CITY OF ST. CHARLES ILLINOIS • 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	**Agenda Item Number: 4d**
	Title:	Recommendation to approve a Proposal for an A-6 Liquor License Application for Krishudha Ohm LLC dba BP Gas Station Located at 1660 W. Main St., St. Charles.
	Presenter:	Police Chief James Keegan

Meeting: Government Operations Committee **Date**: January 17, 2023

Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

Krishudha Ohm LLC dba BP Gas Station, located at 1660 W. Main St., is changing ownership and requesting approval of an A-6 liquor license application for their business.

Please see the background investigation for further information.

Before being presented to this Committee, this item was discussed at the Liquor Control Commission meeting at 4:30 pm on January 17, 2023. On Monday, February 6, 2023, the City Council will take a final vote on this item.

Attachments (*please list*)**:**

Liquor License

Recommendation/Suggested Action (*briefly explain*)**:**

Recommendation to approve a proposal for an A-6 Liquor License for Krishudha Ohm LLC dba BP Gas Station located at 1660 W. Main St., St. Charles.

Police Department

Memo

Date: 1/9/2023

To: Mayor Lora Vitek-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-BP Gas Station/1660 W. Main Street (Class A-6)

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan. This is an asset sale with new ownership and therefore, operations will be status-quo with that of the existing facility. In addition, we found nothing of a derogatory nature that would preclude the applicant from moving forward with alcohol sales, subject to City Council approval.

Thank you in advance for your consideration in this matter.

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

ST. CHARLES SINCE 1834

DEPARTMENT: MAYOR'S OFFICE PHONE: 630.377.4422

CIGARETTE/TOBACCO LICENSE APPLICATION

NON-REFUNDABLE

Important: this application must be fully and accurately completed.

◉ New ○ Renewal

☑ $50 Cigarettes (OTC) ☑ $100 E-Cigarettes Lounge? Y (N)

☐ $100 Tobacco Specialty Stores ☐ $250 Wholesale Distributor

Name of Business Krishna Ohm LLC Application Date 1-1-2023

D/B/A _____ Specific Type of Business Gas Station

Business Address 1660 W. Main St. ST Charles IL 60174 Business Phone 630-443-4462

Description of premesis Provided
Provide floor plan as separate attachment

Is the premises owned or leased? ○ Owned ◉ Leased *If leased, provide a copy of the lease.*

Applicant/Owner's Name Mehulbhai M Patel Contact Phone # [redacted]

Email [redacted] Social Security # [redacted] Date of birth [redacted]

Home Address [redacted] City/State/Zip Tinley Park, IL 60477

Applicant must be a citizen of the United States, not convicted of a felony under federal or state law, not convicted of a misdemeanor opposed to decency or morality.

Additional Owner/Partner name Ashik R Patel Contact Phone # [redacted]

Email [redacted] Social Security # [redacted] Date of birth [redacted]

Home Address [redacted] City/State/Zip Tinley Park, IL 6046-
(add pages for additional partners as necessary)

On Premise Manager Information

Manager 1 Name Ashik R Patel Contact Phone # [redacted]

Email [redacted] Social Security # [redacted] Date of birth [redacted]

Home Address [redacted] City/State/Zip Tinley Park, IL 60487

Manager 2 Name_____ Contact Phone #_____

Email _____ Social Security # _____ Date of birth_____

Home Address _____ City/State/Zip _____

(add pages for additional managers as necessary)

- Has the Applicant made a similar application for a license on any premises other than the premises described in the Application? ○Yes ◉No
- Has the Applicant or any manager ever been convicted of a felony or otherwise disqualified to receive a license by reason of any matter or thing contained in the laws of Illinois or the ordinances of the City? ○Yes ◉No
- Has any previous license issued to the Applicant by any State or other governmental unit or agency been suspended or revoked? If yes, state reason(s). ○Yes ◉No _____
- Does the Applicant affirm that he/she will not violate any of the laws of the state of Illinois or the provisions of this Ordinance in the conduct of business at the location for which the license is proposed? ◉Yes ○No

By signing this application, the applicant agrees to all the provisions of Chapter 5.16 of the City of St. Charles Municipal Code.

Manubhai Patel

Applicant's Signature

Subscribed and sworn before me this 29th day of December, 2022

(Seal) SHELLEY A. MALIK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Apr 08, 2026

Shelley A. Malik
Notary Public

Approval Date: 1-9-23 by: _____

Chief of Police

V2020

For Office Use – application checklist:

☐	Completed application	☐	Floor plan
☐	Application fee	☐	Lease, if property is leased

LIQUOR APPLICANT BACKGROUND CHECK LIST

APPLICANT(S): Mehulbhai Patel

BUSINESS: Krishudha OHM LLC / BP Gas Station

ADDRESS: 1660 W. Main St, Saint Charles, IL 60174

	REQUESTED	COMPLETED
APPLICATION		X
BUSINESS PLAN/FLOOR PLAN/MENU		X
LEASE (OR LETTER OF INTENT)		X
BASSET CERTIFICATE(S)		X
FINGERPRINTS (ALL MANAGERS)		X
DRAM SHOP (CERTIFICATE OF INSURANCE)		X
TLO		X
I-CLEAR		X
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	NA	NA
POLICE RECORDS CHECK		X
APPLICANT'S HOMETOWN RESIDENCY LETTER		X
ILLINOIS LIQUOR COMMISSION		X
SITE VISIT		X

* COMMENTS: _____

INVESTIGATOR ASSIGNED: Losurdo 364

SUPERVISOR REVIEW: E. Mujews #317

Police Department

ST. CHARLES
SINCE 1834

Memo

To: Commander Eric Majewski

From: Detective John Losurdo

Re: Liquor License Background: Krishudha OHM LLC (BP Gas Station) – License Class: A6 1660 W. Main St., Saint Charles, IL 60174

Applicant

Mehulbhai Patel
DOB: [redacted]
[redacted]
Tinley Park, IL 60477
Tx: [redacted]

Manager/Other Owners

Ashik R. Patel
DOB: [redacted]
[redacted]
Tinley Park, IL 60487
Tx: [redacted]

Application

This application was received on, or around, 12/29/2022. The application included the business' lease agreement, two separate insurance proposals, proof of BASSETT certification for Mehulbhai and Ashik, floor plans, and the business plan. The application was not missing any required documents.

Records Checks

Mehulbhai and Ashik were fingerprinted on 01/03/2023. Responses from both the FBI and Illinois Bureau of Identification show nothing that would cause the license to be denied.

A check of Kane, DuPage, and Cook County court records showed no negative contacts for both Mehulbhai and Ashik.

A check of the following police departments yielded no negative contacts with Mehulbhai and Ashik:

- Chicago
- Saint Charles
- Tinley Park
- Oak Lawn
- Oak Forest
- Evergreen Park

Searches through CLEAR, Aegis Link, Zeus, and New World yielded negative results for both subjects as well.

A check of the Illinois Liquor Control Commission showed that Ashik currently does not hold any liquor licenses but Mehulbhai currently holds two with the State of Illinois and the City of Chicago for the following locations:

- Sheridan Liquor and Lounge (3944-3946 N. Sheridan Rd., Chicago, IL 60613)
- Lakeside Market (801 W. Irving Park Rd., Chicago, IL 60613)

Mehulbhai disclosed to me that both above locations are licensed to sell tobacco as well. I did not discover any issues concerning Mehulbhai's liquor or tobacco licenses.

A check of TLOxp and I-Clear (law enforcement databases) showed the information concerning the identity of Mehulbhai and Ashik to be accurate and no areas of concern were noted.

A check of the Illinois Secretary of State Corporate and LLC database showed Krishudha OHM LLC to be an active LLC in good standing with Mehulbhai listed as the owner and Ashik as a manager.

Interview with Applicant

On 01/09/2023 I met with Mehulbhai at the BP gas station. Mehulbhai informed that he does not own the BP yet and that the sale is pending the approval of a liquor license. Mehulbhai stated he friends with the current owner of BP which is how this contract was able to be arranged. There is currently alcohol and tobacco on-site and being sold by the current owner of BP, under his valid liquor and tobacco license. Once the business is sold to Mehulbhai, he intends on selling liquor and tobacco immediately.

It should be noted that on #7 of the Mehulbhai's application, he stated that he is not applying for any other license on the premises. This is incorrect, seeing as he is also applying for a tobacco license. Mehulbhai was transparent with me regarding his application and this appears to be an honest mistake by him.

Site Visit

On 01/09/2023 I visited the site for the BP gas station. The floorplan is consistent with that provided in the application. Liquor and tobacco was on-site due to the current owner having a license to do so.

This concludes my background investigation of Krishudha OHM LLC (BP Gas Station) / Mehulbhai Patel.

Respectfully,

364

Detective John Losurdo #364

City of St. Charles, Illinois Liquor Control Commission

CITY RETAIL LIQUOR DEALER LICENSE APPLICATION

Incomplete applications will not be accepted.
Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

Business Name

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of $200 (5.08.070C) **non-refundable** Non-refundable	☑	☑
Completed Application for all questions applicable to your business.	☐	☑
Copy of Lease/Proof of Ownership	☐	☑
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote. 2 proposals	☐	☑
Copy of Articles of Corporation, if applicable.	☐	☑
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is **only needed for each manager**. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	☐	☑
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	☐	☑
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all **fixed objects**, such as pool tables, bar stools, vending/amusement machines; as well as all **exits**.	☐	☑
Copy of Business Plan, to include: Hours of Operation – Copy of Menu NA – Whether or not live music will be played at this establishment NA – Will there be outdoor seating and/or outdoor designated smoking area NA – **Do not include a marketing or financial plan with this business plan**	☐	☑
Are any building alterations planned for this site? If not sure, please contact **Building & Code Enforcement at 630.377.4406** and/or **Fire Prevention Bureau at 630.377.4458** to discuss whether or not a walk-thru and/or permit are necessary.	☐	☑ No
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	☐	☐ pending
Alcohol Tax Acknowledgement and Business Information Sheet	☐	☑

OFFICIAL USE ONLY

[redacted] 364

Signature of Investigating Officer — Badge Number & Rank Detective / 364

☑ Approval Recommended* ☐ Approval NOT Recommended

[redacted] 6-9-23

Signature of Chief of Police — Date

*ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.

Date Application Received: 1-3-2023

LICENSE INFORMATION:

☐A Package $3200-3600 ☐A1 ☐A2 ☐A4 ☐A5 ☑A6

☐B Restaurant $2400-3600 ☐B1 ☐B2 ☐B3

☐C Tavern $2400-3600 ☐C1 ☐C2 ☐C1

☐ Late Night Permit 1:00am $800 (B/C only)

☐ Late Night Permit 2:00am $2300 (B/C only)

☐D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - $varies **D-Type**_____

☐G Brewery/Restaurant or Site License - $varies ☐G1 ☐G2

☐H Catering License - $varies ☐H1 ☐H2

*Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.

*Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)

APPLICANT INFORMATION

1. Type of Business: ☐ Individual ☐ Partnership ☐ Corporation ☑ Other (explain): LLC

2. Business Name: KRISHUDHAOHM LLC

3. Business Address: 1660 W. MAIN ST, ST CHARLES, IL 60174

4. Type of Business (5.08.070-3):	5. Length of Time in this Business (5.08.070-4):	6: Value of merchandise that normally will be in inventory when in operation (5.08.070-5):	
GAS station	Gas station, grocery 8 years	$ 200,000.00	
7. Business Phone: 630-443-4462	8. Business E-mail: N-A	9. Business Website: N-A	10: Illinois Tax ID Number: 16964-49600
11. Applicant/Contact Person Name: [redacted]	12. Title: MEMBER/ Officer	13. Email: [redacted]	

14. Applicant Home Address, and all addresses for the last 10 years: [redacted]
TINLEY PARK, IL 60477

15. Ph #: [redacted]	DL#: [redacted]	16. Date of Birth: [redacted]	17. Birthplace: [redacted]

18. If Corporation, Corporation Name:

19. Corporation Address (city, state, zip code):

ADDITIONAL OWNERS, INVESTORS (greater than 5% interest), and MANAGER INFORMATION

Full Name, include middle initial: ASHIK R Patel **Title:** Member

Birthdate:	Birthplace:	Driver's License#:	Home Phone:
[redacted]	[redacted]	[redacted]	[redacted]

Home Address, and all addresses for the last 10 years: [redacted]
TINLEY PARK, IL 60487, OAK FOREST, IL 60452

Email Address: [redacted]

Full Name, include middle initial:			**Title:**
Birthdate:	**Birthplace:**	**Driver's License#:**	**Home Phone:**
Home Address, and all addresses for the last 10 years:			**Email Address:**

Full Name, include middle initial:			**Title:**
Birthdate:	**Birthplace:**	**Driver's License#:**	**Home Phone:**
Home Address, and all addresses for the last 10 years:			**Email Address:**

BUSINESS ESTABLISHMENT LOCATION INFORMATION

1. Exact Street Address for liquor license:	2. # Parking Spaces:	3. Outside Dining s.f. (17.20.020-B):	4. Total Building s.f.:
1660 W. MAIN ST. ST CHARLES, IL 60174	5	NA	2800 S.F
5. Total # Seats: NA	**6. Live Entertainment Area s.f. (5.08.010-H):** NA		

7. Brief Business Plan description based on type of establishment listed above (5.08.070-6):

Gas Station with convenience mart

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

Attach to this application a floorplan or layout of the proposed facility to include the following:

1.	Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following: a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof; b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided); c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.
2.	The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license.
3.	A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
4.	It shall be unlawful for any licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.

THE FIRE PREVENTION BUREAU WILL FURNISH ALL FINAL, PERMITTED OCCUPANCY NUMBERS FOR THIS LICENSE.

CORPORATION / PREMISES QUESTIONS

1. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? ☐ Yes ☑ No

Is any individual a naturalized citizen? ☐ Yes ☑ No

If yes, print name(s), date(s), and place(s) of naturalization:

2. Is the premises owned or leased (5.08.070-6A)? ☐ Owned ☑ Leased

3. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: Krishu Ohm LLC Phone Number: [redacted]

Address of Building Owner: [redacted] E-mail Address: [redacted]

Tinley Park, IL 60477

Mailing Address of Building Owner (if different):

Name of Building Owner: Phone Number:

Address of Building Owner: E-mail Address:

Mailing Address of Building Owner (if different):

Name of Building Owner: Phone Number:

Address of Building Owner: E-mail Address:

Mailing Address of Building Owner (if different):

4. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? ☐ Yes ☑ No

If yes, please list the business name(s) and address(es):

5. Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant?

☐ Yes ☑ No

If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued. (5.08.050)

6. Are any improvements planned for the building and/or site that will require a building permit? ☐ Yes ☑ No

If yes, has a building permit been applied for? ☐ Yes ☐ No Date of permit application_____

7. Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? ☐ Yes ☑ No

If yes, what was the disposition of the application? Explain as necessary:

8.	Has applicant (and all persons listed on page 2 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? ☐ Yes ☑ No Is applicant (and all persons listed on page 2 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? ☐ Yes ☑ No
9.	**List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.** **Government Unit:** Location, City/State: Date: Special Explanations: **Government Unit:** Location, City/State: Date: Special Explanations:
10.	Have any liquor licenses possessed ever been revoked (5.08.070-9)? ☐ Yes ☑ No **If yes,** list all reasons on a separate, signed letter accompanying this application. Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? ☐ Yes ☐ No If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.
11.	**Complete ONLY if yes was answered to the question above (10):** Name: Name of Business: Position with the Business: Date(s) of Denial: Reason(s) for Denial of License:
12.	Date of Incorporation (Illinois Corporations) (5.08.070-10): Dec 16, 2022 Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):
13.	Has the applicant and all designated managers read and do they all understand and agree not to violate any laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)? ☑ Yes ☐ No Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? ☐ Yes ☑ No Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? ☐ Yes ☑ No Have you ever been convicted of a gambling offense? ☐ Yes ☑ No (If a partnership or corporation, include all partners and the local manager(s).) Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? ☑ Yes ☐ No

14.	All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 2 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12). Has this been done? ☐ Yes ☑ No If yes, date(s):
15.	Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? ☑ Yes ☐ No If already furnished, date of delivery:
16.	Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)? ☐ Yes ☑ No

B.A.S.S.E.T. TRAINING

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.

Name (First, Middle, Last): Mehulbhai Patel **Birthdate:** [redacted]

Home Street Address, Incl City, State, Zip: [redacted] Tinley Park, IL 60477

Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
01-01-2023	Online	YES	01-01-2026

Name (First, Middle, Last): Ashik Patel **Birthdate:**

Home Street Address, Incl City, State, Zip: [redacted] Tinley Park, IL 60487

Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
12-31-22	Online	YES	12-31-25

Name (First, Middle, Last): **Birthdate:**

Home Street Address, Incl City, State, Zip:

Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:

Name (First, Middle, Last): **Birthdate:**

Home Street Address, Incl City, State, Zip:

Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:

NEW MANAGEMENT REQUIREMENTS

Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.

COMMENTS/ADDITIONAL INFORMATION

Business Name: Krishudha Ohm LLC

SIGNATURES

Mehulbhai Patel
Applicant's Signature

Subscribed and sworn before me this 29th day of December, 2022

SHELLEY A. MALIK
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Apr 08, 2026

Shelley A. Malik
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

Date:	Name of Applicant:
1-9-23	Mehulbhai Patel / Ashik Patel

Name of Business: Krishudha OHM LLC / BP Gas Station

Address of Business:	Ward Number:
1602 W. Main St.	3

Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect for the investigation of an applicant for a Retail Dealer's Liquor License:

1. Date on which applicant will begin selling retail alcoholic liquors at this location:
   Upon Sale of business. Sale is pending the approval of license.

2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? ☐ Yes ☒ No

3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? ☐ Yes ☒ No

   If yes, answer a, b and c:
   a. State the kind of such business:
   b. Give date on which applicant began the kind of business named at this location:
   c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?
      ☐ Yes ☐ No

4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? ☐ Yes ☒ No

   If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? ☐ Yes ☐ No

5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? ☐ Yes ☒ No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) ☐ Yes ☒ No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: ☒ Yes ☐ No Tobacco
8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? ☒ Yes ☐ No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? ☐ Yes ☒ No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? ☐ Yes ☒ No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: ☒ Yes ☐ No
12.	From your observation and investigation, has applicant–to the best of your knowledge–truthfully answered all questions? ☒ Yes ☐ No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? ☒ Yes ☐ No Fingerprinted by: Adam Catt Date: 1-3-23
14.	Other necessary data:

City of St. Charles
ALCOHOL TAX
BUSINESS INFORMATION SHEET

As a new business serving or selling alcohol in the City of St. Charles, the following information must be provided to assist with the processing of your monthly Alcohol Tax returns.

BUSINESS CONTACT INFORMATION

Corporate name: Krishudha Ohm LLC

DBA:

Phone [redacted] x: E-mail: [redacted]

Address: 1660 W. Main St.

City: ST. Charles State: IL ZIP Code: 60174

Expected date of business opening (Required): Feb 1, 2023

TAX PREPARER INFORMATION

Name of Tax Preparer: Dhaval Patel, CPA

Phone: 847 558 8100 Fax: E-mail: d patel @ pinnacle.tax

This completed form must be submitted with your liquor license application and "Acknowledgement of City Alcohol Tax" to the City of St. Charles Administration Office.

ACKNOWLEDGEMENT OF ALCOHOL TAX

By signing below, I acknowledge that I have received the updated information on the City's alcohol tax. I understand that it is my responsibility to collect said tax on any alcohol sales effective immediately. It is also my responsibility to remit said taxes to the City by the due dates specified in the alcohol tax ordinance. I understand that any violation of the alcohol tax ordinance can result in the imposition of fines, penalties, or sanctions including suspension or revocation of the liquor license granted by the City of St. Charles. **The tax rate on alcohol sales will be changed to 3% of the purchase price effective September 1, 2018. Please apply the tax at a rate of 3% on all alcohol sales at your establishment beginning on September 1, 2018.**

Name MEHULBHAI M. PATEL

Title MEMBER

Business Name KRISHUDHA OHM LLC

Address 1660 W. Main ST, ST Charles, IL 60174

Mehulbhai Patel
Signature

1-3-2023
Date

Please return the signed acknowledgement form to the City of St. Charles Administration Office .

COMMERCIAL LEASE AGREEMENT

THIS LEASE (this "Lease") dated this 1st day of January, 2023

BETWEEN:

GRISHU OHM LLC of 1660 W Main St, St. Charles, IL 60174, USA
Telephone: (708) 296-3191
(the "Landlord")

OF THE FIRST PART

- AND -

KRISHUDA OHM LLC of 1660 W Main St, St. Charles, IL 60174, USA
Telephone: (708) 704-7752
(the "Tenant")

OF THE SECOND PART

IN CONSIDERATION OF the Landlord leasing certain premises to the Tenant, the Tenant leasing those premises from the Landlord and the mutual benefits and obligations set forth in this Lease, the receipt and sufficiency of which consideration is hereby acknowledged, the Parties to this Lease (the "Parties") agree as follows:

Definitions

1. When used in this Lease, the following expressions will have the meanings indicated:
    a. "Additional Rent" means all amounts payable by the Tenant under this Lease except Base Rent, whether or not specifically designated as Additional Rent elsewhere in this Lease;
    b. "Building" means all buildings, improvements, equipment, fixtures, property and facilities from time to time located at 1660 W Main St, St. Charles, IL 60174, USA, as from time to time altered, expanded or reduced by the Landlord in its sole discretion;
    c. "Common Areas and Facilities" mean:
        i. those portions of the Building areas, buildings, improvements, facilities, utilities, equipment and installations in or forming part of the Building which from time to time are

not designated or intended by the Landlord to be leased to tenants of the Building including, without limitation, exterior weather walls, roofs, entrances and exits, parking areas, driveways, loading docks and area, storage, mechanical and electrical rooms, areas above and below leasable premises and not included within leasable premises, security and alarm equipment, grassed and landscaped areas, retaining walls and maintenance, cleaning and operating equipment serving the Building; and

ii. those lands, areas, buildings, improvements, facilities, utilities, equipment and installations which serve or are for the useful benefit of the Building, the tenants of the Building or the Landlord and those having business with them, whether or not located within, adjacent to or near the Building and which are designated from time to time by the Landlord as part of the Common Areas and Facilities;

d. "Leasable Area" means with respect to any rentable premises, the area expressed in square feet of all floor space including floor space of mezzanines, if any, determined, calculated and certified by the Landlord and measured from the exterior face of all exterior walls, doors and windows, including walls, doors and windows separating the rentable premises from enclosed Common Areas and Facilities, if any, and from the center line of all interior walls separating the rentable premises from adjoining rentable premises. There will be no deduction or exclusion for any space occupied by or used for columns, ducts or other structural elements;

e. "Premises" means the retail store at 1660 W Main St, St. Charles, IL 60174, USA.

f. "Rent" means the total of Base Rent and Additional Rent.

Intent of Lease

2. It is the intent of this Lease and agreed to by the Parties to this Lease that rent for this Lease will be on a gross rent basis meaning the Tenant will pay the Base Rent and any Additional Rent and the Landlord will be responsible for all other service charges related to the Premises and the operation of the Building save as specifically provided in this Lease to the contrary.

Leased Premises

3. The Landlord agrees to rent to the Tenant the retail store municipally described as 1660 W Main St, St. Charles, IL 60174, USA (the "Premises").

4.

The Premises will be used for only the following permitted use: GAS STATION WITH RETAIL

STORE (the "Permitted Use").

5. No pets or animals are allowed to be kept in or about the Premises or in any common areas in the Building containing the Premises.

6. The tenant is not entitled to any exclusive parking on or about the Premises.

7. The Premises are provided to the Tenant without any fixtures, chattels or leasehold improvements.

Term

8. The term of the Lease commences at 12:00 noon on January 1, 2023 and ends at 12:00 noon on December 31, 2043 (the "Term").

9. Should the Tenant remain in possession of the Premises with the consent of the Landlord after the natural expiration of this Lease, a new tenancy from month to month will be created between the Landlord and the Tenant which will be subject to all the terms and conditions of this Lease but will be terminable upon either party giving one month's notice to the other party.

Rent

10. Subject to the provisions of this Lease, the Tenant will pay a base rent of $20,000.00, payable per month, for the Premises (the "Base Rent"), without setoff, abatement or deduction. In addition to the Base Rent, the Tenant will pay for any fees or taxes arising from the Tenant's business.

11. The Tenant will pay the Base Rent on or before the first of each and every month of the Term to the Landlord.

12. The Base Rent for the Premises will increase over the Term of the Lease as follows: 2 % INCREASED ON BASE RENT ON EVERY YEAR.

13. No acceptance by the Landlord of any amount less than the full amount owed will be taken to operate as a waiver by the Landlord for the full amount or in any way to defeat or affect the rights and remedies of the Landlord to pursue the full amount.

Use and Occupation

14. The Tenant will open the whole of the Premises for business to the public fully fixtured, stocked and staffed on the date of commencement of the Term and throughout the Term, and will continuously occupy and utilize the entire Premises in the active conduct of its business in a reputable manner on such days and during such hours of business as may be determined from time to time by the Landlord.

15. The Tenant covenants that the Tenant will carry on and conduct its business from time to time carried on upon the Premises in such manner as to comply with all statutes, bylaws, rules and regulations of any federal, state, municipal or other competent authority and will not do anything on or in the Premises in contravention of any of them.

16. The Tenant covenants that the Tenant will carry on and conduct its business from time to time carried on upon the Premises in such manner as to comply with any statute, including any subordinate legislation, which is in force now or in the future and taking into account any amendment or re-enactment, or any government department, local authority, other public or competent authority or court of competent jurisdiction and of the insurers in relation to the use, occupation and enjoyment of the Building (including in relation to health and safety compliance with the proper practice recommended by all appropriate authorities).

Quiet Enjoyment

17. The Landlord covenants that on paying the Rent and performing the covenants contained in this Lease, the Tenant will peacefully and quietly have, hold, and enjoy the Premises for the agreed term.

Distress

18. If and whenever the Tenant is in default in payment of any money, whether hereby expressly reserved or deemed as Rent, or any part of the Rent, the Landlord may, without notice or any form of legal process, enter upon the Premises and seize, remove and sell the Tenant's goods, chattels and equipment from the Premises or seize, remove and sell any goods, chattels and equipment at any place to which the Tenant or any other person may have removed them, in the same manner as if they had remained and been distrained upon the Premises, all notwithstanding any rule of law or equity to the contrary, and the Tenant hereby waives and renounces the benefit of any present or future statute or law limiting or eliminating the Landlord's right of distress.

Overholding

19. If the Tenant continues to occupy the Premises without the written consent of the Landlord after the expiration or other termination of the Term, then, without any further written agreement, the Tenant will be a month-to-month tenant at a minimum monthly rental equal to twice the Base Rent and subject always to all of the other provisions of this Lease insofar as the same are applicable to a month-to-month tenancy and a tenancy from year to year will not be created by implication of law.

Additional Rights on Reentry

20. If the Landlord reenters the Premises or terminates this Lease, then:

    a. notwithstanding any such termination or the Term thereby becoming forfeited and void, the provisions of this Lease relating to the consequences of termination will survive;

    b. the Landlord may use such reasonable force as it may deem necessary for the purpose of gaining admittance to and retaking possession of the Premises and the Tenant hereby releases the Landlord from all actions, proceedings, claims and demands whatsoever for and in respect of any such forcible entry or any loss or damage in connection therewith or consequential thereupon;

    c. the Landlord may expel and remove, forcibly, if necessary, the Tenant, those claiming under the Tenant, and their effects, as allowed by law, without being taken or deemed to be guilty of any manner of trespass;

    d. in the event that the Landlord has removed the property of the Tenant, the Landlord may store such property in a public warehouse or at a place selected by the Landlord, at the expense of the Tenant. If the Landlord feels that it is not worth storing such property given its value and the cost to store it, then the Landlord may dispose of such property in its sole discretion and use such funds, if any, towards any indebtedness of the Tenant to the Landlord. The Landlord will not be responsible to the Tenant for the disposal of such property other than to provide any balance of the proceeds to the Tenant after paying any storage costs and any amounts owed by the Tenant to the Landlord;

    e. the Landlord may relet the Premises or any part of the Premises for a term or terms which may be less or greater than the balance of the Term remaining and may grant reasonable concessions in connection with such reletting including any alterations and improvements to the Premises;

    f. after reentry, the Landlord may procure the appointment of a receiver to take possession and collect rents and profits of the business of the Tenant, and, if necessary to collect the rents and profits the receiver may carry on the business of the Tenant and take possession of the personal property used in the business of the Tenant, including inventory, trade fixtures, and furnishings, and use them in the business without compensating the Tenant;

    g. after reentry, the Landlord may terminate the Lease on giving 5 days' written notice of termination to the Tenant. Without this notice, reentry of the Premises by the Landlord or its agents will not terminate this Lease;

    h. the Tenant will pay to the Landlord on demand:

        i. all rent, Additional Rent and other amounts payable under this Lease up to the time of

reentry or termination, whichever is later;

ii. reasonable expenses as the Landlord incurs or has incurred in connection with the reentering, terminating, reletting, collecting sums due or payable by the Tenant, realizing upon assets seized; including without limitation, brokerage, fees and expenses and legal fees and disbursements and the expenses of keeping the Premises in good order, repairing the same and preparing them for reletting; and

iii. as liquidated damages for the loss of rent and other income of the Landlord expected to be derived from this Lease during the period which would have constituted the unexpired portion of the Term had it not been terminated, at the option of the Landlord, either:

i. an amount determined by reducing to present worth at an assumed interest rate of twelve percent (12%) per annum all Base Rent and estimated Additional Rent to become payable during the period which would have constituted the unexpired portion of the Term, such determination to be made by the Landlord, who may make reasonable estimates of when any such other amounts would have become payable and may make such other assumptions of the facts as may be reasonable in the circumstances; or

ii. an amount equal to the Base Rent and estimated Additional Rent for a period of six (6) months.

21. Upon giving written notice no later than 60 days before the expiration of the Term, the Tenant may renew this Lease for an additional term. All terms of the renewed lease will be the same except for any signing incentives/inducements and this renewal clause.

Landlord Chattels

22. The Landlord will not supply any chattels.

Tenant Improvements

23. The Tenant will obtain written permission from the Landlord before doing any of the following:

a. painting, wallpapering, redecorating or in any way significantly altering the appearance of the Premises;

b. removing or adding walls, or performing any structural alterations;

c. changing the amount of heat or power normally used on the Premises as well as installing additional electrical wiring or heating units;

d. subject to this Lease, placing or exposing or allowing to be placed or exposed anywhere inside or outside the Premises any placard, notice or sign for advertising or any other purpose;

e. affixing to or erecting upon or near the Premises any radio or TV antenna or tower, or satellite dish; or

f. installing or affixing upon or near the Premises any plant, equipment, machinery or apparatus without the Landlord's prior consent.

Utilities and Other Costs

24. The Landlord is responsible for the payment of the following utilities and other charges in relation to the Premises: electricity, natural gas, water, sewer, telephone, internet and cable.

Insurance

25. The Tenant is hereby advised and understands that the personal property of the Tenant is not insured by the Landlord for either damage or loss, and the Landlord assumes no liability for any such loss. The Tenant is advised that, if insurance coverage is desired by the Tenant, the Tenant should inquire of Tenant's insurance agent regarding a Tenant's policy of insurance.

Abandonment

26. If at any time during the Term, the Tenant abandons the Premises or any part of the Premises, the Landlord may, at its option, enter the Premises by any means without being liable for any prosecution for such entering, and without becoming liable to the Tenant for damages or for any payment of any kind whatever, and may, at the Landlord's discretion, as agent for the Tenant, relet the Premises, or any part of the Premises, for the whole or any part of the then unexpired Term, and may receive and collect all rent payable by virtue of such reletting, and, at the Landlord's option, hold the Tenant liable for any difference between the Rent that would have been payable under this Lease during the balance of the unexpired Term, if this Lease had continued in force, and the net rent for such period realized by the Landlord by means of the reletting. If the Landlord's right of reentry is exercised following abandonment of the premises by the Tenant, then the Landlord may consider any personal property belonging to the Tenant and left on the Premises to also have been abandoned, in which case the Landlord may dispose of all such personal property in any manner the Landlord will deem proper and is relieved of all liability for doing so.

Governing Law

27. It is the intention of the Parties to this Lease that the tenancy created by this Lease and the performance under this Lease, and all suits and special proceedings under this Lease, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Illinois, without regard to the jurisdiction in which any action or special proceeding may be instituted.

Severability

28. If there is a conflict between any provision of this Lease and the applicable legislation of the State of Illinois (the 'Act'), the Act will prevail and such provisions of the Lease will be amended or deleted as necessary in order to comply with the Act. Further, any provisions that are required by the Act are incorporated into this Lease.

Assignment and Subletting

29. The Tenant will not assign this Lease, or sublet or grant any concession or license to use the Premises or any part of the Premises. An assignment, subletting, concession, or license, whether by operation of law or otherwise, will be void and will, at Landlord's option, terminate this Lease.

Bulk Sale

30. No bulk sale of goods and assets of the Tenant may take place without first obtaining the written consent of the Landlord, which consent will not be unreasonably withheld so long as the Tenant and the Purchaser are able to provide the Landlord with assurances, in a form satisfactory to the Landlord, that the Tenant's obligations in this Lease will continue to be performed and respected, in the manner satisfactory to the Landlord, after completion of the said bulk sale.

Maintenance

31. The Tenant will, at its sole expense, keep and maintain the Premises and appurtenances in good and sanitary condition and repair during the Term and any renewal of this Lease.

32. In particular, the Tenant will keep the fixtures in the Premises in good order and repair. The Tenant will, at Tenant's sole expense, make all required repairs to the plumbing, range, heating apparatus, and electric and gas fixtures whenever damage to such items will have resulted from the Tenant's misuse, waste, or neglect or that of the Tenant's employee, family, agent, or visitor.

33. The Tenant will be responsible at its own expense to replace all electric light bulbs, tubes, ballasts or fixtures serving the Premises.

34. Where the Premises has its own sidewalk, footpath, entrance, driveway or carpark which is for the exclusive use of the Tenant and its guests, the Tenant will keep the footpath, entrance, driveway or parking space clean, tidy and free of objectionable material including dirt, debris, snow and ice.

35. Where the Premises has its own garden or grass area which is for the exclusive use of the Tenant and its guests, the Tenant will water, fertilize, weed, cut and otherwise maintain the garden or grass area in a reasonable condition including any trees or shrubs in or about the Premises.

Care and Use of Premises

36. The Tenant will promptly notify the Landlord of any damage, or of any situation that may significantly interfere with the normal use of the Premises.

37. The Tenant will not make (or allow to be made) any noise or nuisance which, in the reasonable opinion of the Landlord, disturbs the comfort or convenience of other tenants.

38. The Tenant will not engage in any illegal trade or activity on or about the Premises.

39. The Landlord and Tenant will comply with standards of health, sanitation, fire, housing and safety as required by law.

Surrender of Premises

40. At the expiration of the lease term, the Tenant will quit and surrender the Premises in as good a state and condition as they were at the commencement of this Lease, reasonable use and wear and damages by the elements excepted.

Hazardous Materials

41. The Tenant will not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might unreasonably increase the danger of fire on the Premises or that might be considered hazardous by any responsible insurance company.

Rules and Regulations

42. The Tenant will obey all rules and regulations posted by the Landlord regarding the use and care of the Building, parking lot and other common facilities that are provided for the use of the Tenant in and around the Building on the Premises.

General Provisions

43. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or nonperformance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.

44. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors and assigns, as the case may be, of each party to this Lease. All covenants are to be construed as conditions of this Lease.

45. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be Additional Rent and will be recoverable by the Landlord as rental arrears.

46. Where there is more than one Tenant executing this Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease.

47. Time is of the essence in this Lease.

48. This Lease will constitute the entire agreement between the Landlord and the Tenant. Any prior understanding or representation of any kind preceding the date of this Lease will not be binding on either party to this Lease except to the extent incorporated in this Lease. In particular, no warranties of the Landlord not expressed in this Lease are to be implied.

IN WITNESS WHEREOF the Parties to this Lease have duly affixed their signatures under hand and seal, or by a duly authorized officer under seal, on this 1st day of January, 2023.

Mamta Patel
(Witness)
01-01-23

GRISHU OHM LLC (Landlord)
Per: _____ (SEAL)
01-01-23

Mamta Patel
(Witness)
01-01-23

KRISHUDHA OHM LLC (Tenant)
Per: Mamta Patel (SEAL)
01-01-23

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Berkshire Hathaway GUARD Insurance Companies

www.guard.com

Insurance Proposal

QUOTE FOR
Businessowner's Policy

DATE PREPARED
12/29/2022

PREPARED FOR
KRISHUDH OHM LLC
1660 W Main St
St Charles, IL 60174

PROPOSAL NUMBER | **CUSTOMER NUMBER**
GRBP486802 | 12473774

EFFECTIVE DATE
01/03/2023 - 01/03/2024

TOTAL ESTIMATED COST
$12,770.00

PAYMENT TERMS
10% down payment, 10 monthly installment(s)

Underwritten by:
AmGUARD Insurance Company

Presented by:
ALPHA INSURANCE SOLUTIONS LLC
100 E 17th St
Lombard, IL 60148

877-392-5742

Insurance may be underwritten by AmGUARD Insurance Company® or NorGUARD Insurance Company®, members of Berkshire Hathaway GUARD Insurance Companies ("BHGIC"), with principal place of business at 39 Public Square, Wilkes-Barre, PA 18701. ©BHGIC December 2021.

Why Berkshire Hathaway GUARD?

STRENGTH	GUARD is ultimately owned and financially backed by Berkshire Hathaway, Inc. — **one of the strongest organizations in the world.**
EXPERTISE	A dedicated provider to the insurance community for over three decades, **we understand how to protect our clients' interests.**
CONVENIENCE	We offer a full range of products and services as well as **flexible policy terms and convenient payment options.**
TRUST	Right now, **hundreds of thousands of policyholders** are counting on us. Judging by the high number who return each year, it's safe to say we're doing a great job!

Quick Facts

Established: 1983

A.M. Best Company Rating: A+ Superior as of 4/20/2021

Berkshire Hathaway GUARD Insurance Companies:
AmGUARD Insurance Company®, AZGUARD™ Insurance Company (Excess & Surplus Lines), EastGUARD Insurance Company®, NorGUARD Insurance Company® and WestGUARD® Insurance Company

Commercial Lines:
Businessowner's, Commercial Auto, Disability, Commercial Package, Commercial Property, Commercial Umbrella, General Liability, Professional Liability, and Workers' Compensation

Personal Lines:
Homeowners/Renters/Condominium Units/Landlords and Personal Umbrella

Services:
Expert loss control, fair and timely claims handling with 24/7 reporting platform, convenient payment options, responsive customer service, online self-service centers for agents and policyholders

Distribution Network:
6,700+ independent insurance agents and broker partners

Policyholders: 445,000+

Offices:
Headquartered in Wilkes-Barre, PA, with satellite locations countrywide

Employees: 950+

About . . . BERKSHIRE HATHAWAY, INC.
Chaired by Warren Buffett, Berkshire Hathaway is an international holding company with diverse interests including insurance and reinsurance. World-renowned for its financial strength, the group has an AA rating from Standard and Poor's and is a Fortune 500 company.

Not all Berkshire Hathaway GUARD Insurance Companies provide the products described here in nor are all products and coverages available in all states. This information is intended to present a general overview for illustrative purposes. Only the relevant insurance policy and endorsements can provide the actual terms and conditions for an insured © Berkshire Hathaway GUARD Insurance Companies with principal place of business at 39 Public Square, Wilkes-Barre, PA 18701. March 2021.

The security you need. The name you trust.
Learn more at www.guard.com or call 1-800-673-2465.

Berkshire Hathaway GUARD Insurance Companies

LCMD070621

PAYMENT OPTIONS

Making a Payment

Berkshire Hathaway GUARD Insurance Companies

PAYMENT TERMS:

Payment or draft information must be received by GUARD no later than 5 business days after inception. **Always include your Proposal Number on all correspondence and checks.** Please be advised certain fees may apply for credit card payments, installment plans, late payments, and insufficient funds/closed bank account. Fees may vary by state and line of coverage. Please review the fee disclosures on the enclosed Proposal of Insurance.

WAYS TO PAY:

- **ONLINE** – Login to the Policyholder Service Center (PSC) at guard.com/policyholders/ to make a credit card payment, transfer funds from your bank, set up recurring payments, and view your billing history.
- **EXPRESS PAY** – No login required. Simply visit guard.com/expresspay/.
- **DIRECT DRAFT** – Set up recurring automatic payments from your bank account by completing the enclosed Direct Draft Program® Authorization Form and eliminate installment fees.
- **PHONE** – Call 1-800-673-2465 to pay with your credit card or bank account.
- **MAIL** – Make check payable to Berkshire Hathaway GUARD Insurance Companies and include the Mailing Remittance Slip (below).

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

Mailing Remittance Slip

Customer Name: KRISHUDA OHM LLC

Agency Name: ALPHA INSURANCE SOLUTIONS LLC

Proposal Number: GRBP486802

Total Cost: $12,770.00

Down Payment Amount: $1,277.00

Mail Payment To: Berkshire Hathaway GUARD Insurance Companies
ATTN: Accounts Receivable
P.O. Box AH - 39 Public Square
Wilkes-Barre, PA 18703-0020

PAYMENT OPTIONS

Direct Draft Program®

Berkshire Hathaway GUARD Insurance Companies

Direct Draft Program® Authorization Form

Please select one:

☐ **Recurring Draft** (no installment fees)

Preferred method of receiving direct draft billing statement:

☐ Email to: _____

☐ Fax to: _____

☐ **One-Time Draft**

Amount: $ _____

Not an available option for policyholders on self-reporting payment plans. One-time direct drafts will be charged an installment fee up to $7 in select states

Policyholder Name: KRISHUDA OHM LLC Policy #: GRBP486802

Policy #: _____ Policy #: _____

Bank Name: _____

Name on Bank Account: _____

Bank Account #: _____ Bank Routing #: _____

Optional: Attach a voided check to assist us in verifying your account information.

Agreement: By signing below, you are enrolling in Berkshire Hathaway GUARD's Direct Draft Program®, authorizing West-GUARD® Insurance Company, holding company for AmGUARD Insurance Company®, NorGUARD Insurance Company®, and EastGUARD Insurance Company® members of Berkshire Hathaway GUARD Insurance Companies ("GUARD") with principal place of business at 39 Public Square, Wilkes-Barre, PA 18701 to disclose this document to the cited bank and to initiate an electronic transfer of funds from the bank account cited to pay the insurance premiums for the indicated policy(ies), and any renewals thereof, in accordance with either the one-time draft amount cited or per the payment terms of your insurance policy(ies). Any overpayment or refunds of premiums may be returned to the bank account cited. Attempted withdrawals encountering insufficient funds or a closed account may be assessed a fee up to $20 (depending upon the state and subject to change with or without notice). Premiums may change in accordance with the terms and conditions of the policy or contract. If you are not the owner of any policy or contract identified above, you will not receive advance notice of any change in the amount of any authorized withdrawal with respect to such policy or contract. The owner of the policy or contract is responsible for ensuring that adequate premiums are paid to keep the policy/contract in force, even if the direct draft does not occur as scheduled or the amount drafted is insufficient. This authorization remains in effect until you notify GUARD otherwise in writing.

Authorized Signature: _____ Date Signed: _____

Printed Name: _____ Phone #: _____

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

Please return the completed form to:

BHGIC Accounting Services | P.O. Box AH | Wilkes-Barre, PA 18703-0020

csr@guard.com 570-820-7968

Berkshire Hathaway GUARD Insurance Companies

Berkshire Hathaway GUARD
P.O. Box AH • 39 Public Square
Wilkes-Barre, PA 18703-0020
570-825-9900 (Toll-Free 800-673-2465)
FAX 570-823-2059
www.guard.com

Proposal of Insurance

KRISHUDA OHM LLC
Prospect Number GRBP486802
for 01/03/2023 to 01/03/2024

ALPHA INSURANCE SOLUTIONS LLC
Syed Asma - Lombard, IL
Phone Number: 877-392-5742
Fax#: 630-884-8812

Underwriter: Jordan Levin
Extension: 1300 / e-mail: Jordan.Levin@guard.com
Phone Number: 570-825-9900
Fax Number: 570-820-7968

This quote will expire on 01/05/2023.

Carrier:	AmGUARD Insurance Company
Type of Coverage:	Businessowner's
Payment Method:	Direct Bill

Total Estimated Cost: $12,770.00

The portion of the Total Estimated Cost attributable to terrorism premium is $ 31.00.

(Direct billed policies will be charged a fee of $7.00 per installment.)

Information Needed to Issue:

* A signed 1) ACORD application or 2) copy of the proposal is required prior to policy issuance.
* Under the Terrorism Risk Insurance Program Reauthorization Act, policyholders have the right to purchase coverage under this policy and must read, complete, and return the attached Policyholder Disclosure: Notice of Terrorism Insurance Coverage.

Payment Terms:

* Please note that fees may apply and may vary by state. Fees are subject to change with or without notice.
* Policies that are direct billed will be charged a fee of up to $7.00 per installment. There is no installment fee for policies set up with Direct Draft.
* Any checks returned or attempted bank drafts declined for insufficient funds or a closed account may be assessed a fee of up to $20.00.
* A late fee may be assessed of up to $10.00 for payments received after the due date.
* A convenience fee of up to $7.00 will be added to credit card payments.

Your Business is Our Business sm
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Proposal of Insurance for KRISHUDA OHM LLC (cont.)

Important Notes:

* This prospect is subject to inspection.
* If the insured cancels the policy, the final premium may be calculated on an other than pro rata basis. In that case, the amount of premium due to the insured will be 90% of the unearned premium and final premium will not be less than the full minimum premium.
* Please note that the coverages and limits offered on this Proposal of Insurance may be different from those originally selected on the application. Please review carefully.
* We offer a Direct Draft Program to electronically transfer funds from your bank account. Please complete the enclosed Direct Draft Program Authorization Form to enroll and avoid installment fees or lost or delayed checks and associated late charges.
* Quote includes the Protective Safeguards Endorsement. Coverage related consequences can result if the conditions of this endorsement are not met. For more detailed information, please refer to ISO form BP 04 30.

Your Business is Our Business [sm]
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Proposal of Insurance for KRISHUDA OHM LLC (cont.)

The next sections of this proposal list the various Property and Liability insurance coverages and limits included in this Businessowner's policy for the Total Estimated Cost shown above; some are automatically included while others reflect specific requests.

SECTION I: (Applies to All Locations)

Headquarters State **Illinois**

Coverage	Limit
Policy Limits	
• Liability Limits	
• Liability & Medical Expenses - Each Occurrence	$1,000,000
• General Aggregate	$2,000,000
• Personal & Advertising Injury	Included
• Products & Completed Operations Aggregate	$2,000,000
• Medical Expenses - Each Person	$5,000
• Deductibles	
• Liability Property Damage Deductible	None
• Liability Deductible - Bodily Injury	None
Damage To Premises Rented To You	
• Limit	$50,000
Appurtenant Structures	
• Limit	$50,000 combined Building/BPP
Business Income & Extra Expense	
• Limit	Actual Loss Sustained up to 12 Months
Business Income Options	
• Number of Hours Deductible	72 hours
• Extended Business Income Number of Days	30
• Ordinary Payroll Expenses Number of Days	60
Electronic Data	
• Limit	$10,000
Employee Dishonesty	
• Limit	$25,000
Employment-related Practices Liability	
• Limit	$25,000
• Deductible	$1,000
• Retroactive Date	01/15/2023
• Policy Classification	Mercantile
• Number of Employees	4
• Prior or Pending Litigation Date	01/15/2023
• Malicious Prosecution	Include
Fire Department Service Charge	
• Limit	$25,000
Fire Extinguisher Systems Recharge Expense	
• Limit	$5,000
Forgery or Alteration	
• Limit	$10,000

Your Business is Our Business sm
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Proposal of Insurance for KRISHUDA OHM LLC (cont.)

Fungi, Wet Rot, Dry Rot & Bacteria (Mold)	
• Property Limit	$15,000
• Business Income/EE Number of Days	30
• Liability Coverage Option	Exclude Coverage
Glass Expense	
• Limit	Actual Loss Sustained
Hired Automobile	
• Limit	Included in Liability Limit
Interruption of Computer Operations	
• Limit	$10,000
Liquor Liability	
• Liquor Liability Option	Liquor Liability Coverage
• Each Person Bodily Injury Limit	$77,787
• Each Person Property Damage Limit	$77,787
• Loss of Means of Support or Loss of Society Limits	$95,073
• Aggregate Limit	$1,000,000
• Gross Annual Liquor Receipts	$500,000
• IMPORTANT NOTE	THIS COVERAGE IS RATED BASED ON AN ESTIMATE AND IS SUBJECT TO AUDIT
Loss by Theft of furs, fur garments, garments trimmed with fur	
• Limit	$2,500
Loss by Theft of jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals	
• Limit	$5,000
Loss by Theft of patterns, dies, molds and forms	
• Limit	$2,500
Money Orders and "Counterfeit Money"	
• Limit	$1,000
Newly Acquired Or Constructed Property - Buildings	
• Limit	25% of Building Limit/Not more than $500,000/Bldg
Newly Acquired Or Constructed Property - Business Personal Property	
• Limit	$250,000
Non-owned Automobile	
• Exposure	Without Delivery Service
Personal Effects	
• Limit	$5,000
Personal Property Off Premises	
• Limit	$10,000
Pollutant Clean Up and Removal	
• Limit	$10,000
Preservation of Property	
• Limit	Within 30 Days
Terrorism	
• Certified Acts	Exclude Coverage

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You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

SECTION II: Location-Level Coverage

Location 001: 1660 W Main St, St Charles, IL 60174-1630
Building 001: Convenience Stores w/ Gasoline Sales - No Restaurant - 0932101

Property Deductible:	**2,500.00**
Wind/Hail Excluded:	**No**
Wind/Hail Deductible:	**1.00%**
Building Group:	**Convenience Food/Gasoline Store/Restaurant**
Occupancy:	**Owner Occupied Bldg - More than 10%**
Construction Type:	**Joisted Masonry**
Protection Class:	**01**
BCEG:	**Ungraded**
Class Description:	**Convenience Stores w/ Gasoline Sales - No Restaurant (0932101)**

Coverage	Limit
Accounts Receivable	
• On-Premises Limit	$25,000
• Off-Premises Limit	25,000
Awnings Coverage	
• Limit	$2,500
Broadened Coverage for Damage to Premises Rented to You	
• Limit	$300,000
Building Coverage	
• Limit	$1,300,000
• Valuation	Replacement Cost
• Inflation Guard %	2
Business Personal Property Coverage	
• Limit	$250,000
• Seasonal Increase Percent	25
• Valuation	Replacement Cost
Debris Removal	
• Limit	25%/$10,000
Equipment Breakdown Coverage (HSB)	
• Inspection Contact Name	Mehul Patel
• Phone Number	7082963191
Liability	
• IMPORTANT NOTE	THIS COVERAGE IS RATED BASED ON AN ESTIMATE AND IS SUBJECT TO AUDIT
• IMPORTANT NOTE	THIS COVERAGE IS RATED BASED ON AN ESTIMATE AND IS SUBJECT TO AUDIT
• Limit	Included
Mine Subsidence	
• Limit	Refer to Form BP 10 53
Money and Securities	
• On Premises Limit	$5,000
• Off Premises Limit	$5,000

Your Business is Our Business [sm]
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Proposal of Insurance for KRISHUDA OHM LLC (cont.)

Ordinance or Law	
• Coverage Type	Coverage 1 & 2
• Cvg 1 (Loss in Value of Undamaged Portion of Bldg) Limit	$1,300,000
• Cvg 2 (Demolition Cost) Limit	$25,000
Ordinance or Law - Increased Cost Of Construction	
• Limit	$10,000
Outdoor Property	
• Limit	$10,000
Outdoor Signs - Optional Coverage	
• Limit	$5,000
Retail Stores Coverage	
• Endorsement Type	Standard
• Coverage Description	Refer to Form BP 99 25
Spoilage	
• Deductible	$500
• Limit	$10,000
• Description of perishable stock	Grocery Stores
• Breakdown or Contamination Coverage	Yes
• Power Outage Coverage	Yes
• Check here if a Refrigeration Maintenance Agreement is applicable for this location	Yes
Utility Services - Time Element	
• Waiting Period	Lock In 72 Hour Waiting Period
• Time Element Limit	$50,000
• Utility	Public
• Water Supply	Yes
• Communication Supply	Yes
• Check here to include Overhead Transmission Lines for Communication Supply	Yes
• Power Supply	Yes
• Check here to include Overhead Transmission Lines for Power Supply	Yes
Valuable Papers and Records	
• On-Premises Limit	$25,000
• Off-Premises Limit	$25,000
Water Back-up and Sump Overflow	
• Covered Property Limit	$5,000
• Business Income and Extra Expense Limit	$5,000

Your Business is Our Business sm
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Policy Forms To Be Attached at Issuance

Form Number	Form Name
PN MU 01 06 17	Protective Safeguards Policyholder Notice
IIT DS 10 21	Businessowners Policy Declarations
BP 00 03 01 10	Businessowners Coverage Form
BP IN 01 01 10	Businessowners Coverage Form Index
END SCHD	Schedule Of Forms And Endorsements
IL 99 00 08 13	Authorization and Attestation
IL N1 75 11 11	Illinois Notice To Policyholders Regarding The Religious Freedom Protection and Civil Union Act
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholder
PN 99 MU 04 10 19	Business Personal Property - Insurance to Value
PN IL 01 04 20	Notice of Contact for Complaints
PN IL 02 01 14	Illinois Mold Coverage Limitations
BP 99 IL 01 18	IL Policy Customizations
BP 01 54 01 18	Illinois Changes
BP 06 43 04 06	Illinois Changes - Defense Costs
BP 04 55 01 06	Broadened Coverage For Damage To Premises Rented To You
BP 03 12 01 10	Windstorm or Hail Percentage Deductibles
BP 04 46 01 06	Ordinance or Law Coverage
BP 05 01 07 02	Calculation Of Premium
BP 05 03 01 06	Illinois Liquor Liability Coverage
BP 05 24 01 15	Exclusion Of Certified Acts Of Terrorism
BP 05 41 01 15	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States
BP 05 42 01 15	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
BP 10 50 03 12	Mine Subsidence Non-Residential
BP 10 53 01 06	Illinois Changes - Mine Subsidence Schedule
BP 15 04 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-related Liability - With Limited Bodily Injury Exception
BP 99 04 01 10	Equipment Breakdown Coverage
BP 99 188 06 16	Deductible Endorsement - Property
BP 99 238 06 17	Protective Safeguards - Fire
BP 99 25 01 10	Retail Stores
BP 99 332 02 18	Cannabis Exclusion
BP 99 412 01 20	Duties After a Loss - Peril of Hail

Your Business is Our Business sm
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Proposal of Insurance for KRISHUDA OHM LLC (cont.)

BP 99 421 03 21	Cyber Incident Exclusion
BP 99 60 03 12	Water Back-up and Sump Overflow
BP 99 63 03 12	Utility Services - Time Element
BP 99 64 03 12	Business Income Changes - Time Period
BP 99 72 01 13	Spoilage Coverage
BP 99 84 01 14	Illinois - Employment-Related Practices Liability Endorsement
BP 99 86 04 14	Hired Auto And Non-owned Auto Liability
BP 04 12 04 17	Limitation of Coverage to Designated Premises, Project or Operation
	Description of Premises: All location addresses specifically contained within Section I Property Coverages and Limits of Insurance of the declarations page(s)
PRIV POL	Privacy Policy

Name(s) -
Location - XXX
Building -

DISCLAIMER This proposal/quote is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.

Prospect Number: GRBP486802

PROPOSAL-12-29-2022-06 Accepted by: _____
(print name)

Prospect's Signature: _____

Date: _____

Fax this signed proposal page to us at 570-820-7968

Your Business is Our Business sm
You may call Customer Service at 1-800-673-2465 - 24 hours a day, 7 days a week.

Berkshire Hathaway
GUARD Insurance Companies

IMPORTANT INFORMATION:

A PROTECTIVE SAFEGUARDS ENDORSEMENT HAS BEEN INCLUDED IN THIS BUSINESSOWNER'S POLICY PROPOSAL

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable
001	001	P-1, Automatic Sprinkler System

As a condition of this insurance, the protective devices or services shown above MUST be maintained and proof of proper maintenance provided to us upon request. Be aware that these protective safeguards will also will be listed on the protective safeguards endorsement attached to the policy.

Since proper maintenance of any protective safeguards claimed is a requirement of this coverage and failure to do so could result in denial of a claim under the policy, be sure to confirm that the protective safeguards shown above comply with these terms and conditions.

If any listed device or service does not exist, is not operational, or is not connected, notify us immediately. If we do not hear from you, we will assume that all safeguards being claimed are in place and being maintained in accordance with the terms stated above. If you have any questions, please feel free to contact us by phone at 570-825-9900 or by e-mail at csr@GUARD.com.

****UPON ACCEPTANCE OF THIS QUOTE AND SUBSEQUENT ISSUANCE, READ YOUR INSURANCE POLICY FOR COMPLETE TERMS AND CONDITIONS****

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

☐ I elect to purchase terrorism coverage for a prospective premium of $_____.

☐ I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses arising from certified acts of terrorism.

Note: In states where applicable, if you decline this offer, the premium for terrorism (fire only) coverage is $ 31.

Important Note: Your election or rejection shall apply to renewals unless you provide us with a signed Policyholder Disclosure form changing your election.

_____ GRBP486802
Policyholder/Applicant's Name (Print) Policy Number

_____ _____
Authorized Signature Date

Berkshire Hathaway GUARD Insurance Companies

Biz GUARD Plus
Comp • Businessowner's • Auto • Umbrella

Mine Subsidence Insurance Rejection Form

The Illinois Mine Subsidence Act (Article XXXVIIIA) requires that Mine Subsidence Insurance be available for any building in Illinois on policies providing fire and extended coverage beginning January 1, 1994. Additional details about the coverage can be provided by your agent. Coverage is afforded only as set forth in your policy.

Mine Subsidence coverage may be rejected by you. To reject coverage, complete and return this rejection form within 30 days of policy inception. If your insurance application is accepted by us, and a policy is issued to you before this rejection form is received by us, your policy will be issued with Mine Subsidence coverage for all the below buildings.

Reject	Loc #	Bldg#	Address
☐	001	001	1660 W Main St St Charles, IL 60174-1630

I (We) do not desire Mine Subsidence coverage and hereby waive any right to such coverage under this policy or any future policy covering my (our) interest in the property identified above, unless I (we) request mine subsidence insurance coverage, in writing, at some future date.

GRBP486802

Policyholder/Applicant's Name (Print)

Policy Number

Policyholder/Applicant's Signature

Date

IMPORTANT NOTICE AFFECTING YOUR COVERAGE

Business Personal Property – Insurance to Value

This notice is being provided to make sure you understand the importance of insuring your Business Personal Property to its full replacement cost.

Paragraph **5.** Loss Payment of Paragraph **E.** Property Loss Conditions states.

> **(b)** If, at the time of loss, the Limit of Insurance applicable to the lost or damaged property is less than 80% of the full replacement cost of the property immediately before the loss, we will pay the greater of the following amounts, but not more than the Limit of Insurance that applies to the property:
>
> > **(i)** The actual cash value of the lost or damaged property; or
> >
> > **(ii)** A proportion of the cost to repair or replace the lost or damaged property, after application of the deductible and without deduction for depreciation. This proportion will equal the ratio of the applicable Limit of Insurance to 80% of the cost of repair or replacement.

To illustrate, if your Business Personal Property's full replacement cost is $200,000 and you insure it for $100,000, if you sustain a $50,000 loss, you would only receive $31,250, or the Actual Cash Value.

This provision applies to all property coverages, however for your type of business we wanted to highlight the importance of the provision on Business Personal Property.

This summary is provided for informational purposes only, and the contents are not intended to amend, alter, or change any of the terms or conditions of the policy. Similarly, this Notice is not a substitute for reviewing the actual forms and endorsements contained in the policy. Please read the policy to better understand the terms and conditions of the coverage provided.

Berkshire Hathaway GUARD Insurance Companies

P.O. Box A-H
Wilkes-Barre, PA 18703-0020
570-825-9900
800-673-2465
www.guard.com

PRIVACY POLICY

Rev. February, 2020

WHAT DO BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES DO WITH YOUR PERSONAL INFORMATION?

FACTS	Berkshire Hathaway GUARD Insurance Companies include: AmGUARD Insurance Company, AZGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, GUARDCo, Inc., (a medical management affiliate).
Why?	Financial Companies choose how they share your personal information. Federal and State law gives consumers the right to limit some, but not all, sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend upon the product or service you have with us. This information can include: • **Social Security Number, date of birth, driving record, income** • **Credit history, credit-based insurance scores, insurance claim history, payment history** When you are no longer our customer, we continue to share your information as described in this notice.
How?	All financial companies may need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies share their customers' personal information; the reasons we choose to share; and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION	Does Berkshire Hathaway GUARD share?	Can you limit this sharing?
For our everyday business purposes– such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, comply with government agency examinations/procedures, or report your creditworthiness.	Yes	No
For our marketing/processing purposes– to offer our products and services to you. (We may also disclose information received from you with companies that perform services for us.)	Yes	No
For our affiliates' everyday business purposes– information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes– information about your creditworthiness.	Yes	Yes
For our affiliates to market to you	Yes	Yes
For non-affiliates to market to you	Yes	Yes

To limit our sharing	Call Customer Service at 1-800-673-2465 or visit us online at www.guard.com/privacy/. Please note: If you are a new customer, we can begin sharing your information 30 days from the date we provided this notice. When you are no longer our customer, we continue to share your information as described in this notice in accordance with applicable law. However, you can contact us at any time to limit our sharing in accordance with the table above.
Questions?	Call Customer Service at 1-800-673-2465.

Includes Copyrighted Material of the National Association of Insurance Commissioners

Who we are	
Who is providing this notice?	Berkshire Hathaway GUARD Insurance Companies (including property and casualty licensees AmGUARD Insurance Company, AZGUARD Insurance Company, NorGUARD Insurance Company, EastGUARD Insurance Company, and/or WestGUARD Insurance Company as well as GUARDCo, Inc.) is providing this notice. References in this form to "us", "we" or "our" refers to these companies.
What we do	
How do we protect your personal information?	To protect your personal information from unauthorized access and use, we implement security measures that comply with applicable law. These measures include computer safeguards and secured files and buildings.
How do we collect your personal information?	We collect your personal information, for example, when you: • apply for insurance • pay insurance premiums • file an insurance claim • give us your income information • give us your contact information. We also collect your personal information from others (such as credit bureaus, affiliates, or other companies) including, for example, from: • your insurance agent or producer • your transactions with our affiliates listed below or other consumer reporting agencies.
Why can't I limit all sharing?	Applicable law gives you the right to limit only: • sharing for affiliates everyday business purposes – information about your creditworthiness and insurability • affiliates from using your information to market to you • sharing for non-affiliates to market to you.
What happens when I limit sharing for a policy I hold jointly with someone else?	Your choices will apply to everyone on your policy.

Definitions	
Affiliates	*Companies (other than the companies identified in "Facts" above) that are related to us by common ownership or control of Berkshire Hathaway Inc. Affiliates can be financial and nonfinancial companies.*
Non-affiliates	*Companies not related to us by common ownership or control, which can be financial and nonfinancial companies.*
Marketing	*The promotion or advertising of insurance products or services to you. Marketing partners may include, but are not limited to, insurance licensees such as insurance agents appointed by us or their affiliates.*

Other Important Information
Important Information about Credit Reporting: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.
For California Residents: If you opt out, we will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account. Please visit www.guard.com/privacy-policy/ to review our California Privacy Policy. **For Vermont Residents:** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

Includes Copyrighted Material of the National Association of Insurance Commissioners

Illinois Casualty Company
225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • www.ilcasco.com

Date: December 29, 2022

Agency: Alpha Insurance Solutions, LLC

Attention: Asma Syed

BQ1506252	**Businessowners**
Named Insured(s)	Grishu Ohm LLC
	Krishuda Ohm LLC
Location(s) of Risk:	1 - 1660 W Main St, Saint Charles, IL 60174 (KANE County)
LQ1506253	**Liquor Liability**
Named Insured(s):	Grishu Ohm LLC
	Krishuda Ohm LLC
Location(s) of Risk:	1 - 1660 W Main St, Saint Charles, IL 60174 (KANE County)

Premium Indication Only. Any deletion or modification of coverage may not be directly proportional to the premium charge shown on the premium indication. Please contact your Underwriter for revisions.

For any questions, please contact us immediately.

Kimberly Schmidt
Underwriter

Illinois Casualty Company
225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • www.ilcasco.com

UNDERWRITING COMMENTS

GENERAL INFORMATION

Quote Subject to Satisfactory Inspection and Verification of Loss History.

NOTE: An original, signed APPLICANT'S AGREEMENT TO THE INSURANCE APPLICATION(S) is required for each named insured before a policy can be issued.

BUSINESSOWNERS INFORMATION

TERRORISM

Terrorism coverage will be provided unless the insured signs to reject terrorism coverage.

ADDITIONAL INSURED - AS REQUIRED IN WRITTEN AGREEMENT WITH YOU OR BY ORDINANCE

This additional insured endorsement has been added as a suggested option for your client. This liability endorsement covers common additional insured exposures occurring when the insured is contractually obligated in writing or statutorily required to insure the interests of the additional insured(s). The advantages of using this endorsement are the ability to replace multiple other additional insured endorsements at a potentially lower cost and the convenience of not requiring the name and mailing address of the additional insured(s).

UNDERWRITER COMMENTS

We have quoted based on NO losses. The loss runs for the most recent 3 years are required to bind. If there have been any claims, the quote may be amended or withdrawn.

To bind coverage, please provide the inspection contact name and phone number.

Since this risk is 100% sprinklered, we have included the Protective Safeguards endorsement. If this endorsement is not wanted, please advise and we will re-quote.

The named insured has been amended to reflect two LLC entities. The exact interest of each LLC is required to bind. Please review and advise if any changes are needed.

The food sales have been increased to $1,000,000 to adequately reflect a 24 hour convenience store. Verifiable sales receipts for the most recent 12 months is required to review to reduce the receipts.

Per the gasoline sales entered, we have estimated 1,000,000 gallons sold using and average price of $4 per gallon. Please advise if any changes are needed.

We have added $400,000 to the other receipts to reflect miscellaneous, tobacco, and lottery sales. Please provide a breakout of the sales if any changes are needed.

Please review the building limit as it is greater than the amount calculated by our building valuation software.

EPLI is quoted with a $100,000 limit. This is an optional coverage.

LIQUOR LIABILITY INFORMATION

COVERAGE

Coverage includes common law coverage for the injuries that occur in state and out of state. "Owners" of premises automatically qualify as insureds.

UNDERWRITER COMMENTS

The named insured should match the name on the insured's liquor license. Please review and advise if any changes are needed.

Illinois Casualty Company

225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • www.ilcasco.com

BIND ORDER

Named Insured: *Grishu Ohm LLC*

BIND AND ISSUE EFFECTIVE DATE: _____

LIABILITY OPTION: *Limits shown in thousands*

[ ] **BQ1506252** *with liability option:* **[1] 1000/2000** 25%/9 Annual

[ ] **LQ1506253** *with liability option:* **[1] 1000** 25%/9 Annual

ISSUE:

[ ] **As Quoted with EPLI**

[ ] **As Quoted without EPLI** *and*

[ ] **With the Following Coverage Changes:**

_____

_____

_____

Expected Premium After Coverage Changes: _____

PAYMENT OPTIONS:

1. SELECT BILLING PLAN

All Policies	By Policy BP	By Policy LL	
[ ]	[ ]	[ ]	25% down & 9 monthly installments
[ ]	[ ]	[ ]	25% down, 25% at 2 months, 25% at 5 months, 25% at 8 months
[ ]	[ ]	[ ]	40% down, 30% at 3 months, 30% at 6 months
[ ]	[ ]	[ ]	8.3% down & 11 monthly installments
[ ]	[ ]	[ ]	One payment per policy term
[ ]	[ ]	[ ]	16.7% down & 10 monthly installments; continuous (ACH Required)

2. SELECT PAYMENT METHOD

[ ] **ACH** *(Automatic Withdrawal) (Funds will be withdrawn around due date.)*
(A completed Direct Bill ACH Enrollment & Authorization Form is attached.)

[ ] **OTHER** *(See *Payment Options)*

3. SELECT DOWN PAYMENT METHOD (Down Payment is due at the time of binding)

[ ] **ACH** *(Automatic Withdrawal) (Funds will be withdrawn around effective date.)*
(A completed Direct Bill ACH Enrollment & Authorization Form is attached.)

[ ] **OTHER** *(See *Payment Options)*

***Payment Options:**

Website:
www.ilcasco.com

Automated System:
(855) 729-2422

Mobile App:
ICC2GO

Billing Representative:
(309) 793-1700 ext. 808

Mail:
PO Box 4208, Rock Island, IL 61204-4208

BILLING STATEMENT OPTIONS: *Please choose one option*

[ ] **Email** Email Address: _____

(If the billing address is different from the mailing address on the policy)

[ ] **Mail** C/O: _____

Address: _____

City/State/Zip: _____

SIGNATURE: _____ _____

Signature of Producer Date

DID YOU KNOW?

Through ICC's policyholder website, you can

- ☑ View your account(s) and policy documents
- ☑ Pay your bill
- ☑ Report a claim
- ☑ View claim status
- ☑ Submit service receipts
- ☑ View and submit audit documents

FREE access to

Employment Law Advice and Support Resources

Cyber Protection Resources

Visit **www.iccasco.com** and click on *Policyholders* to get started

You can also make a payment and report a claim on ICC's mobile app: *ICC2Go*

Available on Google Play and the App Store

Replacement Cost Estimate

Prepared by: Steve Langhauser (stevel@ilcasco)
Valuation ID: 11003239-1.1

Owner Information

Name: **GRISHU OHM LLC, KRISHUDA OHM LLC**
Street: **1660 W Main St**
City, State ZIP: **Saint Charles, IL 60174**
Country: **USA**
Seismic Zone: 0

Date Entered: 12/30/2022
Date Calculated: 12/30/2022
Created By: Steve Langhauser (stevel@ilcasco)
User: Steve Langhauser (stevel@ilcasco)

Property Information

Name: **GRISHU OHM LLC, KRISHUDA OHM LLC**
Street: **1660 W MAIN ST**
City, State ZIP: **SAINT CHARLES, IL 60174**
Country: **USA**

Bldg #: 1

Structure Information

General Information:
Total Square Footage: 2,800
Property Slope: None (0 - 15 degrees)
Site Access: Average - No Unusual Constraints

Cost per Sq. Ft.: $263.22

Primary Building:
Year Built: **2015**
Number of Stories: **1**
Average Story Height: 12
Construction Class: **4 - Masonry Non-Combustible**

Above Grade Supporting Wall: 100% Masonry - Structural (Giant) Brick
Foundation Shape: Simple Rectangle
Foundation Type: 100% Concrete Slab with Footings

Primary Use: **Store - Convenience w/Gas Pumps**
Square Footage: **2800**

Subtotal: $569,769.47
Quality: Standard

Structural Options

Primary Building: **Store - Convenience w/Gas Pumps**
Foundation Material: 100% Concrete
Window Density: 10 - 20%
Roof Structure: 100% Steel Joists
Interior Partition Walls: 100% Masonry Block

Exterior Wall Finish: 100% Bare Structural (Giant) Brick Walls Only
Roof Type: Flat
Roof Material: 100% Membrane - EPDM or PVC

Features

Primary Building: **Store - Convenience w/Gas Pumps**
Heating and Air Conditioning: 100% Commercial Heat / AC Forced Air System

Estimated Replacement Cost

Calculated Value: **$737,025.74**

Actual Cash Value

Structure ACV: **$685,535.80**

Store - Convenience w/Gas Pumps: Percentage: 7

The estimated replacement costs and other data reflected herein in this "Report" represent approximated costs to rebuild a structure similar to the structure described herein. The estimate is (i) intended to reflect pricing for labor, materials, applicable permits and fees, sales tax, and contractor's overhead and profit and (ii) not intended to reflect costs for major excavation or land value.

This Report is not intended to: (i) serve as the sole source of information, but rather one of several sources, for estimating replacement costs and not guaranteed to represent actual replacement costs; (ii) serve as a statement as to the existence or condition of the structure or property; and (iii) serve as market value appraisals or an assessment of market conditions.

12/30/2022

This Report has not been adapted to or conformed to any mortgage-lending or real estate-industry regulations, standards or purposes and, without limitation, may not be used or distributed for any real estate-related purpose, including distribution to a mortgage lending institution or use for purposes of a real estate closing. Residential property prefill powered by SmartSource®. The Verisk Logo, 360Value® and SmartSource are registered trademarks of Insurance Services Office, Inc.

22.10.08 PL:ILCCXV_DEC22

Illinois Casualty Company

225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • Fax: (309) 793-1707 • www.ilcasco.com

APPLICANT'S AGREEMENT
SUPPLEMENT TO THE INSURANCE APPLICATION(S)

This supplement is made part of the Applicant Information Section of the ACORD Commercial Insurance Application, the ACORD Business Owners Application, the ACORD Workers Compensation Application, any other Commercial Insurance Application acceptable to Illinois Casualty Company (including, but not limited to, any Liquor Liability Application), AND all sections, addendums, and memorandums attached thereto or later provided.

The signing of this supplement does not constitute a binder of insurance. However, the applicant agrees that the statements made in the application process and all subsequent documentation / information (including, but not limited to the ICC Renewal Information form) provided to Illinois Casualty Company are the applicant's agreements and representations. These representations include, but are not limited to, a full and true description and statement of the condition, situation, value, encumbrance, occupancy and title of the property proposed to be insured as well as a complete description of ALL operations necessary and / or incidental to the applicant's business. Applicant further agrees to notify Illinois Casualty Company of any change thereto. Any policy will be issued in reliance upon the truth of such representations. It is further understood and agreed that no insurance is effective under this agreement (A) unless a binder of insurance is issued designating Illinois Casualty Company has accepted this application and the binder is signed by an authorized agent of Illinois Casualty Company or (B) until the date the policy is issued by Illinois Casualty Company.

APPLICANT / NAMED INSURED (please print): Krishuda Ohm LLC

_____ Date _____
Signature of Authorized Representative

_____ _____
Printed Name of Authorized Representative — Title of Authorized Representative

_____ Date _____
Witness Signature

_____
Printed Name of Witness

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APPLICANT / NAMED INSURED (please print): **Grishu Ohm LLC**

_____ Date _____
Signature of Authorized Representative

_____ _____
Printed Name of Authorized Representative — Title of Authorized Representative

_____ Date _____
Witness Signature

_____
Printed Name of Witness

NEW BUSINESS QUOTATION

Insurance Proposal for:

Grishu Ohm LLC

Presented by:

Ms. Asma Syed

Alpha Insurance Solutions, LLC

These materials provide a brief overview of insurance protection that may be provided by Illinois Casualty Company. Given the space limitation, a complete analysis of each and every policy term, condition, exclusion or other provision cannot be provided. These materials are subject to the terms of the actual insurance policy or policies issued. Please read your entire policy or policies issued. Contact your insurance agent with any questions.

Any deletion or modification of coverage may not be directly proportional to the premium charge shown on the quotation. Premiums by premises are included for allocation purposes only.

Illinois Casualty Company

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ACH ENROLLMENT & AUTHORIZATION FORM
DIRECT BILL AUTOMATIC ACH PAYMENT

Account Information:

ICC Account #: _ _ _ _ _ _ _

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____

Financial Institution Information:

Name: _____

Phone Number: _____

Routing Transit Number: _ _ _ _ _ _ _ _ _ (always 9 digits)

Account Number: _____

Please Select All that Apply: ☐ Checking Account ☐ Savings Account ☐ Commercial/Business ☐ Personal

Authorization:

I/We authorize Illinois Casualty Company (ICC) to process debit entries for amounts due on our regular and audit direct bill accounts, from the bank account and financial institution designated above. I recognize that if I fail to provide complete and accurate information on this enrollment form, the processing of the enrollment may be delayed or made impossible, or my electronic payments may be erroneously made, possibly causing my policy/policies to be cancelled for nonpayment of premium, or my account to incur late fees and/or other applicable charges.

If I decide to change or revoke this authorization, I recognize that I must request and submit a Direct Bill ACH Withdrawal Form to Illinois Casualty Company revoking the ACH authorization. If the information I have provided on this authorization changes, I understand that I must forward a new Direct Bill Enrollment Form to ICC providing the correct information. (The change or revocation is effective on the day ICC processes the request or a future date specified by you.)

Signature: _____ Printed Name: _____

Title: _____ Date: _____/_____/_____

***** Please include a copy of a voided check with this enrollment form *****

Fax: (309) 793-1707
Email: Billing@ilcasco.com

Illinois Casualty Company

225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • Fax: (309) 793-1707 • www.icasco.com

Businessowners New Business Quotation

Quote #:	**BQ1506252**	Proposed Effective Date:	December 29, 2022
Quote Date:	December 29, 2022	Proposed Expiration Date:	December 29, 2023
Named Insured(s):	**Grishu Ohm LLC** **Krishuda Ohm LLC**		

PROPERTY SECTION

Illinois Casualty Company

Premises 1 - *1660 W Main St, Saint Charles, IL 60174 (KANE County)*

Description	Valuation	Limit	Deductible	Premium
Building 1				
Building Coverage • *2% Automatic Increase* • *1% Windstorm or Hail Deductible Percentage* • *Cosmetic Damages Exclusion*	RC	$1,300,000	$1,000	**$1,068**
Business Personal Property Coverage • *1% Windstorm or Hail Deductible Percentage* • *25% Increase to provide for Seasonal Variances*	RC	$500,000	$1,000	**$618**

Property Coverages Provided At All Described Premises At No Additional Cost

NOTE: If a higher limit is requested for any of these included coverages, that limit includes the "Included" limit shown below. Limits are NOT cumulative.

Description	Limit	Deductible	Premium
Accounts Receivable			
On Premises *(Higher limit may be purchased)*	$25,000	$1,000	**Included**
Off Premises	$5,000	$1,000	**Included**
Arson, Theft, and Vandalism Loss Reduction Incentive	$5,000	None	**Included**
Claim Data Expenses	$5,000	$1,000	**Included**
Collapse	Included	$1,000	**Included**
Computer Fraud And Funds Transfer Fraud	$10,000	$500	**Included**
Cost To Reconstruct - Ordinance Or Law Coverage *(To comply with ordinance or law)*	$25,000	$1,000	**Included**
Credit Card Forgery	$5,000	$500	**Included**
Credit Card Slip Theft, Disappearance, Or Destruction	$5,000	$500	**Included**
Customer Expense Reimbursement	$25,000	$500	**Included**
Debris Removal *(Higher limit may be purchased)*	25% of (Deductible + Loss Paid) + $25,000	$1,000	**Included**

(*) - Items automatically added or changed by ICC. (**) - Items requested to be added or changed.

Property Coverages Provided At All Described Premises At No Additional Cost (cont.)

NOTE: If a higher limit is requested for any of these included coverages, that limit includes the "included" limit shown below. Limits are NOT cumulative.

Description	Limit	Deductible	Premium
Demolition Cost - Ordinance Or Law Coverage ***(To comply with ordinance or law)***	$25,000	$1,000	Included
Equipment Breakdown Protection Coverage	Included	$1,000	Included
Fire Department Service Charge	$10,000	None	Included
Fire Extinguisher Systems Recharge Expense	$5,000	None	Included
Forgery or Alteration ***(Higher limit may be purchased)***	$5,000	$500	Included
Fungi, Wet Rot And Dry Rot	$15,000	$1,000	Included
Lock Replacement ***(Due to loss of keys if stolen or presumed to be stolen)***	$1,000	$100	Included
Money Orders and Counterfeit Money	$5,000	$100	Included
Newly Acquired Buildings	30 Days	$1,000	Included
Non-owned Detached Trailers ***(Higher limit may be purchased)***	$5,000	$1,000	Included
Outdoor Property	$25,000	$1,000	Included
Personal Effects	$2,500	$1,000	Included
Personal Effects of Customers ***(Higher limit may be purchased)***	$5,000	$1,000	Included
Pollutant Clean Up and Removal	$10,000	$1,000	Included
Preservation of Property ***(All risk coverage)***	90 Days ALS	$1,000	Included
Sewer Back Up ***(Business Income and Extra Expense included in limit. Higher limit may be purchased.)***	$5,000	$1,000	Included
Unscheduled Outbuildings	$5,000	$1,000	Included
Valuable Papers & Records			
On Premises ***(Higher limit may be purchased)***	$25,000	$1,000	Included
Off Premises	$5,000	$1,000	Included
Water Damage, Other Liquids, Powder or Molten Material Damage	Included	$1,000	Included
Your Business Personal Property Off Premises ***(Higher limit may be purchased)***	$15,000	$500	Included

Property Coverages Provided At An Additional Cost

Description	Premises	Building	Limit	Deductible	Premium

(*) - Items automatically added or changed by ICC. (**) - Items requested to be added or changed.

PROPERTY SECTION

Property Coverages Provided At An Additional Cost (cont.)

Description	Premises	Building	Limit	Deductible	Premium
Convenience Stores	1	All			$350
Covered Property - Outdoor Detached Structures			$5,000	$1,000	
Damage to Customer Auto While in Car Wash			$10,000	$1,000	
Employee Dishonesty			$5,000	$500	
Fuel or Lubricant Pumps, Attachments, and Any Connected Hoses or Piping Above Ground			$20,000	$1,000	
Fuel or Lubricants Contained Inside Underground Storage Tanks			$75,000	$1,000	
Money and Securities - Inside the Premises			$5,000	$500	
Money and Securities - Outside the Premises			$5,000	$500	
(Records, as defined in the policy, are required for payment)					
Outdoor Signs/Awnings/Tents/Canopies			$25,000	$500	
Protection of Property			$2,500	$250	
Tickets (Including Lottery Tickets Held for Sale)			$10,000	$500	
(Records, as defined in the policy, are required for payment)					
Underground Pipes, Flues, or Drains			$20,000	$1,000	
NOTE: If a higher limit is requested for any of these coverages, that limit includes the Convenience Store limit shown above.					
Business Income and Extra Expense	1	All	$500,000	None	$250
80% Coinsurance Requirement Applies					
Civil Authority			28 Days		
Extended Period of Indemnity			60 Days		
Ordinary Payroll Expenses			60 Days		
Certified Terrorism Coverage	All	All	Included	$1,000	$50
Fuel or Lubricant Pumps, Attachments, etc.	1	All	$100,000	$1,000	$94
Money and Securities					
Money Outside	1	All	$10,000	$500	$13
(Records, as defined in the policy, are required for payment)					
Outdoor Signs/Awnings/Tents/Canopies	1	All	$100,000	$500	$1,145
Spoilage Coverage	1	All	$5,000	$500	$96
(Independent verification of the amount of loss is required)					

Other Property Endorsements

Description	Premises	Building	Premium
Protective Safeguards			
P-1 : Automatic Sprinkler System	1	1	Included

(*) - Items automatically added or changed by ICC. (**) - Items requested to be added or changed.

PROPERTY SECTION

Property Section Summary

Minimum Applicable Total Property Premium:	*$1000*
Total Property Premium:	[redacted]

NOTE: Coverage for flood is not available on this policy.

LIABILITY SECTION

Description	Limit of Insurance Option 1
General Aggregate Limit	$2,000,000
Each Occurrence Limit	$1,000,000
Products - Completed Operations Aggregate Limit	$2,000,000
Personal & Advertising Injury Limit *(Any one Person or Organization)*	$1,000,000
Medical Expense Limit *(Any One Person)*	$5,000

Premises 1 - *1660 W Main St, Saint Charles, IL 60174*
(KANE County)

		Premium Option 1
Food receipts:	$1,000,000	
Liquor receipts:	$500,000	
Other receipts:	$4,400,000	**$3,269**
Total receipts:	$5,900,000	

Coverages Provided That Cannot Be Removed

NOTE: If a higher limit is requested for any of the included coverages, that limit includes the "included" limit shown below. Limits are NOT cumulative.

Description	Premises	Premium Option 1
Cyber Protection $50,000 Annual Aggregate Limit	All	**Included**
Merchandise Withdrawal $50,000 Annual Aggregate Limit *($2,500 Deductible)*	All	**Included**
Uninsured/Underinsured Motorist Bodily Injury $25,000 Per Person Limit $50,000 Per Occurence Limit	All	**Included**

Coverages Provided

Description	Premises	Premium Option 1
Certified Terrorism Coverage	All	**$64**
Damage To Premises Rented To You $100,000 Per Occurrence Limit	1	**Included**
Employment-Related Practices Liability Insurance Aggregate Limit: $100,000 Deductible Limit: $2,500 Third-Party Coverage: Excluded	All	**$216**

(*) - Items automatically added or changed by ICC. (**) - Items requested to be added or changed.

LIABILITY SECTION

Travelers Casualty Company

Liability Additional Interests

Name	Type	Premises	Premium Option 1
Additional Insured by Written Contract	As Required In Written Agreement With You Or By Ordinance	All	$100

Liability Section Summary

	Option 1
Minimum Applicable Total Liability Premium:	*$500*
Total Liability Premium:	**$3,649**

(*) - Items automatically added or changed by ICC. (**) - Items requested to be added or changed.

PREMIUM TOTALS

Illinois Casualty Company

	Option 1
Total Property Premium:	$3,684
Total Liability Premium:	$3,649
TOTAL PREMIUM:	**$7,333**

NOTICE – OFFER OF TERRORISM COVERAGE
NOTICE – DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from "certified acts of terrorism", as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States (U.S.) Government by coercion.

You should know the terrorism coverage offered under this policy excludes "certified acts of terrorism" involving nuclear, biological, chemical or radiological terrorism.

You should know that where coverage is provided by this Policy for losses resulting from "certified acts of terrorism", such losses may be partially reimbursed by the U.S. Government under a formula established by federal law. Under the formula, the U.S. Government generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds $100 billion. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

If you accept this offer, the premium for terrorism coverage, as provided, under any Liability Option is: $100 Minimum Premium.

For Information Only: The premium for terrorism (fire only) coverage is $0, and is included in the enclosed quote/policy.

OPTION TO REJECT TERRORISM COVERAGE

Quote #/Policy # BQ1506252

First Named Insured: Grishu Ohm LLC

I certify that I have the authority to act on behalf of all named insureds and am hereby so doing. I hereby decline to purchase terrorism coverage for "certified acts of terrorism" on behalf of all named insureds. I understand that I (we) will have no coverage under this policy or any subsequent renewal(s) thereof for losses resulting from "certified acts of terrorism". I understand that this signed rejection remains in effect for the life of the policy or until I accept an offer for "certified acts of terrorism" at a subsequent renewal thereof.

Signature of Authorized Representative	Title of Authorized Representative
Printed Name of Authorized Representative	Date

Illinois Casualty Company

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LIQUOR LIABILITY
NEW BUSINESS QUOTATION

Quote #:	**LQ1506253**	Proposed Effective Date:	December 29, 2022
Quote Date:	December 29, 2022	Proposed Expiration Date:	December 29, 2023
Named Insured(s):	**Grishu Ohm LLC;** **Krishuda Ohm LLC**		

LIQUOR LIABILITY

Illinois Casualty Company

Description	Limits of Insurance Option 1
Each Common Cause Limit	$1,000,000
Aggregate Limit	Unlimited

Premises 1 *1660 W Main St, Saint Charles, IL 60174*
KANE County

		Premium Option 1
Food receipts:	$1,000,000	
Liquor receipts:	$500,000	
Other receipts:	$4,400,000	**$1,196**
Total receipts:	$5,900,000	

Coverages Provided

Description	Premises	Premium Option 1
Certified Terrorism Coverage	All	**Included**

(*) - Items automatically added or changed by ICC. (**) - Items requested to be added or changed.

LIQUOR LIABILITY

PREMIUM TOTALS

	Option 1
Minimum Applicable Total Premium:	*$250*
TOTAL PREMIUM:	**$1,196**

Potential premium savings* as a member of the &state_iba	**$239**
Total Annual Premium with maximum ILBA credit applied:	**$957**

* Members of the ILBA may qualify for a premium credit of up to 20%, dependent upon answers to the ILBA Questionnaire and applicable minimum premiums; the credit shown above is the maximum premium credit available - actual premium credit that will be applied may be less.

NOTICE OF TERRORISM COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from "certified acts of terrorism", as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism, to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States (U.S.) Government by coercion.

You should know the terrorism coverage offered under this policy excludes "certified acts of terrorism" involving nuclear, biological, chemical or radiological terrorism.

You should know that where coverage is provided by this Policy for losses resulting from "certified acts of terrorism", such losses may be partially reimbursed by the U.S. Government under a formula established by federal law. However, your Policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the U.S. Government generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds $100 billion. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage, as provided, for "certified acts of terrorism" is: $0.00 (zero).

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QUOTE SUMMARY

BUSINESSOWNERS PREMIUM TOTALS

	Option 1
Total Property Premium:	$3,684
Total Liability Premium:	$3,649
TOTAL PREMIUM:	**$7,333**

LIQUOR LIABILITY PREMIUM TOTALS

	Option 1
TOTAL PREMIUM:	**$1,198**
Potential premium savings* as a member of the Illinois Licensed Beverage Association:	**$239**
Total Annual Premium with maximum ILBA credit applied:	**$957**

* Members of the ILBA may qualify for a premium credit of up to 10%, dependent on applicable minimum premiums; the credit shown above is the maximum premium credit available - actual premium credit that will be applied may be less.

ILLINOIS LICENSED BEVERAGE ASSOCIATION
MEMBERSHIP APPLICATION

First Name _____ Last Name _____

Business Legal Name _____

Business DBA _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

****

Payment Options

☐ New Member Dues + Initiation Fee (Required = $250.00)

☐ New Member Dues + Initiation Fee + PAC Contribution (Recommended = $350.00)

☐ Payment enclosed (Make check payable to: Illinois Licensed Beverage Association)

☐ Charge my credit card (fill out information below)

Please check one:

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Credit Card _____ Credit Card # _____ CVV _____

Expiration Date (mm/yy)_____ Signature _____

Please mail or fax completed application along with payment to:

Illinois Licensed Beverage Association
1127 South Second Street
Springfield, IL 62704
Phone: 800-336-4752 ♦ Fax: 217-523-3242

Thank You For Your Support!

Illinois Casualty Company

MK 40 06 18

LQ1506253

Illinois Casualty Company

YOUR SUPPORT IS NEEDED!

The Illinois Licensed Beverage Association is an advocate for retail business engaged in the sale and/or service of beverage alcohol.

ILLINOIS LICENSED BEVERAGE ASSOCIATION

Members make the Illinois Licensed Beverage Association (ILBA) an effective advocate. With a diverse, active membership involved in the policymaking process, ILBA's positions can truly represent an industry point of view.

The Illinois Licensed Beverage Association is an advocate for retail businesses engaged in the sale and/or service of beverage alcohol. A not-for-profit business trade association, the ILBA:

- Expresses, promotes, and accomplishes the aims and desires of Illinois alcoholic beverage permit holders.
- Encourages a better relationship between the retail beverage industry and the citizens of the State of Illinois.
- Works to cooperate with all legally constituted law enforcement agencies so that all businesses of alcoholic beverage permittees are operated in accordance with Illinois State Law.
- Elevates the reputation of the licensed beverage industry in the opinions of all that come in contact with it.
- Provides a means through which a better understanding and relationship is secured among members of the retail beverage industry throughout Illinois.

Illinois Casualty Company is endorsed by the ILBA as the preferred provider of insurance protection for its members. As an insurer of taverns, restaurants, package liquor stores, private clubs and banquet facilities, our successes are dependent upon the successes of your industry.

As an ILBA member, you may qualify for a premium savings of up to 20% on your liquor liability insurance - ask your Illinois Casualty Company Agent for details.*

If you are already a member, thank you for your support! If you are not a member, JOIN TODAY via the attached membership application.

*You must be an active ILBA member by the effective date of the policy.

Illinois Casualty Company

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Name of Applicant/Insured:

The applicant/insured must be a member of the Illinois Licensed Beverage Association.

As a member of the ICC ILBA Safety Group, the following loss control Program measures as described are in place for the responsible selling and/or serving of beverage alcohol:

Formal Training

Employees receive a certificate of completion from Beverage Alcohol Sales & Service Education & Training (BASSET) or a comparable certification program. ☐ Yes ☐ No

If yes, please indicate how many employees in each of the following positions have certifications:

Position	Number of Employees
Bartender(s):	
Manager(s):	
Owner(s):	
Security:	
Waitstaff:	
Other:	

If "other", please describe:

Formal Policies

The ILBA member has a formal policy for the following:

Selling or serving alcoholic beverages to those who appear intoxicated: ☐ Yes ☐ No
If yes, please describe:

Age identification: ☐ Yes ☐ No
If yes, please describe:

Fight prevention and/or fight control if a disturbance occurs: ☐ Yes ☐ No
If yes, please describe:

Designated driver program: ☐ Yes ☐ No
If yes, please describe:

Calling a taxi or providing rides for those who appear intoxicated: ☐ Yes ☐ No
If yes, please describe:

Collection of information (e.g. date, time, witnesses, etc.) when an incident (e.g. fight, refusal of service, etc.) takes place: ☐ Yes ☐ No
If yes, please describe:

Formal Policies	
Coffee and food are always available. ☐ Yes ☐ No If yes, please describe:	
Are security cameras present? ☐ Yes ☐ No If yes, please indicate areas of coverage:	
The interior, public areas only:	☐ Yes ☐ No
The interior, all areas including employee only areas and storage:	☐ Yes ☐ No
The exterior, entrance or limited coverage only:	☐ Yes ☐ No
The exterior, full coverage include all parking lot(s) area(s):	☐ Yes ☐ No
How long are back up tapes kept before being erased, copied over, discarded or destroyed?	
Are persons or organizations hired to provide security to the operations? ☐ Yes ☐ No If yes... Employees are hired/engaged: ☐ Yes ☐ No Independent contractors are hired engaged: Yes ☐ No	
There is a formal policy established regarding authority and the use of reasonable force. ☐ Yes ☐ No If yes, please describe:	

Attach copies of any written procedures that are in place for the responsible selling and/or serving of alcoholic beverages.

I certify that the above described loss control measures are in place for the responsible selling and/or serving of beverage alcohol. I further certify that the applicant/insured stated above is a member in good standing of the Illinois Licensed Beverage Association as of this date.

Printed name of Authorized Representative _____ Date _____

Signature of Authorized Representative _____ Title _____

Form **LLC-5.5**	**Illinois** **Limited Liability Company Act** **Articles of Organization**	**FILE # 12595905**
Secretary of State Jesse White Department of Business Services Limited Liability Division www.ilsos.gov	**Filing Fee:** $150 **Approved By:** KKM	**FILED** **DEC 16 2022** **Jesse White** **Secretary of State**

1. Limited Liability Company Name: KRISHUDHA OHM LLC

2. Address of Principal Place of Business where records of the company will be kept:
[redacted]
TINLEY PARK, IL 60477

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

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

MEHULBHAI M PATEL
[redacted]
TINLEY PARK, IL 60477-2435

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:

MEHULBHAI M PATEL
[redacted]
TINLEY PARK, IL 60477

ASHIK R PATEL
[redacted]
TINLEY PARK, IL 60487

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: DECEMBER 16, 2022

MEHULBHAI M PATEL
801 W IRVING PARK RD
CHICAGO, IL 60613

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Mehulbhai Patel

Certificate #: 000027414516

Date of Completion: 01/01/2023

School Name:
360training.com dba Learn2Serve

I, _____
certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

This course provides necessary knowledge and techniques for the responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

learn2serve

Corporate Headquarters
5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Ashik Patel

Certificate #: 000027412249

Date of Completion: 12/31/2022

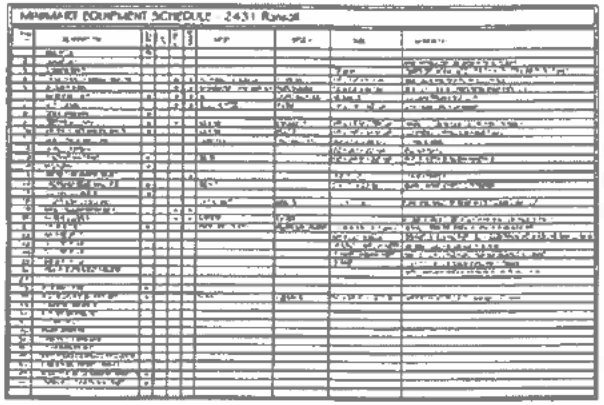
School Name:
360training.com dba Learn2Serve

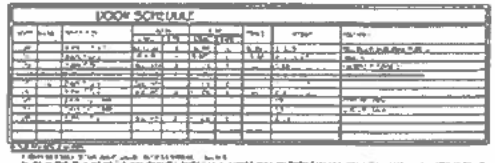
I, _____
certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

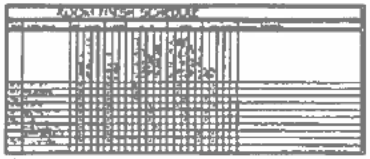
This course provides necessary knowledge and techniques for the responsible serving of alcohol.

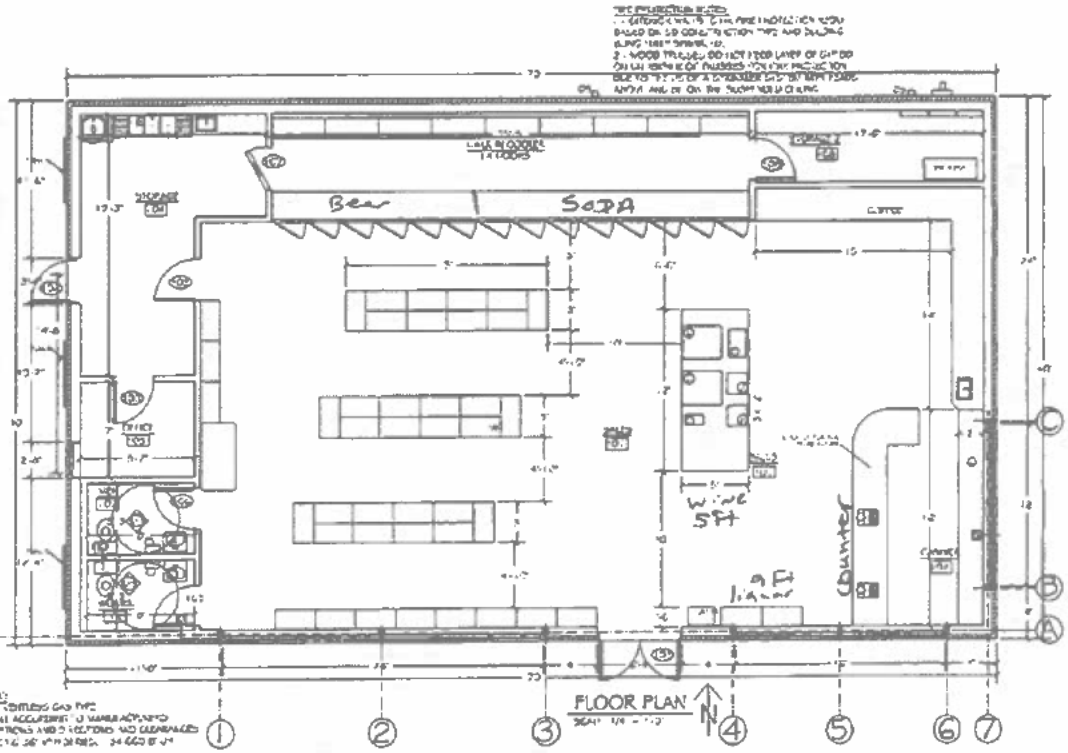
This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

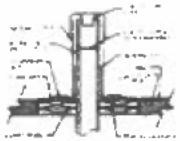
Corporate Headquarters
5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.38L.2250

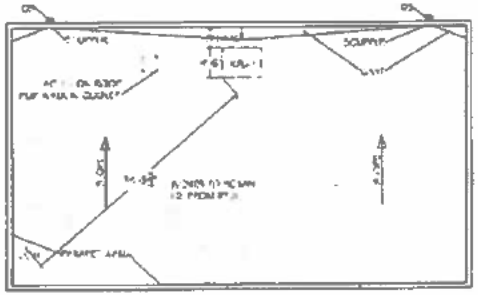












ERIKSSON
ARCHITECTURE

NEW BP STATION
1660 MAIN St
St CHARLES, IL

FLOOR PLAN

A2

Business Plan for Gas Station / Convenience Store located below address 01/01/2023

Krishudha Ohm LLC
1660 W Main St
St Charles, IL 60174
630-443-4462

Krishudha Ohm LLC is a operating company for BP Gas Station/Convenience store located above address.
BP Gas will be open 24 Hours 7 Days a week. Package goods products will sold as St Charles approval hours only .
BP Gas station will serve Hot dogs, pizza slice, Snacks, Dairy Product, Soda, Beer , Wine, Liquor and Tobacco products/Cigarettes, and automobile oil misc.
BP Gas station also will have Illinois Lottery.
Mart of this space is 2800 Square feet and total land size is 22,500. Place has 8 Gas pumps and 2 Deisel pumps. Total parking are 5 for customers. This gas station was build in 2015.
Krishudha Ohm LLC is applying for all require license to operate in Compliance by City of St Charles and State of Illinois.
Prior to receive Package goods and Tobacco license from CIty and State Krishuda Ohm LLC will provide Business , Liquor liabilty and Work Comh Insurance to St Charles and State.
Quote of Insurance is attched.

Management Summary

Mehulbhai M Patel and Ashik Patel are, owner of Krishudha ohm LLC (gas station) ,Ashik Patel has twelve years of experience in managing gas stations/convenience stores. Ashik Patel has a reputation as an excellent staff supervisor. From 2010 to 2022, Ashik Patel has been managing gas station/convenience store. Ashik Patel live in Tinley Park Illinois.

Mehulbhai and Ashik Patel are manager for Krishudha Ohm LLC gas station.
Mehulbhai has a 7 years of experience of running a liquor store.
Business will operate with all rules and regulation require by City of St Charles and State of Illinois.

Thank You

Receipt

Date: January 3, 2023

Received From:
Krishudha Ohm, I LC
1660 W. Main St.
St. Charles, IL 60174
(630) 443-4462

Need to be fingerprinted?
Please contact the
St. Charles Police Department for an
appointment: 630-377-4435
1515 W. Main Street

Payment Method	Check No.	Received From
Check	1462	Melhulbahi M. Patel Ashik R. Patel

Qty	Cost	Description	Account Code		Fee
		Liquor License Class A - Packaged	100999-42100	$	-
		Liquor License Class B - Restaurants	100999-42101	$	-
		Liquor License Class C - Tavern/Bar	100999-42102	$	-
		Liquor License Class D - Specific	100999-42103	$	-
		Liquor License Class E - Temporary	100999-42104	$	-
		Liquor Viloations Fee	100999-42290	$	-
		Massage Establishment License Fee/Renew	100999-42205	$	-
		Business Licenses/Permits	100999-42200	$	-
		Towing License	100999-42202	$	-
		Scavenger/Refuse License	100999-42203	$	-
		Bowling Alley License	100999-42204	$	-
		Billiard License	100999-42206	$	-
		Carnival License/Fees	100999-42210	$	-
		Coin-Operated Amusement	100999-42220	$	-
		E-Cigarettes/Tobacco Specialty Store	100999-42230	$	-
		Cigarette OTC	100999-42231	$	-
		Theater License	100999-42240	$	-
2	$50.00	Fingerprint Fee ($50 per person)	100900-20618	$	100.00
		Legal Fees	100120-54110	$	-
		Miscellaneous Revenue	100999-46299	$	-
		Liquor License Violations	100999-42120	$	-
		Tobacco/Massage Violations	100999-42290	$	-
		Video Gaming	100999-42225	$	-
			Total	$	100.00

Thank you for your business!