

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. <u>LSM0966630</u>

| KNOW ALL MEN BY THESE PRESENTS: | Ō | | |
|---|---|--|--|
| KNOW ALE WEN DI TILBET REBENTO. | 75.7 C | | |
| That we, Schererville Pizza LLC | က္ | | |
| 625 W. US Highway 30 | | | |
| Schererville, IN 46375 | | | |
| Bollotol VIIIo, II C 10313 | | | |
| | | | |
| as Principal, and the RLI Insurance Com | panyea corporation duly licensed to do business in the state | | |
| of Indiana , as Surety, are held ar | d firmly bound unto the | | |
| | te of Indiana, and any cities and towns in Lake County, IN , Obligee, | | |
| in the penal sum of | Five Thousand and 00/100 | | |
| (\$ 5,000.00) DOLLARS, lawful money of the Unite | d States, to be paid to the said Obligee, for which payment well and findly to be | | |
| made, we bind ourselves and our legal representatives, joint | fy and severally by these presents. Of | | |
| | | | |
| THE CONDITION OF THE ABOVE OBLIGATION IS SU | JCH, That whereas, the said Principal has been lidersed as a(A) | | |
| General Contractor | by the Obligee. | | |
| | | | |
| | erform 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 the1 | 2th day of January , 2017, and ending on the 12th | | |
| day of, 2018 | | | |
| | | | |
| 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 t | heir 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 of | ourissions of the Principal subsequent to said date. | | |
| | | | |
| <u>[a</u> | | | |
| | | | |
| | SEAL | | |
| | WOJANA LILLY | | |
| Dated this 12th day of January 2017 | | | |
| 1 01 | | | |
| Quest (homoust | | | |
| Principal District | Principal | | |
| Principal (Individual, Partner or Corporate Officer) | (Additional Partner or Partners) | | |
| (marriaga), rather of Corporate Officer) | (* LEGICOLINE & CALLED OF A MICHOLOGY | | |
| | | | |
| | | | |
| | | | |
| | ammun. | | |

AMOUNT S CHECK#. OVERAGE. NON-CONF.



RLI Insurance Company

Vice President



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. <u>LSM0966630</u>

Know All Men by These Presents:

| That the | RLI Insur | ance Company | , a corporation organized an | d existing under the laws of the S | State of |
|---|---|--|--|---|--|
| | | | sed to do business in all states and the | | |
| | | | in the City of | • | , |
| | | | , with full power and authority | | |
| | | | s Surety, in general, any and all bond | | |
| | - | | ad 00/100 Dollars (| | |
| | | following described be | - | • | J |
| | | | | | |
| Principal: | Schererville Piz | za LLC 100 | cument is | | |
| Obligee: | Board of Comn | nissioners of the Cou | nty of Lake, State of Indiana, and a | y cities and towns in Lake Cou Obligee) | nty, IN |
| Type Bond: | General Contra | This Docum | ent is the property | f | |
| Bond Amount: | \$ 5,000.00 | the Lake | County Recorder! | | |
| | | | County Recorder: | | |
| Effective Date: | January 12, 201 | 17 | | | |
| The | RLI Insuranc | e Company | further certifies that the following | owing is a true and exact cop | ov of a |
| | | | RLI Insurance Company | _ | • |
| | | | | | |
| by such other of Secretary, or the undertakings in undertakings, | officers as the Bo he Treasurer ma n the name of t Powers of Attor may be printed b HEREOF, the President | ard of Directors many appoint Attorneys the Company. The cropy or other obligation of the company of the compan | 2 SEA DE S | e President, Secretary, any Assauthority to issue bonds, polic the validity of any bonds, ponature of any such officer an caused these presents to be executantly 2017. | sistant cies or olicies, ad the |
| Cherie L. Wonigon | icry | Chissistant Secretary | Tank LINOIS HITTER | V 100 1 | Testachi |
| as | ie L. Montgomery Vice President RLI Insurance C | , who being t | , and acknowledged said instrum | they signed the above Power of A | he said |
| Jacqueline M. Bock | apriline M | Notary Pub | PUBLIC JACQUELINE M. BOCKLER | | |



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

Acknowledgment of Surety

| STATE OF | Illinois | -) | | |
|--|----------------------------------|--|-------------------------------------|------------------------|
| COUNTY OF | Peoria | ss. | | |
| Sea. | Do | cumer | t is | |
| <⇒ On this <u>1</u> | 2th day of January, | | me, a Notary Public in and for s | aid County, personally |
| (m) | NOT | | CIAL | |
| appeared | Barton W. Davis | | n to me, who being by me duly s | worn did say that |
| (£) | This Docum | ent is the | property of | |
| he/she is the aforesaid | Vice President | of the | RLI Insurance Comp | any |
| | | | | |
| of <u>Peoria</u> | , Illinois | , a co | rporation duly organized and exis | ting under the laws of |
| the State of | Illinois that the sea | affixed to the fo | regoing instrument is the corpora | te seal of said |
| C - (8) | | | behalf of said corporation by auti | _ |
| Directors, and further | acknowledge that the said instru | ment and the exec | oution thereof to be a voluntary ac | t and deed of said |
| corporation. | | | | |
| The state of the s | | KEDER'S OF | | |
| TNI WITNE | CC WINEDEOF I have become | Y and a visit of the visit of t | me and affixed by official seal th | a day and year last |
| IIA AATTIATS | 35 WITEREOT, I have heretality | Subscitted my na | and arrixed by official sear th | e day and year last |
| above written. | E | | | |
| | | 2EAU | | |
| | | WDIANA. | | |
| My Commission Expi | res: "OFF | ICIAL SEAL" | | |
| , | STATE OF JACQUE | LINE M. BOCKLER | | |
| | 400 | ON EXPIRES 01/14/18 | . 7 | 2 / |
| 1/14/2018 | | | angueline / | Notary Public |
| | | | Jacqueline M. Bockler | Notary Public |