

VILLAGE OF DOWNS
LIQUOR LICENSE

HEARBY GRANTED TO:

Adkisson's LLC.

209 S. Seminary St., PO Box 323
Downs, IL 61736

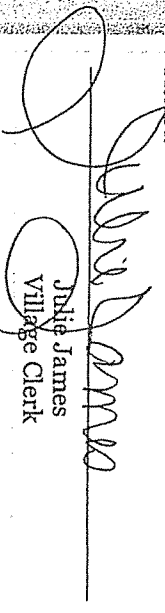
*To Operate a Class C Restaurant – Seating Capacity of 51-100
Plus Entertainment Permit*

*Commencing this 1st day of May 2016
And Ending on the 30th day of April 2017*

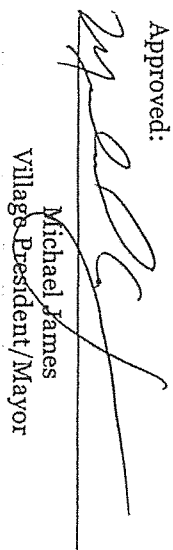
In said Village of Downs, subject to the Ordinances of said
Village of Downs in such case made and provided and is not transferable.

WITNESS the hand of the Village President of the Village of Downs
And the corporate seal thereof, this 25th day of April 2016

Attest:


Julie James
Village Clerk

Approved:


Michael James
Village President/Mayor

Number: LI2016-001
Amount: \$400.00

ENTERTAINMENT APPLICATION
VILLAGE OF DOWNS, ILLINOIS/LIQUOR COMMISSION

(Please Print or Type all Information)

~~Adkisson's~~ Adkisson's LLC
NAME PERMIT TO BE ISSUED IN

204 S. Seminary Down IL 61736
ADDRESS

Brandon Adkisson
NAME OF OWNER OR RESIDENT MANAGER OR RESIDENT AGENT

AGE _____

RESIDENCE _____

TELEPHONE NO. _____

CLASS OF LIQUOR LICENSE YOU NOW HOLD: _____

PLEASE GIVE GENERAL DESCRIPTION AND FREQUENCY OF ENTERTAINMENT, ON AN ANNUAL BASIS:

Karaoke / Band 24-30 times a year

I (WE) HEREBY AFFIRM THE ABOVE-STATED INFORMATION IS TRUE AND CORRECT AND THAT ANY MISREPRESENTATION OF INFORMATION SUPPLIED ON THIS FORM SHALL BE GROUNDS FOR REPRIMAND, SUSPENSION OR REVOCATION PURSUANT TO THE VILLAGE OF DOWNS LIQUOR CODE; THAT THE EMPLOYMENT OF NUDE OR SEMI-NUDE ENTERTAINERS OR ANY ENTERTAINMENT JUDGED BY THE DOWNS LOCAL LIQUOR COMMISSION AS OUTSIDE THE COMMUNITY STANDARDS FOR OBSCENITY OR VULGARITY MAY CAUSE REVOCATION OF THIS ENTERTAINMENT PERMIT AND LIQUOR LICENSE; AND THAT THE APPLICANT IS FULLY AWARE OF ALL CONDITIONS SET FORTH IN THE LIQUOR CODE.

2-18-14
DATE

APPLICANT

(FOR OFFICE USE ONLY)

APPROVED: YES 5/27/2014

SPECIAL CONDITIONS (if any) Nothing outside of chapter 9 & other Village Ordinances

DISAPPROVED: _____

REASONS: _____

5/27/2014
DATE

[Signature]
LIQUOR COMMISSIONER

LIQUOR LICENSE APPLICATION
PARTNERSHIP

If NO, list all persons beneficially interested in the leasehold and ownership of the premises where licensee shall conduct business under this license:

If YES, attach proof of ownership.

That will attached.

Term of written lease, from (date) _____ to (date) _____

Attach copy of lease.

Has the Partnership, or any person named on this application, or any part of this application, held or presently hold any liquor license in the State of Illinois or any other State? YES NO _____. If YES, please indicate below location, and type of license:

restaurant

Disposition of any other liquor license application applied for in the Village of Downs, Illinois or in any other city or state in the United States, by the Partnership or any person named on this application:

expired

Do You Presently Hold Or Have You Held Any Other Liquor License In The State Of Illinois, Or In Any Other State? YES NO

If YES, indicate below the location and type of license.

Indicate The Disposition Of Any Other Liquor License Applied For In The Village Of Downs, Illinois: Or In Any Other City Or State In The United States.

Have You Ever Been Convicted Of Any State Or Federal Felony?

YES NO

IF YES, provide a detailed written account of the felony for which you were convicted, including: date of conviction, sentence served, etc., below.

CONVICTION OCCURRED MORE THAN 30 YEARS AGO.

LIQUOR LICENSE APPLICATION
PARTNERSHIP

State of Illinois)
)
County of McLean) SS.

The undersigned, being first duly sworn on oath deposes and says:

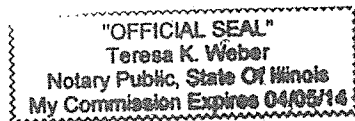
1. That the matters and things set out in this application are true.
2. That each partner in said business is a citizen of the United States and is of good character and reputation in the community in which he resides, and has not been convicted of any State or Federal felony; has not been convicted of pandering or other crime or misdemeanor opposed to decency and morality, or being the keeper of a house of ill fame, or of any violation of any Village ordinance or federal or state law concerning the manufacture, possession or sale of alcoholic liquor; has not forfeited a bond in connection with charges of any such violation; has not had a license issued under said ordinances or laws revoked for cause; does not have a federal gaming device or wagering stamp, within the last three (3) years; and each would otherwise be eligible for a liquor license.
3. That they are partners in the business to be operated under the license applied for hereby and that no law enforcing public official, Mayor, or member of the Board of Trustees and no Village regard employee nor any person, association or corporation not eligible for a State retail liquor dealer's license shall be interested in any way either directly or indirectly in the manufacture, sale, or distribution of alcoholic liquor under the liquor license applied for hereby.
4. That the above-named resident agent, if any, possesses the same qualifications as are required by law and ordinance of a licensee.

Partner

Partner

Signed and sworn to before me, a Notary Public in and for the County of McLean and State of Illinois,
at Downs, Illinois this 19th day of February 2014

Teresa K. Weber Notary Public



LIQUOR LICENSE SECURITY CHECK
VILLAGE OF DOWNS, ILLINOIS/LIQUOR COMMISSION

(Please Print or Type all Information)

NAME: Brandon Adkisson / Kenneth Adkisson

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RESIDENCE FOR LAST 10 YEARS:*

_____	_____	HOW LONG _____
_____	_____	HOW LONG _____
_____	_____	HOW LONG _____

REFERENCES:* Please list three personal references who have known you for at least two years.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:* Please list three business or credit references. (Do not list international credit cards. Banks or S&Ls are preferred).

Name	Address	Telephone
<u>PNC</u>	<u>Bloomington</u>	<u>(309) 823-3100</u>
<u>Bloomington Credit Union</u>	<u>Bloomington</u>	<u>(309) 827-7266</u>
<u>Busby Bank</u>	<u>Bloomington</u>	<u>(309) 663-6444</u>

PAST EMPLOYMENT:* For last ten years.

Employer	Address	Telephone
<u>Creative Kitchens</u>	<u>1102 Eastport Bloomington IL</u>	<u>(309) 663-4053</u>
<u>Bloomington Housing Authority</u>	<u>Bloomington</u>	<u>(309) 829-3360</u>

*Attach additional sheet(s) if necessary.

I do hereby certify the above information to be true and accurate to the best of my knowledge. I acknowledge that the foregoing information shall become a part of the liquor license Application.

 (Signature) 2-18-14
Date

100
 (Capacity)

McLEAN COUNTY ILLINOIS REAL ESTATE TAX BILL



REBECCA C. McNEIL
McLEAN COUNTY TREASURER/COLLECTOR
 P.O. BOX 2400
 115 E. WASHINGTON, RM M101
 BLOOMINGTON, ILLINOIS 61702-2400
 Ph (309) 888-5180 Fax (309) 888-5176
 Office Hours: 8AM - 4:30PM, Mon. - Fri.
 www.mcleancountyil.gov

Township: DOWNS
 Tax Code: 1322
 Prop Use Code: 0060

Legal Description
 ORIG TOWN OF DOWNS S63' LOT 3 BLK 10

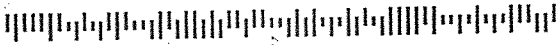
TIF BASE	2765.00
1977 EQUALIZED	0
SR FREEZE BASE	0
FAIR CASH VALUE	14,950
TOTAL ACRES	0.00
LAND VALUE	2,003
+ BUILDING VALUE	2,981
- HOME IMPROVEMENT	0
= ASSESSED VALUE	4,984
x STATE MULTIPLIER	1.0000
= EQUALIZED VALUE	4,984
- HOMESTEAD EXMPT	0
- SR CITZ EXMPT	0
- SR FREEZE EXMPT	0
- DISABLED VET EXMPT	0
- DIS VET HOMESTEAD	0
- DISABLED PER EXMPT	0
- RET VET HOMESTEAD	0
+ FARM LAND	0
+ FARM BUILDING	0
= NET TAXABLE VAL.	4,984
x TAX RATE	8.83005
= CURRENT TAX	\$440.10
+ DRAINAGE	
PRIOR SALE/FORF	NO
= TOTAL TAX DUE	\$440.10
- TOTAL TAX PAID	\$0.00
= TOTAL TAX DUE	\$440.10

29-04-252-010

0030776

25675 - 65

ADKISSON, KENNETH
 PO BOX 163
 DOWNS, IL 61736-0163



Pay by credit card or Visa debit card
 at www.mcleancountyil.gov/tax
 or call 1-877-690-3729 Jurisdiction Code 7029. (A fee applies.)



Taxing Body	Current Rate	Current Tax	Prior Rate	Prior Tax	Pension Amount	Difference
MCLEAN COUNTY	0.90375	\$24.98	0.91165	\$25.23	5.15	-0.25
CUSD 3 TRI VALLEY	5.41177	\$149.64	5.39895	\$149.28	8.84	0.36
DOWNS COMM FIRE PROT DIST	0.58840	\$16.27	0.60000	\$16.59	0.00	-0.32
DOWNS TOWNSHIP	0.32281	\$8.93	0.33458	\$9.25	0.22	-0.32
DOWNS TWP ROAD	0.44703	\$12.36	0.44206	\$12.22	0.00	0.14
DOWNS VILLAGE	0.48664	\$13.46	0.46455	\$12.84	2.32	0.62
HEYWORTH PUBLIC LIBRARY	0.16298	\$4.51	0.15000	\$4.15	0.00	0.36
HEARTLAND COMM COLLEGE 540	0.50667	\$14.01	0.48255	\$13.34	0.00	0.67
SOUTHEAST McLEAN CO WATER AUTH	0.00000	\$0.00	0.00000	\$0.00	0.00	0.00
DOWNS TIF 1	0.00000	\$195.94	0.00000	\$194.92	0.00	1.02
Totals	8.83005	\$440.10	8.78434	\$437.82	\$16.53	\$2.28

Owner Name: ADKISSON, KENNETH

If postmarked after 9/30, contact office.
 Additional Interest & Penalties apply.

Mail is processed by our bank processing center.
 Mail Payments To:
 MCLEAN COUNTY COLLECTOR
 P.O. BOX 843637

Certified funds required for payments
 tendered within 30 days of the
 OCTOBER 30, 2014 tax sale



P.O. Box 3967
Peoria, IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

Illinois Disclosure Notice

Bond No. LSM0581731

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

RLI Insurance Company
9025 N. Lindbergh Drive
Peoria, IL 61615
TOLL-FREE (800)645-2402
(309)692-1000

In the unlikely event you are unable to resolve any complaints with the company, you may contact the

Illinois Department of Insurance
Consumer Division
320 W. Washington Street
Springfield, IL 62767
(866)445-5364 Toll-Free

This Notice is for information only and does not become a part of or a condition of your policy.



RLI Insurance Company
 P.O. Box 3967 Peoria IL 61612-3967
 Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. LSM0581731

Know All Men by These Presents:

That the RLI Insurance Company, a corporation organized and existing under the laws of the State of Illinois, and authorized and licensed to do business in all states and the District of Columbia does hereby make, constitute and appoint: Roy C. Die in the City of Peoria, State of Illinois, as Vice President, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds, undertakings, and recognizances in an amount not to exceed One Million and 00/100 Dollars (\$ 1,000,000.00) for any single obligation, and specifically for the following described bond.

Principal: Adkisson's, LLC
 Obligee: Village of Downs (Valid only when a County, City, Town or Village is named as Obligee)
 Type Bond: Restaurant
 Bond Amount: \$ 5,000.00
 Effective Date: May 19, 2014

The RLI Insurance Company further certifies that the following is a true and exact copy of a Resolution adopted by the Board of Directors of RLI Insurance Company, and now in force to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the RLI Insurance Company has caused these presents to be executed by its Vice President with its corporate seal affixed this 19th day of May, 2014.

ATTEST:
Cynthia S. Dohm Assistant Secretary

Roy C. Die Vice President

On this 19th day of May, 2014 before me, a Notary Public, personally appeared Roy C. Die and Cynthia S. Dohm, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said RLI Insurance Company, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Jacqueline M. Bockler
 Jacqueline M. Bockler Notary Public





RLI Insurance Company
 P.O. Box 3967 Peoria IL 61612-3967
 Phone: (309)692-1000 Fax: (309)683-1610

LICENSE AND PERMIT BOND

Bond No. LSM0581731

KNOW ALL MEN BY THESE PRESENTS:

That we, Adkisson's, LLC
209 S Seminary
Downs, IL 61736

as Principal, and the RLI Insurance Company, a corporation duly licensed to do business in the state of Illinois, as Surety, are held and firmly bound unto the Village of Downs, State of Illinois, Obligee, in the penal sum of Five Thousand and 00/100 (\$ 5,000.00) DOLLARS, lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the said Principal has been licensed as a(n) Restaurant by the Obligee.

NOW, THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 19th day of May, 2014, and ending on the 19th day of May, 2015.

This bond may be terminated at any time by the Surety upon sending written notice to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at their first known address, and at the expiration of thirty (30) days from the mailing of said notice, or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this 19th day of May, 2014.

 Principal
 (Individual, Partner or Corporate Officer)



RLI Insurance Company

By Roy C. Die Vice President

VILLAGE OF DOWNS LIQUOR LICENSE

HEARBY GRANTED TO:

Adkisson's, LLC.

209 S. Seminary St., PO Box 323
Downs, IL 61736

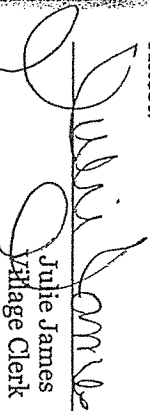
*To Operate a Class C Restaurant – Seating Capacity of 100+
Plus Entertainment Permit*

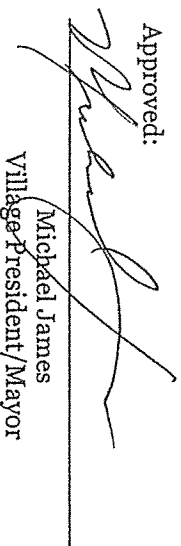
*Commencing this 27th day of May, 2014
and Ending on the 30th day of April, 2015*

In said Village of Downs, subject to the Ordinances of said
Village of Downs in such case made and provided and is not transferable.

WITNESS the hand of the Village President of the Village of Downs
And the corporate seal thereof, this 27th day of May, 2014

Attest:


Julie James
Village Clerk

Approved: 
Michael James
Village President/Mayor

Number: LL2014-001
Amount: \$500.00



RLI Insurance Company
 P.O. Box 3967
 Peoria, IL 61612-3967
 Phone: (309) 692-1000 Fax: (309) 683-1610

CONTINUATION CERTIFICATE

RLI Insurance Company hereby continues in force Bond No. LSM0581731
 briefly described as Restaurant
 bound unto the Village Of Downs
 on behalf of Adkisson's, LLC

Location Name & Address:	Bill To Name & Address: (If different)
<u>Adkisson's, LLC</u> <u>209 S Seminary</u> <u>Downs, IL 61736</u>	_____ _____ _____ _____

in the sum of \$ 5,000.00 Dollars, for the term beginning May 19, 2016 and
 ending May 19, 2017 subject to all the covenants and conditions of the original bond referred to above.

This Continuation Certificate is executed upon the express condition that the Undersigned company's liability under said bond and under this and all Continuation Certificates issued in connection therewith shall not be cumulative and shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 19th day of February, 2016.



RLI Insurance Company

By _____
 Barton W. Davis Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE OBLIGEE.

AFFIDAVIT

Illinois

County of: McLean

Kenneth Adkisson, appearing before the undersigned

Name of principal

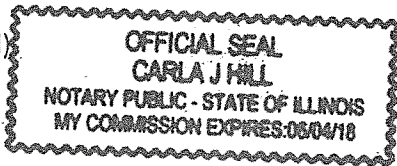
Notary and being duly sworn, says that:

1. All information contained in the original application for a liquor license with the Village of Downs is still correct.
2. That Kenneth Adkisson (Vice President of Adkisson's LLC has authority to make this affidavit.

Affiant

Sworn to (or affirmed) and subscribed before me this the 31st day of March
2016.

(Official Seal)



Carla J Hill

Official Signature of Notary

Carla J Hill, Notary Public

Notary's printed or typed name

My commission expires 6/4/18



Village of Downs
 211 S. Seminary, PO Box 18
 Downs, IL 61736-0018
 Voice/Fax: 309-378-3221
 Email: DownsVillageHall@hotmail.com
 Website: www.VillageOfDowns.org

Mayor, Village Board and Clerk

President/Mayor	Building/ President Pro Tem	Parks/Youth Center/Food Pantry	Streets	Public Safety/Services	Finance	Public Works	Clerk
Mike James	Mike Freimann	Mary Goveia	Danny Lush	Maureen Roach	Susan Luke	Paul Myszka	Julie James

AFFIDAVIT FOR LIQUOR LICENSE APPLICATION

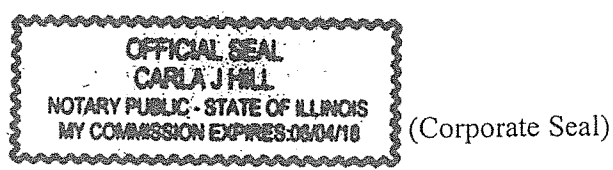
State of Illinois)
 County of McLean) SS

The undersigned, being first duly sworn on oath or affirmation, warrants and represents that the undersigned has the authority to bind the undersigned and bind the business entity making application to the Village of Downs as set forth in said Application. The undersigned further warrants and represents that the undersigned, individually and on behalf of the officers and directors of any business entity named in this application, shall not violate any of the ordinances of the Village of Downs or the laws of the State of Illinois or of the United States of America in the operation of the place of business described herein and that the statements contained in this application are true and correct to the best of the knowledge of the undersigned.

(Any intentional misrepresentation made by any applicant shall be cause for denial or revocation of any license granted by the Village of Downs)

SUBSCRIBED and sworn to _____ (Vice President)
 before me this 9th day _____ Signature and Title
 Of Marion,
 A.D. 2016.

Carla J Hill
 Notary Public



IMPORTANT
 If the Applicant is a corporation or LLC, attach a copy of the by-laws and/or Resolution authorizing the applicable parties to sign this Application.

Other Positions and Committee Chairs

<u>Public Works Superintendent</u> Kevin Whitehouse	<u>Treasurer</u> Alan Zwilling	<u>Zoning Enforcement</u> Lyndall Cuba	<u>Zoning Board Chairperson</u> Linda Bowman
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ANNUAL FINANCIAL STATEMENT
VILLAGE OF DOWNS, ILLINOIS
LIQUOR COMMISSION

To be submitted with Request for Renewal of Liquor License to the Liquor Commissioner,
Downs, Illinois.

A. NAME OF LICENSE HOLDER Adkissons LLC
ADDRESS OF LICENSE 209 S. Seminary Downs IL 61736
LICENSE NUMBER _____
CLASS OF LICENSE _____

B. TOTAL SALES \$ TURNED IN quarterly
Liquor \$ TURNED IN " "
Food \$ TURNED IN " "
Entertainment or Covercharge \$ N/A
Amusement Devices \$ N/A FOR 2014
Misc. Income \$ _____
(if over 5% of Total Sales, please itemize on attached page)

C. ATTACH COPIES OF ILLINOIS SALES TAX RETURNS FOR THE PRECEDING 12 MONTH PERIOD.

I (we) hereby certify that, to the best of my (our) knowledge and belief, the above statements are true, correct, and complete.

Dated: 3-24-15, 19

Signature

Signature

3/31/15

VILLAGE OF DOWNS LIQUOR LICENSE

HEARBY GRANTED TO:

Adkisson's LLC.

209 S. Seminary St., PO Box 323
Downs, IL 61736

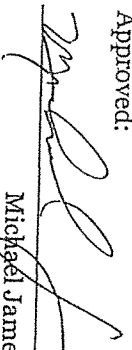
*To Operate a Class C Restaurant – Seating Capacity of 51-100
Plus Entertainment Permit*

*Commencing this 1st day of May 2015
And Ending on the 30th day of April 2016*

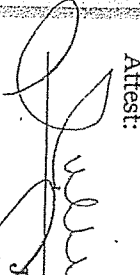
In said Village of Downs, subject to the Ordinances of said
Village of Downs in such case made and provided and is not transferable.

WITNESS the hand of the Village President of the Village of Downs
And the corporate seal thereof, this 30th day of April 2015

Approved:


Michael James
Village President/Mayor

Attest:


Julie James
Village Clerk

Number: LI2015-001
Amount: \$400.00

Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2015-001

Report Period: January 1st, 2016 thru March 31st, 2016 due on or before May 1st, 2016

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	24,338.53	52.54
Alcoholic Liquor Sales	21,986.84	47.46
Total Sales	46,325.37	100%

I hereby certify that, to the best of my knowledge and belief, the above statements are true, accurate, and complete. I fully recognize that falsifying this information could result in one or more of the following actions: criminal prosecution of myself, loss of liquor license, suspension of liquor license and fine up to \$3,500. Furthermore, as the preparer of this form, I acknowledge that I am either: Certified Public Accountant, Tax Attorney, or licensed Tax preparer, in the State of Illinois.

Preparer's Notarized Signature

SEAL

License Holder's Notarized Signature

SEAL

State of IL, County of McLean

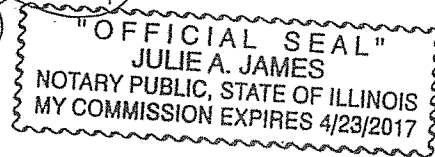
Signed before me on this 1 day

of May, 16 by Kenneth Adkisson

Notary Public _____

Preparer's Printed Name, Address and Phone:

KENNETH ADKISSON



This form must be complete, notarized and mailed to the following address before required due date:

Michael James, Liquor Commissioner

211 S. Seminary St.

PO Box 18

Downs, Illinois 61736

Quarterly Liquor Sales Report

Adkisson's, LLC.: Permit # LL2014-001

Report Period: ~~June 1st, 2014 thru September 30th, 2014 due on or before November 1st, 2014~~
OCT. 1 - DEC 31 2015

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	22,036.60	42.67%
Alcoholic Liquor Sales	29,603.72	57.33%
Total Sales	51640.32	100%

I hereby certify that, to the best of my knowledge and belief, the above statements are true, accurate, and complete. I fully recognize that falsifying this information could result in one or more of the following actions: criminal prosecution of myself, loss of liquor license, suspension of liquor license and fine up to \$3,500. Furthermore, as the preparer of this form, I acknowledge that I am either: Certified Public Accountant, Tax Attorney, or licensed Tax preparer, in the State of Illinois.

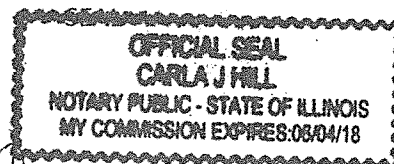
Preparer's Notarized Signature

SEAL

Preparer's Printed Name, Address and Phone:

HELENETH ADKISSON

License Holder's Notarized Signature



Carla J Hill
3.31.16

This form must be complete, notarized and mailed to the following address before required due date:

Michael James, Liquor Commissioner
211 S. Seminary St.
PO Box 18
Downs, Illinois 61736

Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2015-001

Report Period: July 1st, 2015 thru September 30th, 2015 due on or before November 1st, 2015

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	29,263.76	49.15 %
Alcoholic Liquor Sales	30,457.60	50.85 %
Total Sales	59,721.36	

I hereby certify that, to the best of my knowledge and belief, the above statements are true, accurate, and complete. I fully recognize that falsifying this information could result in one or more of the following actions: criminal prosecution of myself, loss of liquor license, suspension of liquor license and fine up to \$3,500. Furthermore, as the preparer of this form, I acknowledge that I am either: Certified Public Accountant, Tax Attorney, or licensed Tax preparer, in the State of Illinois.

Preparer's Notarized Signature _____

SEAL

Preparer's Printed Name, Address and Phone: _____

KEN ADKISSON

License Holder's Notarized Signature _____

Carla J. Hill



This form must be complete, notarized and mailed to the following address before required due date:

Michael James, Liquor Commissioner
211 S. Seminary St.
PO Box 18
Downs, Illinois 61736

Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2015-001

Report Period: ~~January 1st, 2015 thru March 31st, 2015~~ due on or before ~~May 1st, 2015~~
 April June 30th Aug

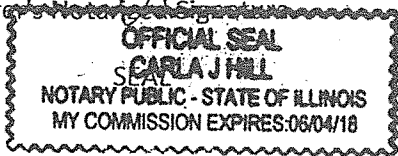
Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	15,403,53	61.26 %
Alcoholic Liquor Sales	24,362,61	38.74 %
Total Sales	39,766,14	100 %

I hereby certify that, to the best of my knowledge and belief, the above statements are true, accurate, and complete. I fully recognize that falsifying this information could result in one or more of the following actions: criminal prosecution of myself, loss of liquor license, suspension of liquor license and fine up to \$3,500. Furthermore, as the preparer of this form, I acknowledge that I am either: Certified Public Accountant, Tax Attorney, or licensed Tax preparer, in the State of Illinois.

Carla J Hill

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Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2015-001

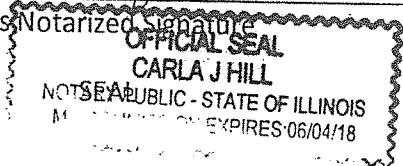
Report Period: January 1st, 2015 thru March 31st, 2015 due on or before May 1st, 2015

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	39,141.31	47 %
Alcoholic Liquor Sales	43,645.53	53 %
Total Sales	82,786.84	100 %

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Carla J Hill

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Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2014-001

Report Period: October 1st, 2014 thru December 31st, 2014 due on or before February 1st, 2015

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	34,409.78	57%
Alcoholic Liquor Sales	25,782.88	43%
Total Sales	60,192.66	100%

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Preparer's Notarized Signature

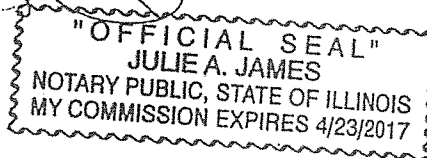
SEAL

License Holder's Notarized Signature

SEAL

Preparer's Printed Name, Address and Phone:

State of IL, County of McLean
Signed before me on this 1 day
of Feb, 15, by Keranth Adkisson
Notary Public



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Michael James, Liquor Commissioner
211 S. Seminary St.
PO Box 18
Downs, Illinois 61736

Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2014-001

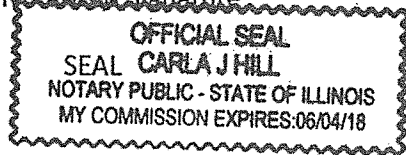
Report Period: May 27th, 2014 thru September 30th, 2014 due on or before November 1st, 2014

September

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	12,382.10	57 %
Alcoholic Liquor Sales	9,153.25	42 %
Total Sales	21,535.35	100 %

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Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2014-001

Report Period: May 27th, 2014 thru September 30th, 2014 due on or before November 1st, 2014

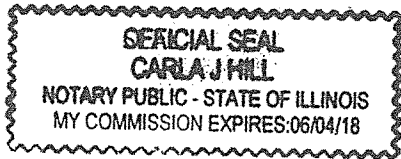
August

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	14,845.66	56 %
Alcoholic Liquor Sales	11,842.00	44 %
Total Sales	26,687.66	100 %

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Quarterly Liquor Sales Report

Adkisson's, LLC. : Permit # LL2014-001

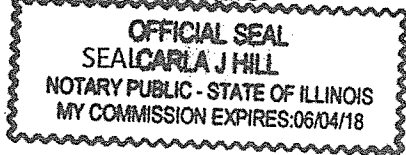
Report Period: May 27th, 2014 thru September 30th, 2014 due on or before November 1st, 2014

July

Description	Sales Amount	Percentage
Non-Alcoholic Liquor Sales	16,000.70	58 %
Alcoholic Liquor Sales	11,728.00	42 %
Total Sales	27,728.70	100 %

I hereby certify that, to the best of my knowledge and belief, the above statements are true, accurate, and complete. I fully recognize that falsifying this information could result in one or more of the following actions: criminal prosecution of myself, loss of liquor license, suspension of liquor license and fine up to \$3,500. Furthermore, as the preparer of this form, I acknowledge that I am either: Certified Public Accountant, Tax Attorney, or licensed Tax preparer, in the State of Illinois.

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