|  | Agend                | A ITEM EXECUTIVE S        | UMMARY           | Agenda Item number: 4     |  |  |  |  |
|--|----------------------|---------------------------|------------------|---------------------------|--|--|--|--|
| Title:Recommendation to approve a Proposal for an A6 Liquid<br>License Application for the 7-11 Mini-Mart and Gas St<br>Located at 51 S. Randall Rd., St. Charles.   |                      |                           |                  |                           |  |  |  |  |
|  | Presenter:           | Police Chief James Keegan |                  |                           |  |  |  |  |
| Meeting: Liquor Control Commission Date: November 16, 2020   |                      |                           |                  |                           |  |  |  |  |
| Proposed Cost: \$  |                      | Budgeted Amount           | : \$             | Not Budgeted:             |  |  |  |  |
| Executive Summa  | <b>ry</b> (if not bu | geted please explain):    |                  |                           |  |  |  |  |
| The 7-11 mini-mart alcohol.  | t and gas stat       | on located at 51 S. Rand  | all Rd. is reque | esting permission to sell |  |  |  |  |
| The owner has owned this store for several years and also owns and operates a 7-11 in Hoffman Estates.   |                      |                           |                  |                           |  |  |  |  |
|  |                      |                           |                  |                           |  |  |  |  |
|  |                      |                           |                  |                           |  |  |  |  |
|  |                      |                           |                  |                           |  |  |  |  |
|  |                      |                           |                  |                           |  |  |  |  |
|  |                      |                           |                  |                           |  |  |  |  |
|  |                      |                           |                  |                           |  |  |  |  |
| Attachments (plea  | · · ·                |                           |                  |                           |  |  |  |  |
| Summary, Floor Pla   | an, Liquor L         | cense, Memo               |                  |                           |  |  |  |  |
| <b>Recommendation/Suggested Action</b> ( <i>briefly explain</i> ):<br>Recommendation to approve a proposal for an A6 Liquor License application for the 7-11 mini-mart<br>and gas station located at 51 S. Randall Rd., St. Charles. |                      |                           |                  |                           |  |  |  |  |

## Police Department

## Memo



Date: 10/30/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

- From: James Keegan, Chief of Police
- Re: Background Investigation/7-11 Mini-Mart & Gas Station/51 S. Randall Road (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.

This request allows alcohol sales inside gas station/mini-marts as follows: (*Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage*). Sales can only occur between 7:00 am and 12:00 am daily.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan, floor plan, Dram Shop insurance and liquor training certificates. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with alcohol sales, subject to City Council approval.

The owner has owned this store for several year and additionally owns and operates a 7-11 in Hoffman Estates (since 1995). We spoke with HEPD and they stated Mr. Ahmed is a responsible business owner and reported no issues with liquor sales. The owners have installed locking mechanisms on beer coolers and spirits will be located behind the sales counter.

Thank you in advance for your consideration in this matter.

## LIQUOR APPLICANT BACKGROUND CHECK LIST



| APPLICANT(S): SAJID AHMED                     |             |               |
|---|-------------|---------------|
| BUSINESS: 7-11                                |             |               |
| ADDRESS: 51 S. RANDAUL RO.                    | ST. CHARGES | IL            |
|   | REQUESTED   | COMPLETED     |
| APPLICATION                                   | X           | _X            |
| BUSINESS PLAN/FLOOR PLAN/MENU                 | $\times$    | <u> </u>      |
| LEASE (OR LETTER OF INTENT)                   | <u>×</u>    |               |
| BASSET CERTIFICATE(S)                         | <u> </u>    | X             |
| FINGERPRINTS ( <u>ALL</u> MANAGERS)           | <u> </u>    | ¥             |
| DRAM SHOP (CERTIFICATE OF INSURANCE)          | <u> </u>    | <u> </u>      |
| TLO   | <u> </u>    | <u> </u>      |
| I-CLEAR                                       | X           | <u>X</u>      |
| CERTIFICATE OF NATURALIZATION (IF APPLICABLE) | V/A         | NA            |
| POLICE RECORDS CHECK                          |             | <u>×</u>      |
| APPLICANT'S HOMETOWN RESIDENCY LETTER         | <u> </u>    | <u> </u>      |
| ILLINOIS LIQUOR COMMISSION                    | _X          | <u> </u>      |
| SITE VISIT                                    | _X          | <u> </u>      |
| * COMMENTS:                                   |             | 1.18 <b>-</b> |
|   | SVThal      |               |
| INVESTIGATOR ASSIGNED:                        | Jr+/J+1     |               |
| SUPERVISOR REVIEW:                            | An # 300    | ·······       |

## Police Department

## Memo



| Date: | 101620                                      |
|-------|---|
| To:   | Commander Majewski (via chain of command)   |
| From: | Detective Murawski #371                     |
| Re:   | Liquor License Background, 7-11 Sajid Ahmed |

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for a Class A-6 license for the business, 7-11 Sajid Ahmed. This business is to be located at 51 S. Randall Rd.

## **Applicant:**



## **Application:**

The application was received on or around 10/07/2020. The application is complete to include a signed lease, a menu, floor plan and a quote for Certificate of Insurance (dram shop). Sajid is listed as President of the establishment.

## **Records Checks:**

Sajid provided 1 residence in the past 10 plus years;

Current address of: 3

A check with Naperville Police records and TLO showed nothing that would prohibit obtaining a liquor license. I CLEAR showed no contacts for Sajid. SCPD showed one contact of Sajid, reference a stolen gift card incident, in which Sajid was the complainant and the victim being 7-11 (see attached report 20-14371).

A check of the Kane and DuPage County Circuit Court Clerk database revealed nothing that would prohibit Sajid from obtaining a liquor license.

Sajid advised he operates 1 similar business;

7-11 2310 Hassell Rd. Hoffman Estates, IL 60169

Service, Courage, Professionalism, Dedication



Contact was made with Hoffman Estates Police Department and the respective city administration. Sajid's 7-11 was not involved in any police matter nor had he been cited for any issues pertaining to sale of alcohol.

Sajid has a current BASSET certification. Sajid's fingerprints were submitted to the FBI and Illinois Bureau of Identification; their reply indicated nothing that would deny the issuance of a Liquor License.

Illinois Secretary of State LLC check on Sajid showed no violations and a valid state liquor license, exp. 04/30/21.

## **SITE VISIT and INTERVIEW WITH APPLICANTS:**

On 10/09/20, I met with Sajid at the location for 7-11. The interior of the business was clean and already stocked with food and drink items. Sajid advised he would begin selling liquor as soon as his license was granted. Sajid has one other business (7-11) and I asked if the menu would be similar to the other establishments. Sajid stated he would keep all items the same. Sajid stated he would sell "name brand" beers at first, then move to craft if the demand warrants it. Sajid is also interested in selling pints and "airplane" bottle of liquor. I asked what brought Sajid to St. Charles and he stated the site was the best available for a 7-11 store at the time. Sajid has owned this 7-11 for several years.

Notes in the application on the business plan indicate the hours of operation will be 24 hours a day, seven days a week. Sajid stated he follow local regulations regarding the times of selling packaged alcoholic beverages. There will be no live music and no outdoor seating. Smoking area will be in front of the building.

This concludes this background investigation.

RTM #371

## Liquor License Application Checklist/Interview

| How long have you lived at current address?   |
|---|
| How long have you lived at current address? <u>DYFARS</u><br>Where have you resided for at least the past 10 years? |
| Are you a US Citizen?   |
| Why the move to St. Charles location? BEBT AUAM ARE   |
| Is there any liquor inventory at this time? $NO$  |
| Are you a current or past liquor license holder? <u>YES</u>   |
| If so, any past violations?O  |
| Date you plan sell liquor? YES  |
| Previous Restaurant ownership? HOFFMAN, S. Elley Confeculte.  |
| Site Visit date? $/OOS C$   |

7-Eleven Plan of Operation for Alcohol Sales 51 S. Randall Rd., St. Charles IL 60174

Although the store will be open 24 hours/ 7 days a week liquor sales will be limited to hours permitted by the City

Cooler Doors will remain locked during non-selling alcohol hours

Hard liquor will be on a shelf behind the sales counter

Wine will be displayed in site of employees near sales counter

Each employee will be made fully aware of the consequences of selling to a minor. They will be trained that sting operations happen on an ongoing basis and liquor sales to minors will not be tolerated.

Automatic termination will occur for any employee that sells liquor to a minor.

All policies and procedures will be reviewed with all employees on a regular basis.

Signage will be posted near all coolers and liquor shelves making the public aware of the hours of liquor sales for the village.

All employees will go through training for 7-Eleven "Come of Age" certification which is a BASSETT State Certified program

All employees will be instructed that the only form of identification accepted will be a state issued driver's license or i.d. card. ALL id's will be scanned at the register and a sale will only be made after the id scans for age verification.

Sajid Ahmed (Owner) 7-Eleven #30153B 51 S. Randall Rd., St. Charles IL Alver &

| Packaged Bakery     Fresh Bakery       Packaged Bakery     Fresh Bakery       Scookies     Nut Bars       Bakery     Bakery       ITH Frito     ITH Frito       ITH Frito     ITH Frito       ITH Frito     Hot Food       Ith BA     Elec/Bettery       Ith BA     Elec/Bettery       Ith BA     Frito  |         |                   |        |                    |              |        |              |
|---|---------|-------------------|--------|--------------------|--------------|--------|--------------|
| Packaged Bakery     Fresh       SS cookies     Nut Bars       SS cookies     Nut Bars       Fresh     Bakery       Frito     TH Frito       Nut/Seeds     Meat Snacks       Nut/Seeds     Meat Snacks       Frito     Frito       Nut/Seeds     Meat Snacks       RTE     Grocery       RTE     Grocery       Paper   |         |                   |        |                    |              |        |              |
| Scookies     Nut Bars     Bakery       TH Frito     TH Frito     Herito       Nut/Seeds     Meat Snacks     Frito       Nut/Seeds     Frito     Endy       Candy     Candy     Fre       Muth     Elec/Bettery     Fre       Move to cornner LB     Move to cornner LB  | pag     | Packaged          | Rakerv |                    | Frech Rakerv | Frech  |              |
| Image: Heiton in the integration integration in the integrateo in the integrate | acks    | SS Snacks         |        |                    | Nut Bars     | Bakery |              |
| TH Frito     TH Frito       Nut/Seeds     Meat Snacks       Frito     Meat Snacks       Candy     Candy       Candy     Elec/Bettery       FFE       Mine       Wine       Move to cornner LB   |         |                   |        |                    |              |        | 8 I          |
| TH Frito     TH Frito       Nut/Seeds     Meat Snacks     Frito       Nut/Seeds     Meat Snacks     Frito       Candy     Candy     FFE       Candy     Elec/Bettery     FFE       Mine     Wine     Covid       RTE     Grocery     Covid       Paper     Move to cornner LB   |         | : :               |        |                    | -            |        | Roller Grill |
| Nut/Seeds     Meat Snacks     Frito       Image: Share of the street of   | ito     | TH Frito          |        |                    | TH Frito     |        |              |
| Candy     Candy       Image: Candy     Candy       HBA     Elec/Bettery       HBA     Elec/Bettery       HBA     Elec/Bettery       More     Wine       Move to cornner LB  | r Snack | Other Snacks      |        |                    | Meat Snacks  | Frito  |              |
| Candy     Candy     Candy       HBA     Elec/Bettery     FFE       Wite     Wine     Covid       Nite     Move to cornner LB  |         |                   |        |                    |              |        | 1            |
| HBA     Elec/Bettery     FFE       HBA     Elec/Bettery     FFE       Wine     Wine     Covid       RTE     Grocery     Covid       Paper     Paper       Move to cornner LB  |         | Candy             |        |                    | Candy        |        | HOL FOOD     |
| Wine     Wine       Nine     Wine       RTE     Grocery       RTE     Grocery       Paper       Move to cornner LB  |         | HRA               |        |                    | Flec/Retterv | LEF.   |              |
| Wine     Wine       RTE     Grocery       RTE     Grocery       Paper       Move to cornner LB  |         |                   |        |                    |              | ]      |              |
| Wine     Wine       RTE     Grocery       RTE     Grocery       Paper     PMU   |         |                   |        |                    |              |        |              |
| RTE     Grocery     Covid       Paper     Move to cornner LB  |         | FMB               | 1000 C |                    | Wine         |        |              |
| Paper<br>Move to cornner LB   | lacks   | TH Snacks         |        |                    | Grocery      | Covid  | Counter      |
| Paper<br>Move to cornner LB   |         |                   |        |                    |              | 1      |              |
| Move to cornner LB  |         | Dot loos          |        |                    |              | F      |              |
|   | deo     | Pet/soap          |        | Paper              | PINU         | _      |              |
|   | to con  | Move to conner LB |        | Move to cornner LB |              |        |              |

| City of St. Charles, Illinois Liquor Control Commissioner |
|---|
| CITY RETAIL LIQUOR DEALER LICENSE APPLICATION             |
| APPLICATION FEE IS NON REFUNDABLE                         |

Incomplete applications will not be accepted.

Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

| APPLICATION CHECKLIST   |                    |              |
|---|--------------------|--------------|
| Check items to confirm all are attached to this application   | Applicant          | Office Use   |
| Application Fee of \$200 (5.08.070C)<br>Non-refundable  | Ń                  |              |
| Completed Application for all questions applicable to your business.  | Ø                  |              |
| Copy of Lease/Proof of Ownership $(d_{eed})$  |                    |              |
| Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.   |                    |              |
| Copy of Articles of Corporation, if applicable.   | ď                  |              |
| <b>Completed B.A.S.S.E.T. (Beverage Alcohol Sellers &amp; Servers Training) form –</b> 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.  |                    |              |
| <b>Copy of Site Plan for Establishment (Drawn to scale</b> including the parking lot, patio and/or deck, outdoor seating).  | ď                  |              |
| <b>Copy of Floor Plan for Establishment (Drawn to scale</b> and <b>must include</b> 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> . | ď                  |              |
| Copy of Business Plan, to include:         Hours of Operation         Copy of Menu         Whether or not live music will be played at this establishment         Will there be outdoor seating and/or outdoor designated smoking area         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. N/A  |                    |              |
| All managers have been fingerprinted who are employed by your establishment.<br>When new management is hired, it is imperative you contact the Mayor's office to be<br>fingerprinted so the City's business files are appropriately updated. <i>MuSt Schulle</i>  |                    |              |
| Alcohol Tax Acknowledgement and Business Information Sheet  | ত                  |              |
| OFFICIAL USE ONLY   |                    |              |
| MURANSKI  | 371                |              |
| Signature of Investigating Officer Badge Nun  | nber & Rank        |              |
| Approval Recommended*  Approval NOT Recommended  10-30-20   |                    |              |
| Signature of Chief of Police Date   |                    |              |
| *ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AN   | UD EIDE DEDADTMENT | DECHIDEMENTS |

|  |  | Date A                            | Application Received: 10-7-2020                               |
|--|--|-----------------------------------|---|
| LICENSE INFORMATION:   |  |                                   |   |
| <b>Ø</b> A Package \$3200-3600   |  |                                   |   |
| OB Restaurant \$2400-360   | 0  | 🗖 Li                              | ate Night Permit 1:00am \$800 (B/C only)                      |
| <b>DC</b> Tavern \$2400-3600   |  |                                   | ate Night Permit 2:00am \$2300 (B/C only)                     |
| OD Hotel/Banquet/Arcada  | a/Q-Center/Entertainment/                                      | Club - \$varies                   |   |
| OG Brewery/Restaurant of   |  | 0% for annual renewals and licens | es issued after Nov 1   |
|  |  |                                   | he next year (May 1-April 30) (5.08.040)                      |
|  |  |                                   |   |
| APPLICANT INFORMATIO   | N  |                                   |   |
| 1. Type of Business: O Ind   |  |                                   |   |
| 2. Business Name:<br>SSV C   | orporation D/  | B/A 7-Eleven                      | # 30153B  |
| 3. Business Address: 51 S  | Bandall Rd.  | St. Charles I                     | L 60174   |
| 4. Type of Business<br>(5.08.070-3):<br>Conven.ence  | 5. Length of Time in this<br>Business (5.08.070-4):<br>LL/1992 | 6: Value of merchandise that      | normally will be in inventory when in $o_1 \alpha \infty = 0$ |
| Store<br>7. Business Phone:  |  |                                   |   |
| (630)443.4032  | 8. Business E-mail:  | 9. Business Website:              | 10: Illinois Tax ID Number:<br>2506 - 0211                    |
| 11. Applicant/Contact Person<br>Sound Ahme   |  | 12 Title:<br>President/Owner      | 12 Fraile   |
| 14. Applicant Home Address   | and all addresses for the la                                   | ist 10 vears: /                   |   |
|  | D1 //  |                                   | 17. Birthplace:   |
| 18. If Corporation, Corporati  | on Name:   |                                   | Hyderabad   |
| and the second |  | oration                           |   |
| 19. Corporation Address (city  | y, state, zip code):   |                                   |   |
|  |  |                                   |   |

| ADDITIONAL OWNERS, INVESTORS (greater than 5% interest), and MANAGER INFORMATION |                          |                    |          |                     |      |
|--|--------------------------|--------------------|----------|---------------------|------|
| Full Name, include   | e middle initial: Saj, d | Ahmed              | Title: P | les. dent/Secretery | 100% |
| Birthdate:   | Birthplace:              | Driver's License#: |          | Home Phone:         |      |
|  |                          |                    |          |                     |      |
| Home Address, and all addresses for the last 10 years:                           |                          |                    |          | Email Address       |      |
|  |                          |                    | _        | J                   |      |

| Full Name, include middle initial:                                    |                       | Title:                     | )                       |  |  |  |
|---|-----------------------|----------------------------|-------------------------|--|--|--|
| Birthdate: Birthplace:  | Driver's License#:    | Home                       | Phone:                  |  |  |  |
|   |                       |                            |                         |  |  |  |
| Home Address, and all addresses for the last 1                        | 0 years               | Fmail                      | Address:                |  |  |  |
|   |                       |                            |                         |  |  |  |
|   |                       |                            |                         |  |  |  |
|   |                       |                            |                         |  |  |  |
|   |                       |                            |                         |  |  |  |
| Full Name, include middle initial:                                    |                       | Title:                     |                         |  |  |  |
| Birthdate: Birthplace:  | Driver's License#:    | Home I                     | Phone:                  |  |  |  |
|   |                       |                            |                         |  |  |  |
| Home Address, and all addresses for the last 10 years: Email Address: |                       |                            |                         |  |  |  |
| Home Address, and an addresses for the last 1                         | o years.              | Linai /                    | -uuress.                |  |  |  |
|   |                       |                            |                         |  |  |  |
| 1   |                       |                            |                         |  |  |  |
| <b>BUSINESS ESTABLISHMENT LOCATION IN</b>                             | FORMATION             |                            |                         |  |  |  |
| 1. Exact Street Address for liquor license:                           | 2. # Parking Spaces:  | 3. Outside Dining s.f.     | 4. Total Building s.f.: |  |  |  |
| 51 S: Randall Road  | 9                     | [17.20.020-R]: N/A         | 2,4057                  |  |  |  |
| 5. Total # Seats:   | 6. Live Entertainment | //                         | 27401                   |  |  |  |
|   | N/A                   | C AICO 3.1. [3.00.010-11]. |                         |  |  |  |
| 7. Brief Business Plan description based on typ                       |                       |                            |                         |  |  |  |
| Convenience Store with  | v gas - leta          | il Sales                   |                         |  |  |  |
|   | J                     | _                          |                         |  |  |  |
|   |                       |                            |                         |  |  |  |
|   |                       |                            |                         |  |  |  |

| 1. | Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, draw to scale showing the following:   |
|----|---|
|    | <ul> <li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li> <li>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);</li> <li>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.</li> </ul> |
| 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.   |

| COR | RPORATION / PREMISES QUESTIONS   |                         |
|-----|--|-------------------------|
|     | If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)?   | QYes DNo                |
| 1.  | Is any individual a naturalized citizen? <b>Over</b><br>If yes, print name(s), date(s), and place(s) of naturalization:<br>SATLD AHMIED SEP 14 <sup>15</sup> 1996 CHICAGE TL |                         |
| 2.  | Is the premises owned or leased (5.08.070-6A)? Owned Dug 7-kle   | RD. Inc.                |
| 3.  | If the premises are leased, list the names and addresses of all direct owners or owners of beneficial int premises are held in trust (5.08.070-68):                          |                         |
|     | Name of Building Owner: $\eta$ -Eleven, Inc. Phone Number  | :(172)028-7011          |
|     | Address of Building Owner: 3200 Hackberry Rd. E-mail Address<br>Irring, TX 15063   | :                       |
|     | Mailing Address of Building Owner (if different):  |                         |
|     | (Same as a bove)   |                         |
|     | Name of Building Owner: 7 - Eleven, Inc. Phone Number  | (172)628.701            |
|     | Address of Building Owner: E-mail Address  | :                       |
|     | Mailing Address of Building Owner (if different): $(Same a s a b a c e)$   |                         |
|     | 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? OYes BNo  |                         |
|     | 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, util   | ity bills, alcohol tax, |
|     | and permit fees, for any current or previous establishment owned, operated or managed by the applic  | ant? <b>OYes ØNo</b>    |
|     | If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a r<br>license is issued. (5.08.050)                                | new or renewed liquor   |
|     | Are any improvements planned for the building and/or site that will require a building permit? ${\sf O}$ yes   | Ø No                    |
| 6.  | If yes, has a building permit been applied for? <b>OYes ONo</b> Date of permit application_  |                         |
| 7.  | Has applicant applied for a similar or other license on the premises other than the one for which this li  | cense is sought         |
|     | (5.08.070-7)? ØYes ONo   |                         |
|     | 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)? O 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? OYes Q No   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| 9.   | List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if                 |  |  |  |  |  |  |  |
|  | necessary.<br>Government Unit: 1+01-FMAN ESTRIC WASSRU HOTTMAN IL<br>Location, City/State:  |  |  |  |  |  |  |  |
|  | Date: 1995 Special Explanations: STUL Olensin   |  |  |  |  |  |  |  |
|  | Date: 1995 Special Explanations: Steel Oferon 114   |  |  |  |  |  |  |  |
|  | Government Unit: Location, City/State:  |  |  |  |  |  |  |  |
|  | Date: Special Explanations:   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
|  | Have any liquor licenses possessed ever been revoked (5.08.070-9)? OYes 🛇 No  |  |  |  |  |  |  |  |
| 10.  | If yes, list all reasons on a separate, signed letter accompanying this application.  |  |  |  |  |  |  |  |
| 10.  | Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?                       |  |  |  |  |  |  |  |
|  | <b>Oyes Oyes No</b><br>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): 11-19-1991   |  |  |  |  |  |  |  |
|  | Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): N/A                            |  |  |  |  |  |  |  |
| 13.  | Has the applicant and all designated managers read and do they all understand and agree not to violate any laws of the                        |  |  |  |  |  |  |  |
| 15.  | United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)?              |  |  |  |  |  |  |  |
|  | QYes ONo  |  |  |  |  |  |  |  |
|  | 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? OYes 🛇 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? OYes ONo   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| Have you ever been convicted of a gambling offense? <b>Yes Xeo</b> (If a partnership or corporation, included) |   |  |  |  |  |  |  |  |
| 1  | and the local manager(s).)  |  |  |  |  |  |  |  |

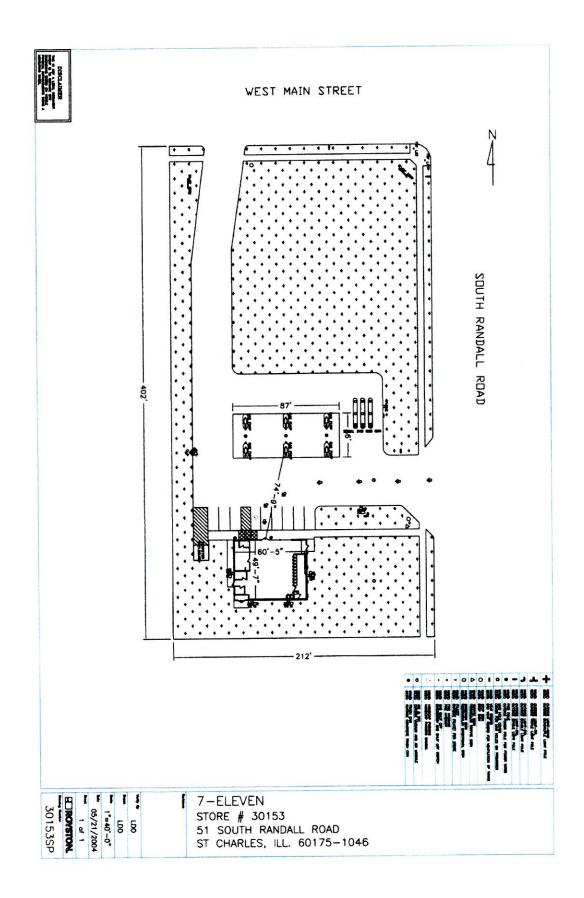
| Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated pers  | son or to a minor?                  |  |  |  |  |  |
|--|-------------------------------------|--|--|--|--|--|
| 14. All individual owners, partners, officers, directors, and/or persons holding directly 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? Oyes 🐼 No  |                                     |  |  |  |  |  |
| If yes, date(s):   |                                     |  |  |  |  |  |
| 15. Has the applicant attached proof of Dram Shop Insurance to this application or already furni   | ished it to the City of St. Charles |  |  |  |  |  |
| (5.08.060)? (5.08.060)? (5.08.060)? (5.08.060)? (5.08.060)?  |                                     |  |  |  |  |  |
| <ul> <li>16. Is the premises within 100 feet of any real property of any church; school; hospital; home for home for veterans, their wives/husbands, or children; and/or any military or naval station (source)</li> <li>Qres Q No</li> </ul>  |                                     |  |  |  |  |  |
|  |                                     |  |  |  |  |  |
| 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): Birthdate: |                                     |  |  |  |  |  |
| Home Street Address, Incl City, State, Zip:<br>Date of Course: 03-24-24のPlace Course was Taken: チールー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・  | Expiration:                         |  |  |  |  |  |
| Name (First, Middle, Last):  | Birthdate                           |  |  |  |  |  |
| Home Street Address, Incl City, State, Zip:  |                                     |  |  |  |  |  |
| Date of Course: ۵۶- کو که ۱۹۹۵ Place Course was Taken: ۲ - نرای در Certificate Granted?(۲/۸  | Expiration:                         |  |  |  |  |  |
| Name (First, Middle, Last):  | Birthdate: 1                        |  |  |  |  |  |
| Home Street Address, Incl City, State, Zip: 7  |                                     |  |  |  |  |  |
| Date of Course: 08 - 28 - 26 Place Course was Taken: Certificate Granted 20/N  | Expiration:                         |  |  |  |  |  |
| Name (First, Middle, Last):  | Birthdate                           |  |  |  |  |  |
| Home Street Address, Incl City, State, Zip:  | cic i be                            |  |  |  |  |  |
| Date of Course: 08-28-20 Blace Course was Taken: 7 - 20 Certificate Granted? (WN   | Expiration:                         |  |  |  |  |  |
| NEW MANAGEMENT REQUIREMENTS  |                                     |  |  |  |  |  |
| Whenever a new manager comes on board, the City must be notified and that person must be fir   | -                                   |  |  |  |  |  |

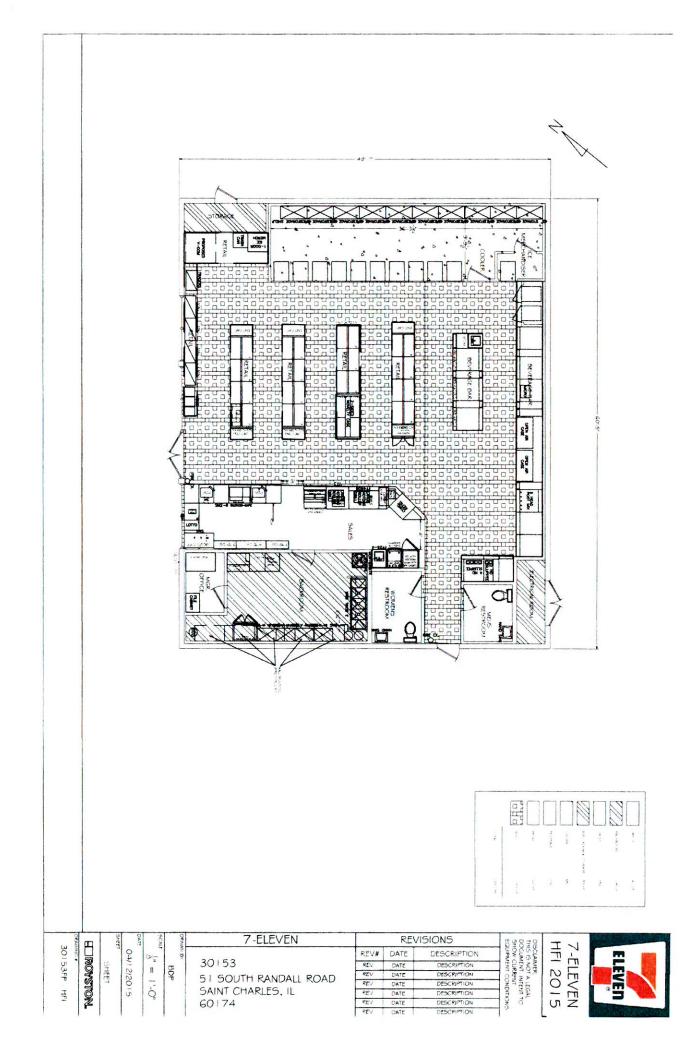
| COMMENTS/ADDITIONAL INFORMATION |  |
|---------------------------------|--|
|---------------------------------|--|

| Busir  | ness Name:   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| SIGN   | IATURES  |  |  |  |  |  |
|  | SUSAN L SWANSON<br>Official Seal<br>Notary Public - State of Illinois<br>My Commission Expires Dec 14, 2023  |  |  |  |  |  |
|  | Applicant 5 digitatal C  |  |  |  |  |  |
| Subs   | Scribed and sworn before me this 18 <sup>44</sup> day of <u>September</u> , 2020<br>SUSAN L SWANSON<br>(Seal) Official Seal<br>Notary Public - State of Illinois<br>My Commission Expires Dec 14, 2023<br>My Commission Expires Dec 14, 2023                   |  |  |  |  |  |
|  | DENDUM TO RETAIL LIQUOR LICENSE APPLICATION  |  |  |  |  |  |
|  | e completed by the City of St. Charles Police Department   |  |  |  |  |  |
| Date   | Name of Applicant:<br>SASTO AHMED  |  |  |  |  |  |
| Nam  | ne of Business:<br>7-11  |  |  |  |  |  |
|  | ress of Business:<br>SIS- RANALLRO.  |  |  |  |  |  |
| Pursi  | uant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in<br>ct 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:  |  |  |  |  |  |
|  | AS SOEN ASI GET AUTHENSE   |  |  |  |  |  |
| 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?  |  |  |  |  |  |
| 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   |  |  |  |  |  |
| <ul> <li>If yes, answer a, b and c:</li> <li>a. State the kind of such business:</li> <li>b. Give date on which applicant began the kind of business named at this location:</li> <li>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?</li> <li>Yes No</li> </ul> |  |  |  |  |  |  |
| 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 A 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 COTW. STURE  |  |  |  |  |  |  |
| 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?   |  |  |  |  |  |  |
| 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  |  |  |  |  |  |  |
|     | /<br>If no, state exceptions:   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     | Have all persons named in this application been fingerprinted? 💢 Yes 🗆 No   |  |  |  |  |  |  |
| 13. | Fingerprinted by: Date:   |  |  |  |  |  |  |
|     | MURAUSHI 371 101220   |  |  |  |  |  |  |
| 14. | Other necessary data:   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
| L   |   |  |  |  |  |  |  |

×.







## CERTIFICATE OF LIABILITY INSURANCE

|   | ACORD CERTIFICATE OF LIABILITY INSURANCE   |   |   |                         |                          |  | 9/24/2020   |                            |   |   |                |                      |
|---|--|---|---|-------------------------|--------------------------|--|---|----------------------------|---|---|----------------|----------------------|
| BE  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.<br>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. |   |   |                         |                          |  |   |                            |   |   |                |                      |
| IM  | POR  | TANT: If the certifica                      | ate holder is                               | an A<br>o the           | DDIT                     | TONAL INSURED, the po<br>is and conditions of the p<br>ficate holder in lieu of su                   | policy, c   | certain polici             | ADDITIONAL                                  | L INSURED provisions<br>ire an endorsement. A | or be<br>state | andorsed.<br>ment on |
|   |  |   | nter rights to                              | the                     | centif                   | icate noider in lieu of su   | CONTAC  | T Chubb Cu                 | stomer Service                              | Center  |                |                      |
| PROD  |  | R<br>SK SERVICES SOUTH                      | WESTING O                                   | ser                     | ONE                      | OLIDATE  | PHONE   | 966 077                    |   | FAX<br>(A/C, No):                             |                |                      |
|   |  |   | WEST INC - C                                | SUL                     | UNSU                     | UUDATE   | AND AND   | EAU.                       | 2chubb.com                                  | 1   |                |                      |
| 1300  | ISA  | WGRASS PKWY #300                            |   |                         |                          |  | ADDRESS: chubbcsc@chubb.com<br>INSURER(S) AFFORDING COVERAGE NAIC # |                            |   |   |                | NAIC #               |
| \$1D  | IRIS   | F   |   |                         |                          | FL 33323   | INSURER   | A: Pacific E               |   |   |                | 22748                |
| INSU  |  | L,  |   |                         |                          |  | INSUREF   |                            |   |   |                |                      |
|   |  | 30153 32203 328                             | 21 SSV CORP                                 | ORA                     | TION                     | DBA 7-ELEVEN   | INSURE  | 2 C :                      |   |   |                |                      |
|   |  | 51 SOUTH RAN                                |   |                         |                          |  | INSURE  | R D :                      |   |   |                |                      |
|   |  |   |   |                         |                          |  | INSURE  | RE:                        |   |   |                |                      |
|   |  | SAINT CHARLE                                | ES  |                         |                          | IL 60174   | INSURE  | RF:                        |   |   |                |                      |
| COV   | ER/  | AGES  | CERT  | TIFIC                   | ATE                      | NUMBER:  |   |                            |   | REVISION NUMBER:                              | VPEP           |                      |
| IN  | DICA   | TED. NOTWITHSTANDI                          | ING ANY REQU<br>OR MAY PER<br>IS OF SUCH PO | JIREN<br>TAIN,<br>OLICI | IENT,<br>THE I<br>ES. LI | CE LISTED BELOW HAVE BE<br>TERM OR CONDITION OF A<br>INSURANCE AFFORDED BY<br>MITS SHOWN MAY HAVE BE | THE PO  | LICIES DESCR               | RIBED HEREIN<br>D CLAIMS.                   |   |                |                      |
| INSR  |  | TYPE OF INSURAN                             | ICE   | ADDL                    | SUBR<br>WVD              | POLICY NUMBER  |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)                  | LIMI  | T              |                      |
|   | ×  | COMMERCIAL GENERAL L                        |   |                         |                          |  |   |                            |   | EACH OCCURRENCE                               | \$             | 1,000,000            |
|   |  |   | OCCUR                                       |                         |                          |  |   |                            | PREMISES (Ea occurrence)                    | \$  | 1,000,000      |                      |
|   |  |   |   |                         |                          |  |   |                            | 01/21/2021                                  | MED EXP (Any one person)                      | \$             | Included             |
| A   | GEN'L AGGREGATE LIMIT APPLIES PER  |   | Y   |                         | RTLILD9471834A9Q         | 01/31/2020   | 01/31/2020  | 01/31/2021                 | PERSONAL & ADV INJURY                       | \$  | 2,000,000      |                      |
|   |  |   |   |                         |                          |  |   |                            | GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | \$  | 2,000,000      |                      |
|   | X  | POLICY PRO-<br>JECT                         | LOC   |                         |                          |  |   |                            |   | PRODUCTS - COMPLOP AGG                        | \$             | 2,000,000            |
| L   | -  |   |   |                         |                          |  |   |                            |   | COMBINED SINGLE LIMIT<br>(Ea accident)        | \$             |                      |
|   | AUT  | ANY AUTO                                    |   |                         |                          |  |   |                            |   | BODILY INJURY (Per person)                    | \$             |                      |
|   | -  | OWNED SC                                    | CHEDULED                                    |                         |                          | RTLILD9471834A9Q   |   | 01/31/2020                 | 01/31/2021                                  | BODILY INJURY (Per accident)                  | \$             |                      |
| A   | -  | AUTOS ONLY AL                               | UTOS<br>ON-OWNED                            |                         |                          | KIELED / HOUTING   |   |                            |   | PROPERTY DAMAGE<br>(Per accident)             | \$             |                      |
|   | ×  |   | JTOS ONLY                                   | 1                       |                          |  |   |                            |   | Occurrence/Aggregate                          | \$             | Incl in GL Limits    |
|   | +  | UMBRELLA LIAB                               | OCCUR                                       | -                       | 1                        |  |   |                            |   | EACH OCCURRENCE                               | \$             |                      |
|   | $\vdash$   | EXCESS LIAB                                 | CLAIMS-MADE                                 |                         |                          |  |   |                            |   | AGGREGATE                                     | \$             |                      |
|   | -  | DED RETENTION \$                            |   | 1                       |                          |  |   |                            |   |   | \$             |                      |
|   |  | RKERS COMPENSATION                          |   | 1                       | 1                        |  |   |                            |   | STATUTE ER                                    |                |                      |
| AND EMPLOYERS' LIABILITY Y / N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH) |  |   | NIA   |                         |                          |  |   |                            | E.L. EACH ACCIDENT                          | \$  | - 2. 1999      |                      |
|   |  |   |   | 1                       |                          |  |   |                            | E.L. DISEASE - EA EMPLOYE                   | E\$   |                |                      |
|   | If ye<br>DES   | s, describe under<br>CRIPTION OF OPERATIONS | S below                                     |                         |                          |  |   |                            |   | E.L. DISEASE - POLICY LIMIT                   |                | C1 000 000           |
|   | Liquor Lishility coverage  |   |   |                         |                          |  |   |                            | Each Person BI/Property                     | У   | \$1,000,000    |                      |
| A   |  |   |   |                         | RTLILD9471834A9Q         |  | 01/31/2020 01/31/2021   | 01/31/2021                 | Loss of Means/Society                       |   | \$1,000,000    |                      |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sch                                 |  |   | <del></del>                                 |                         |                          | Aggregate Limit  | 1   | \$2,000,000                |   |   |                |                      |
|   |  |   |   |                         |                          |  | edule, may  | be attached if m           | tore space is req                           | luired)                                       |                |                      |
| L   | oca  | tion #2: 51 S Rand                          | dall Rd Sai                                 | nt C                    | narl                     | es, IL 601/4   |   | 11 *******                 | voluciona                                   | and conditions of su                          | ch no          | licies City          |
| T   | he i   | insurance afforded                          | by the pol                                  | icie                    | s des                    | scribed herein is subj   | ect to a  | an terms, e                | Chull D                                     | usinessources Lich                            | ility 1        | Enhancement          |
| 0   | of St. Charles is listed as Additional Insured, per the terms and conditions of the Chubb Businessowners Liability Enhancement   |   |   |                         |                          |  |   |                            |   |   |                |                      |

| of St. Charles is listed as Additional insured, per the terms and conditions of the orange |
|--|
| Endorsement (BOP-47635a, or its equivalent) included in the policy.                        |
|  |

| CERTIFICATE HOLDER     | CANCELLATION   |  |  |  |  |
|------------------------|--|--|--|--|--|
| City of St. Charles    | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |  |  |
| 2 E. Main St           | AUTHORIZED REPRESENTATIVE  |  |  |  |  |
| , St. Charles IL 60174 | Reina Swearingen   |  |  |  |  |
|                        | © 1988-2015 ACORD CORPORATION. All rights reserved.  |  |  |  |  |

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## Dis acknowledges that



## HAS SUCCESSFULLY COMPLETED

# Age Restricted Sales - Illinois



Friday, August 28, 2020



## HAS SUCCESSFULLY COMPLETED

# Age Restricted Sales - Illinois



Friday, August 28, 2020

this acknowledges that

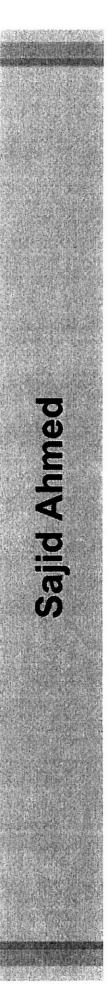


HAS SUCCESSFULLY COMPLETED

Age Restricted Sales - Illinois



Friday, August 28, 2020



## HAS SUCCESSFULLY COMPLETED

# Age Restricted Sales - Illinois



Friday, July 24, 2020

## 7-ELEVEN #30153B 51 S. RANDALL ROAD, ST. CHARLES IL 60174

- Open 24 Hours/ 7 days a week
- 6-8 employees
- No live music will be played
- No outdoor seating
- Convenience store engaged in the sale of retail goods for individual and household consumption. This store offers the following items:
  - o Groceries
  - Household items
  - o Dry goods
  - Prepared take-out foods (hot and cold) intended for consumption off premises
  - o Tobacco
  - o Lottery
  - o Gasoline

Copy of menu attached

## 7-Eleven Store Menu

Note - All animal proteins are fully pre-cooked under verified HACCP plans in federally inspected production facilities.

## Fresh and Fast Foods

- Refrigerated sandwiches up to 3-day shelf life
- Freeze to thaw sandwiches, burritos, Hot Pockets, burgers and sandwiches up to 14-day shelf life
- Whole and cut fruits shelf life up to 9+-days
- Green Salads shelf life up to 5-days
- Pasta/potato salads shelf life up to 7-days
- Fresh donuts and pastries 24 hour shelf life
- Fresh packaged bakery items up to 5-day shelf
- \*Pre-cooked (re-heated at store level) breakfast sandwiches up to 2-hours shelf life held ≥140°F
- \*Pre-cooked (re-heated at store level) chicken tenders, chicken wings, tacos and meat patties heated to 140°F with a shelf life up to 4-hours held ≥140°F
  - \*Pre-cooked (re-heated and assembled at store level) products i.e. Chicken sandwiches and Cheeseburgers -
    - Meat patties heated to 140°F with a shelf life up to 1-hous held ≥140°F
    - Shelf stable sauces, decanted, held at ambient temperatures up to 48-hours
    - Condiments i.e. pickles held at ambient temperatures up to 24-hours
    - Condiments i.e. cheese held at chill temperatures ≤40°F for the approved shelf life
  - \*Re-thermalized par-cooked potato products, cheese sticks and pizzas heated to 165°Fwith a shelf life of up to 2 hours held ≥140°F.
- Pre-cooked (re-heated at store level) hot dogs and Taquitos up to 4-hour shelf life ≥140°F
- Pre-cooked (re-heated at store level) chili and cheese sauces up to 48-hour shelf life held ≥140°F
- Fresh Bakery baked in store (limited areas) shelf life up to 24 hours
- Nachos

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- Fresh condiments
  - > Onions
  - Tomatoes
  - Pico Di galo
  - Pickled relish & jalapenos
  - Fresh and/or bottled salsa

\* Indicates the new items added to our current Fresh Food assortment in select stores.

## Beverages - Self Serve

- Coffee
- Hot Chocolate
- Iced Coffee
- Fountain
- Slurpee (frozen carbonated beverages)
- Iced Tea

## Grocery (Packaged foods)

- Large assortment of packaged grocery items:
  - > Cereals
  - Canned goods
  - Condiments
  - Crackers
- Fresh Breads
- Ice Cream (take home and novelty)
- Frozen Meals
- Fresh Dairy
  - Fluid dairy
  - > Yogurt
  - > Butter
  - Eggs
- Refrigerated Food Products
  - Deli Meats
  - > Cheese
- Snacks
- > Chips
- Dried Meat Jerky
- Nuts/seeds
- Confectionary
  - Chocolate
  - ➢ Non-chocolate
  - ► Gums
  - > Hard Candies
  - Noveity

## From the Cold Vault

- Canned/bottled Soda
- Juices
- Energy Drinks
- Bottled Water
- Alcoholic Beverages
  - Beer
  - Wine
  - Hard liquor (some stores with a limited selection)

## Non-Food Items

- Cigarettes and tobacco
- Large assortment of health and beauty items
- Cleaning products
- Auto products
  - Motor Oil
  - Antifreeze
  - Various auto fluids
- Home use paper products
- Stationary
- Film & batteries
- Cell phones/accessories

Product assortment list may vary from store to store and area by area.