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9025 North Lindbergh Dr. • Peoria, IL 61615 (309) 692-1000 or (800) 645-2402

## LICENSE AND PERMIT BOND

(For County, City, Town or Village Only)

Bond No. RSB- 809173

## Know All Men By These Presents:

That wePhoenix	Event Service DBA Chicago	Party Rental	
of <u>McCook</u>	, State of	Illinois	as Principal,
and the RLI Insurance C	Company , a corporation duly licensed to do l		
Curatry are hold and fire	"All cities, to	owns & municipalities :	in Lake
bulety, are neid and in	mly bound unto the County Indian	🕏 when a County, City, Town or Village is named as	s Obligee)
State of <u>Indiana</u>	, Obligee, in penal sum o	f FiveThousandDollars (\$ (Not valid if filled in for more than \$25,000)	5,000.0 ) DOLLARS,
•	ited States, to be paid to the said Obligee, for es, jointly and severally by these presents.	which payment well and truly to be n	ade, we bind ourselves and
THE CONDITION OF T	HE ABOVE OBLIGATION IS SUCH, that whe	reas, the said Principal has been licer	ised as <u>Ten</u>
Installa	tion by the Obligee.		
NOW THEREFORE if	the said Principal shall faithfully perform th	e duties and in all things comply wit	th the laws and ordinances,
	ents thereto, pertaining to the license or perm		
	for a period commencing on the 1st day		
<u>1st</u> day of <u>Fe</u>		newed by Continuation Certificate.	
This bond may be termi	inated at any time by the Su <mark>rety upon sendin</mark> g	written notice to the clerk of the Poli	tical Subdivision with whom
this bond is filed and to	the Principal, addressed to them at their firs	t known address, and at the expiration	of thirty five (35) days from
	ce, or as soon thereafter as permitted by appl		
	ereupon be relieved from any liability for any		
		1 1	j on
Dated this 1st	day of Februarye Cou	nty Reconser:	
(			rmolitica.
1/ 1 / 1/			<u></u>
	Y Principal	Principal (Additional Partner of	or Bartnors)
(Individual,	, Partner or Corporate Officer)	(Additional Parties	or ranners of
<b>~</b>	· · · · · · ·	RLI INSURANCE COMPANY	10
Countersigned	4000	ALI INSURANCE COMPANY	
- Openet	n. C. Chemen	Bu VY V	ne
Ву	Resident Agent	Michael J.	ANCE W
	TURDE.	Preside	nt Marie Continue
	S.C.		是了。"新 <sup>PO</sup> 中心,
	Acknowledgen		意: 开 历言: 圣
	(Corporate	Officer)	SEATEN:
STATE OF ILLINOIS		Alimor suggi	
	) SS	ANA	
County of Peoria	)	i i	图》、连门的理解
0 11 70 11 1	5 February 2000 hafara we the underei	and officer personally appeared Mis	Mynnighning
on this <u>Fifteenth</u> day	of <u>February</u> , <u>2002</u> , before me, the undersign to be the aforesaid officer of the RLI Insuran	nce Company a corporation and that	t he as sheh officer, being
authorized so to do. ex	recuted the foregoing instrument for the purp	cose therein contained, by signing the	e name of the corporation by
himself as such officer.			#19
IN WITNESS WHEREO	F, I have hereunto set my hand and official s	seal.	aut in
			2 Chrochled
	"OFFICIAL SEAL"	asqueline 1	111. Souller 9
	Funds of COMMISSION EPIRES 03/01/		Public O
			n Dr
			RLP0003 (03/03)

## Acknowledgement of Principal (Individual or Partners)

Š.			(Individual or Partner	s)	***************************************
STATE OF	IL	)			
County of (	COK	) SS )	Silver save of		
On this	st day of Fa	ohn W. Kei	m Jr	officer, personally appeare	
known to me to executed t		al described in a	nd who executed the fore	going instrument and ack	nowledged to me that he
My Commission		SANDE NOTARY PUE	ICIAL SEAL RA ANDERSON BLIC, STATE OF ILLINOIS SIGN EXPIRES 09-29-09	Aux Undu Notary Public	
		Acknov	wledgement of (Corporate Officer)	Principal	
STATE OF		)			
County of		) SS )-	)ocument T OFFICI	is [AL!	
On this	_		re, me, the undersigned o	officer, personally appeare	od,
and that he as s	ged himself to buch officer, being	g authorized so to do,	executed the foregoing in	order! strument for the purposes	, a corporation, therein contained, by signing
My Commission		himself as such office			·
	,		gra <u>nda, kanada</u> ga	Notary Public	
. See	1				
			SEAL MOIANA		
				. /	

Prescribed by the State Board of Accounts (2005)

County form 170

## Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

L, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury ounty Recorder!

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are

Signature of Declarant

John W. Kerr Jr.
Printed Name of Declarant

TOTAL P.001