

A) SOLE PROPRIETORSHIP (INDIVIDUAL)

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title: _____

B) MANAGER (SOLE PROPRIETORSHIP-INDIVIDUAL)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

BASSET Training Completion Date: _____ (include a copy of certificate)

SOLE PROPRIETORSHIP-INDIVIDUAL INFORMATION ENDS
(If more space is needed, please add an extra sheet.)

19. All below questions must be answered. Use N/A if question does not apply.

A)

1. Is the Applicant a resident of the Village of Algonquin? Y ☐ N ☑
2. With reference to an Applicant Partnership, are all members of said Applicant Partnership qualified to obtain a license? Y ☑ N ☐
3. With reference to an Applicant Corporation, is any officer, manager, director, stockholder, or stockholder owning in the aggregate more than five (5) percent of the stock of the Applicant Corporation excluded from obtaining a license for any reason other than citizenship and residence within the Village of Algonquin? Y ☐ N ☑

B) Is the Applicant of good character and reputation in the community? Y ☑ N ☐

C) Has the Applicant ever been convicted of a felony under any Federal or State law? Y ☐ N ☑

D) Has the Applicant ever been convicted of being a keeper, or is keeping, a house of ill fame? Y ☐ N ☑

E) Has the Applicant ever been convicted of pandering or other crimes or misdemeanor opposed to decency or morality? Y ☐ N ☑

F) Has the Applicant ever had a Liquor License revoked for any cause? Y ☐ N ☑

G) Has the Applicant either been convicted of any Federal or State law concerning manufacture, possession, or sale of alcoholic liquor, or has the Applicant ever forfeited his bond to appear in court to answer charges for a violation of said Federal or State law? Y ☐ N ☑

H) Is the Applicant eligible for a State of Illinois Liquor License? Y ☑ N ☐

I) Is the Applicant either an Algonquin law enforcing public official or does the President or any member of the Board of Trustees of the Village of Algonquin have any interest either directly or indirectly in the applicant business? Y ☐ N ☑

The APPLICANT notes by his signature below that he/she has read and understands Chapter 33. Further, it should be noted that there must be enough employees and supervision of personnel involved with the sale of liquor to satisfy the requirements within Chapter 33. Also, the Applicant must recognize that the regulations of Chapter 33 that apply to the License and Establishment also apply to any agents of the business involved with the sale of liquor.

Applicant Haley vraj llc

(Please Print Name of Business as stated in #1 of this application.)

SIGN IN THE PRESENCE OF A NOTARY PUBLIC!

Signature Akhaira

(Must be signed in the presence of a Notary)

Title PRESIDENT/OWNER

(seal)

JOELLE M GARCIA CALDERON
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 18, 2026

Day Phone [redacted]

Evening Pho [redacted]

SUBSCRIBED AND SWORN TO before me this 17th day of June A.D 20 26.

Joelle Garcia Calderon

NOTARY PUBLIC

Revised 2/1/2017

Form **LLC-5.5**	**Illinois** **Limited Liability Company Act** **Articles of Organization**	**FILE # 17456512**
Secretary of State Alexi Giannoulias Department of Business Services Limited Liability Division www.ilsos.gov	**Filing Fee:** $150 **Approved By:** SXS	**FILED** **FEB 12 2026** **Alexi Giannoulias** **Secretary of State**

1. Limited Liability Company Name: HALEY VRAJ LLC

2. Address of Principal Place of Business where records of the company will be kept:
   367 OAK TREE COURT
   HOFFMAN ESTATE, IL 60169

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

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

   ANISH KHARVARI
   360 OAKTREE CT
   HOFFMAN ESTATES, IL 60169-1650

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:

   ANISH KHARVARI
   367 OAK TREE COURT
   HOFFMAN ESTATE, IL 60169

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: FEBRUARY 12, 2026

   ANISH KHARVARI
   367 OAK TREE COURT
   HOFFMAN ESTATE, IL 60169

This document was generated electronically at www.ilsos.gov

Form **LLC-1.20**

Illinois
Limited Liability Company Act
Application to Adopt an Assumed Name

FILE # 17456512

FILED
Apr 08, 2026
Alexi Giannoulias
Secretary of State

Secretary of State Alexi Giannoulias
Department of Business Services
Limited Liability Division
Room 351 Howlett Building
501 S. Second St.
Springfield, IL 62756
www.ilsos.gov

Filing Fee: 120.00
Approved: AFB

1. Limited Liability Company Name: HALEY VRAJ LLC

2. State under the laws of which the company is organized: IL

3. The Limited Liability Company intends to adopt and transact business under the assumed name of:

   51 LIQUOR & SMOKE

   The right to use the assumed name shall be effective from the date this application is filed by the Secretary of State until 02/01/2030, the first day of the company's anniversary month in the next year, which is evenly divisible by five.

4. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated Apr 08 (Month & Day), 2026 (Year).

ANISH KHARVARI
Name

MANAGER
Title

If applicant is a company or other entity, state name of company.

This document was generated electronically at www.ilsos.gov

Village Of Algonquin
Police Department

~MEMORANDUM~

DATE	July 15, 2026
TO	Tim Schloneger - Village Manager
FROM	Dennis Walker - Chief of Police
SUBJECT	Background - Discount Liquors/51 Liquor & Smoke

Kharvari, Anish ~ 513 E. Algonquin Rd ~ Discount Liquors/51 Liquor & Smoke

A background check has been conducted by the Algonquin Police Department on the above individual(s).

We have received and reviewed the results of the criminal history information:

No information was found regarding this individual(s) that would disqualify them from becoming a manager for this establishment.

CERTUS

Certificate of Completion

This is to certify that

ANISH KHARVARI

has diligently and with merit completed

Illinois BASSET Certification

Completion Date: 06-05-2026

This temporary certificate is valid for 30 days.
Download your official BASSET card at mytax.illinois.gov

John Comly
President, CEO and Director

Certificate # 16499372

225 East Robinson St Ste 570
Orlando, FL 32801

Village of Algonquin
Police Department

Date: 6/17/26

Business Name: haleyvrajllc/dba 51 liquor & smoke

Address: 513 E Algonquin Road, ALGONQUIN, IL

To Whom It May Concern:

The Village of Algonquin Police Department has an active compliance team that is here to help promote a successful relationship with local businesses, that hold a liquor license, to ensure that they are familiar with current ordinances and state laws. The compliance team completes a minimum of four random compliance checks throughout the year which may include inspections of various items included on the attached "Sample" check list. Should you have any questions regarding the program please contact the Algonquin Police Department.

In addition, pursuant to Village Municipal Code, Chapter 33 Section 34, your establishment is required to verify all employees have successfully completed an approved BASSET program. You are also required to maintain copies of all employees' current BASSET certificates and provide proof of completion for inspection by any authorized member of the Police Department or the Local Liquor Control Commission. Please note, BASSET training is valid for three years following completion.

33.34 BASSET PROGRAM 06-O-69; Amended 2011-O-43, 2011-O-32

A. BASSET Training Required: Successful completion of a BASSET program, or other similar program as approved by the Chief of Police, is required for all persons who sell or serve alcoholic liquor, all management personnel working in a licensed premise, and anyone whose job description entails the checking of identification for the purchase of alcoholic liquor pursuant to the license. Any new owner, manager, employee, or agent requiring BASSET training shall, within 90 days from their first day of employment with a licensee, complete a BASSET approved program. Until successful completion of the program, such person shall work under the supervision of a person who has successfully completed BASSET training.

Failure to comply with this code may result in penalties, including, but not limited to, a $500 fine for each employee not BASSET certified, as well as being required to complete an in-person training class at the Police Department.

PRESENT THIS LETTER WHEN SUBMITTING YOUR LIQUOR LICENSE APPLICATION OR RENEWAL, SIGNED BY YOUR LOCAL MANAGER, CERTIFYING YOUR ESTABLISHMENT IS IN COMPLIANCE WITH SECTION 34.34, BASSET PROGRAM, OF THE ALGONQUIN MUNICIPAL CODE AND THAT YOU HAVE RECEIVED THE "SAMPLE" LIST OF LC13 COMPLIANCE CHECK REQUIREMENTS.

Questions regarding this program and upcoming class schedules can be directed to the Police Department (847) 658-4531.

Sincerely,

Dennis Walker
Chief of Police

MANAGER'S SIGNATURE

HALLYVR

OP ID: KR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/16/2026

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 have ADDITIONAL INSURED provisions or 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 Carl E. Mellen & Co. 601 Greenwood Avenue Waukegan, IL 60087 Keith Ranney 847-244-3500	CONTACT NAME: Keith Ranney PHONE (A/C, No, Ext): 847-244-3500 FAX (A/C, No): 847-244-5317 E-MAIL ADDRESS: Keith@CarlMellen.com
INSURED Haley Vraj LLC DBA 51 Liquor & Smoke 513 E Algonquin Rd Algonquin, IL 60102	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			5782397	07/01/2026	07/01/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			5782397	07/01/2026	07/01/2027	Liq Liab	1,000,000
							Aggregate	2,000,000

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

RE: 513 E Algonquin Rd Algonquin, IL 60102

CERTIFICATE HOLDER

ALGONQU

Village of Algonquin
2200 Harnish Dr
Algonquin, IL 60102

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

Thomas Poll