



DATE 06/08/2010	DOCUMENT ID 201015801119	DESCRIPTION ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	FILING 125.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

ROBERT L. STEELY, ATTORNEY
8080 SNOWVILLE ROAD
BRECKSVILLE, OH 44141

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1941714**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

B. STANFORD ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

201015801119

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 4th day of June, A.D.
2010.

Ohio Secretary of State



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/02/2024	202433706982	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

B STANFORD ENTERPRISES, LLC
129 W SOPHIA ST.
STE 4
MAUMEE, OH, 43537

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4453410

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

PREMIER POUR BARTENDING

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME RENEWAL

Document No(s):

202433706982

Effective Date: 12/02/2024



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of December, A.D. 2024.

Ohio Secretary of State



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80091166

B Stanford Enterprises LLC
Premier Pour Bartending
129 W Sophia St. STE 4
Maumee OH 43537-2188

Period Specified Below
07/01/2025 to 07/01/2026



www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

CERTIFICATE OF REGISTRATION
OHIO DEPARTMENT OF TAXATION
PO BOX 182215, COLUMBUS, OH 43218-2215

B STANFORD ENTERPRISES LLC
129 W SOPHIA ST STE 4
MAUMEE, OH 43537-2188

License Type: Transient VL
Ohio Tax Account #: 90025638
Effective Date: November 01, 2010

This is to certify that the above registration is authorized to make retail sales subject to taxes levied pursuant to Chapter 5739 of the Ohio Revised Code. The Tax Commissioner may revoke or suspend this authorization if the registrant fails to comply with a law, rule and/or regulation concerning this registration and/or tax return filing requirements.

A new registration must be obtained if the business is sold or if the form of ownership changes. An ownership change includes, but is not limited to, incorporating a business, changing from a partnership to a sole proprietor, a sole proprietorship to a partnership, or any similar entity change.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SeibertKeck Insurance Partners 2950 W. Market St. Fairlawn OH 44333	CONTACT NAME: Kaleigh Romano PHONE (A/C, No, Ext): (330) 867-3140 FAX (A/C, No): (866) 620-2007 E-MAIL ADDRESS: kromano@seibertkeck.com
INSURED B Stanford Enterprises, LLC, DBA Premier Pour Bartending 129 W Sophia St Ste 4 Maumee OH 43537	INSURER(S) AFFORDING COVERAGE INSURER A: United State Liability Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 v1.0**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP 1759006	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CP 1759006	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			CP 1759006	06/01/2025	06/01/2026	Per Occurrence \$1,000,000 Aggregate \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE FORM – OFF PREMISES CATERERS

ADDITIONAL INSURED – OWNER OF PREMISES

Section II – Who is an Insured; Item 2., is amended to add the following:

Any individual(s), partnership(s), limited liability company(s), joint venture(s) or other organization(s) that owns the premises at/on which a Named Insured sells, serves or furnishes alcoholic beverages in the course of their business.

Coverage under this endorsement shall apply only to the liability of an **Additional Insured - Owner of Premises** that arises out of the selling, serving or furnishing of alcoholic beverages by a Named Insured in the course of their business. There shall be no coverage under this endorsement for liability arising directly or indirectly from the selling, serving or furnishing of alcoholic beverages by an **Additional Insured – Owner of Premises** or any person or organization acting for or on behalf of an **Additional Insured – Owner of Premises**.

Coverage under this endorsement does not apply to:

(1) “Bodily injury”:

- a. To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co-“employee” while that co-“employee” is either in the course of his or her employment or performing duties related to the conduct of your business; or
- b. To the spouse, child, parent, brother or sister of that co-“employee” as a consequence of (1) a. above; or
- c. For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in (1) a. or b., above; or

(2) “Property damage” to property owned, occupied by, or rented or loaned to an owner of such premises.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

State Farm Mutual Automobile Insurance Company

Your State Farm Agent

Scott Stigall

909 S McCord Road

Holland, OH 43528-8370

Bus: 419-865-3585 ext.

Email: scott.stigall.tl76@statefarm.com

Auto Insurance Binder

Ohio

Policy number: D348161-D28-35

Named insured(s)

B STANFORD ENTERPRISES LLC

Mailing address

129 W SOPHIA ST STE 4

MAUMEE OH 43537-2188

Vehicle: 001

Year: 2021

Make: RAM

Model: 3500 PROMASTER

Body style: Cargo or Delivery Van

Vehicle Identification Number (VIN): [REDACTED] 1246

Vehicle: 002

Year: 2013

Make: STORM

Model: UNKNOWN

Body style: Utility Trailer/Box Trailer

Vehicle Identification Number (VIN): [REDACTED] 2466

Vehicle: 003

Year: 2022

Make: STEALTH

Model: UNKNOWN

Body style: Utility Trailer/Box Trailer

Vehicle Identification Number (VIN): [REDACTED] 9458

No coverage is provided for your lending institution or leasing company if Comprehensive and Collision coverages are not included on the policy. If you did not select those coverages, you may need to contact State Farm® to discuss adding those coverages to your policy.

The premium shown on this binder must be in compliance with the company's rules and rates and is subject to revision. The premium amounts do not include the additional fees required if the monthly payment plan was selected.

This policy provides the following coverages to the vehicles for which the appropriate "Coverage Symbol" and a corresponding premium are shown in the "POLICY PREMIUM" schedules above.

Coverage Symbol	Coverage	Limit	
A	Liability Coverage	Each Accident \$1,000,000	
C	Medical Payments Coverage	Each Person \$5,000	
D	Comprehensive Coverage		
G	Collision Coverage		
H	Emergency Road Service Coverage		
U	Uninsured Motor Vehicle Coverage	Bodily Injury Limit Each Person, \$500,000	Each Accident \$1,000,000

TERMS AND CONDITIONS

State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations of a policy is issued to you or (2) when canceled in accordance with law.

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicle(s) except as otherwise stated, and (5) the limits and coverages were selected by you. **It is further understood and agreed that no insurance is effective under this agreement (a) unless the binder is completed designating the company accepting this application or (b) until the date the policy or binder is issued by the company accepting this application.**

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent.

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.