

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4

Title:	Recommendation to Approve a Proposal for a New Class B Liquor License for DRM Deli Inc. to be located at 610 E Main Street, St. Charles
Presenter:	Chief Keegan, Police Department

Meeting: Liquor Control Commission Date: April 17, 2017

Proposed Cost: \$ Budgeted Amount: \$ Not Budgeted: **Executive Summary** *(if not budgeted please explain):*

This is a request for new class B liquor license for DRM Deli Inc. to be located at 610 E Main Street, St. Charles. Operating hours will be from 9:00 a.m. to 6:00 p.m. Monday through Friday; 10:00 a.m. to 4:00 p.m. Saturdays; and 10:00 a.m. to 3:00 p.m. on Sundays; there is no late permit being requested. They will provide fast casual food with hot food prepared , sandwiches, salads, and dessert and coffee as well as European style grocery items throughout the store. They will serve only beer and wine.

All paper work is in order, background checks have been completed by the Police Department and city staff recommends approval for this application to move forward to the Government Operations Committee meeting.

Attachments *(please list):*

- Liquor License Application
- Background Check
- Site Plan
- Menu

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a new Class B liquor license for DRM Deli Inc. to be located at 610 E Main Street, St. Charles.

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.
 Completed applications may be submitted to:
 Two East Main Street, St. Charles, IL 60174-1984

Dram Deli Inc

Date Application Received: _____ New Application Renewal Application

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business. ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable. ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – 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. ✓	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio, and/or deck, outdoor seating). ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include 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 fixed objects, such as pool tables, bar stools, vending/amusement machines; as well as all exits. ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <input checked="" type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Copy of Menu <input checked="" type="checkbox"/> Whether or not live music will be played at this establishment ✓ <input checked="" type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area ✓ <input checked="" type="checkbox"/> Do not include a marketing or financial plan with this business plan ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 for this business. X	<input type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated. ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

Approved* Denied Date Approved/Denied: _____ Customer Number: _____

Signature of Mayor, Liquor Control Commissioner _____ Date Issued _____

*ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.

07.05.2016

APPLICANT INFORMATION				
A. Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other (explain):				
B. Business Name: DRM DELI, INC.				
C. Business Address: 610 E. MAIN ST. ST. CHARLES, IL 60174				
D. IL Tax ID Number: 4223-5480	E. Business Phone: 630-940-2882	F. Business E-mail: drmi98@yahoo.com	G. Business Website: drmeurocafe.com	
H. Contact Person: DAN MIRO		I. Title: OWNER	J. Phone No.: [REDACTED] 9	
K. If Corporation, Corporation Name: DRM DELI, INC.				
L. Corporation Address (city, state, zip code): 610 E. MAIN ST. ST. CHARLES, IL 60174				
BUSINESS ESTABLISHMENT LOCATION INFORMATION				
A. Type of Establishment: <input type="checkbox"/> Package <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Hotel/Banquet/Arcade/Q-Center <input type="checkbox"/> Other				
B. Address applying for liquor license (exact street address): 610 E. MAIN ST.		C. Number of Parking Spaces: 50	D. Outside Dining s.f. [17.20.020-R]: 200 sq ft	E. Holding Bar s.f. [5.08.010-F]: 0
F. Total Building s.f.: 2K	G. Total Number of Seats: 46	H. Number of Bar Seats: 0	I. Sale Counter s.f.: 100	J. Live Entertainment Area s.f. [5.08.010-H]: NONE
K. Kitchen s.f.: 400	L. Cooler s.f.: 100	M. Dry Storage s.f.: 500	N. Seating Area s.f.: 500	O. Retail/public Area s.f.: 500
P. Service Bar s.f. [5.08.010-O]: 0				
Q. Brief Business Plan description based on type of establishment listed above: PROVIDING FAST CASUAL FOOD W/ HOT FOOD PREPARED, SANDWICHES, SALADS AND DESSERTS & COFFEES. PLUS EUROPEAN STYLE GROCERY ITEMS THROUGHOUT THE STORE				
MANAGER INFORMATION				
Full Name, include middle initial: DANIEL R. MIRO		Title: OWNER		
Birthdate: [REDACTED]		Birthplace: INDIANA	Driver's License#: [REDACTED]	Home Phone: [REDACTED] 9
Home Address: [REDACTED] 5369 ST. CHARLES, IL 60174				
Full Name, include middle initial:		Title:		
Birthdate:	Birthplace:	Driver's License#:	Home Phone:	
Home Address:				
Full Name, include middle initial:		Title:		
Birthdate:	Birthplace:	Driver's License#:	Home Phone:	
Home Address:				

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY	
Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:	
CLASS B LICENSES	
1.	Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following (check off once complete): <ul style="list-style-type: none"> a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof; 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); 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.**
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 Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.
CLASS C LICENSES	
1.	Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following (check off once complete): <ul style="list-style-type: none"> a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof; b. The designated use of each room or segregated area (e.g. 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); 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.**
2.	The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee 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 Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.
**THE FIRE PREVENTION BUREAU WILL FURNISH ALL FINAL, PERMITTED OCCUPANCY NUMBERS FOR THIS LICENSE.	

CORPORATION / PREMISES QUESTIONS

1. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? Yes No
 Is any individual a naturalized citizen? Yes No
 If yes, print name(s), date(s), and place(s) of naturalization:

2. List the type of business of the applicant (5.08.070-3):

3. Number of years of experience for the above listed type of business (5.08.070-4): **3 MONTHS**

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): **\$**

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):
**610 E. MAIN ST. ST. CHARLES, IL 60174
 TO SELL EUROPEAN GOODS AND PREPARED FOODS DAILY DURING
 9AM-6PM.**

6. Is the premises owned or leased (5.08.070-6A)? Owned Leased

7. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: **MELIA LINARDO (RED FAMILY ASSOCIATES**
 Address of Building Owner: **[REDACTED] GENEVA, IL 60134 (L.P.)**
 Mailing Address of Building Owner (if different):
 Phone Number: **[REDACTED]** E-mail Address:
 Name of Building Owner:
 Address of Building Owner:
 Mailing Address of Building Owner (if different):
 Phone Number: E-mail Address:
 Name of Building Owner:
 Address of Building Owner:
 Mailing Address of Building Owner (if different):
 Phone Number: E-mail Address:

8. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? Yes No
 If yes, please list the business name(s) and address(es):

9.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.</p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement:</p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary:</p>
12.	<p>Has applicant (and all persons listed on page 1 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 1 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit:</p> <p>Date: Location, City/State:</p> <p>Special Explanations:</p> <p>Government Unit:</p> <p>Date: Location, City/State:</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <u>9/1/2016</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <u>9/1/2016</u></p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p>Mandatory: 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 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.</p>

20. **Mandatory:** Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)?

Yes No

COMMENTS/ADDITIONAL INFORMATION

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) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

NEW MANAGEMENT REQUIREMENTS

Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.

APPLICATION FOR LATE NIGHT PERMIT

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

To: **St. Charles Liquor Control Commission** Date: _____

I now possess or have applied for a liquor license Class _____

Applicant's Name: _____

Name of Business: _____

Business Address: _____

Business Phone: _____

SUPPLEMENTAL PERMIT APPLIED FOR

Payment of Late Night Permit fee is required at the time the permit is issued.

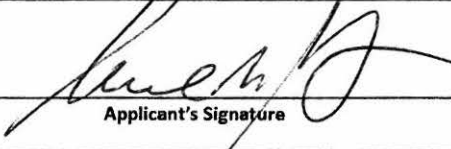
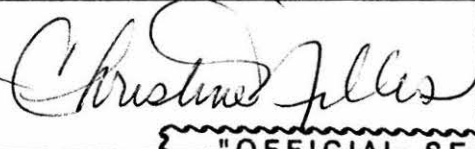
1:00 a.m. Late Night Permit – fee of \$800.00

2:00 a.m. Late Night Permit – fee of \$2,300.00

NOTE: Other permits that may be available upon request include:

- Class E – Special Event License (1 to 3-day event @ \$100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

SIGNATURES

  3/28/17
Applicant's Signature _____

Liquor Commissioner hereby directs City Clerk to issue permit indicated above.



Liquor Commissioner's Signature

Date

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

To be completed by the City of St. Charles Police Department

Date: 04/10/17 Name of Applicant: DANIEL R. MIGO

Name of Business: DRM DELI, INC.

Address of Business: 610 E. MAIN ST Ward Number: 4

To Liquor Control Commissioner, City of St. Charles, Illinois

Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect 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: 8/1/17

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? Yes No

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 N/A

If yes, answer a, b and c:

a. State the kind of such business:

b. Give date on which applicant began the kind of business named at this location:

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? Yes No N/A

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 N/A

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 N/A

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 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 Restaurant

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? Yes No

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
If no, state exceptions:


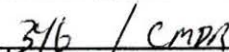
13. Have all persons named in this application been fingerprinted? Yes No
Fingerprinted by: CSO BEETER #397 Date: 3/28/17

14. Other necessary data:

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

 _____  _____
Investigating Officer Signature Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: Yes No

Signature Of Chief of Police Date

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments

Liquor Commissioner

ENDORSEMENT OF THE FIRE CHIEF

Recommend Issuing: Yes No Date: _____

Comments:

Fire Chief

ENDORSEMENT OF THE BUILDING COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments:

Zoning Classification: _____

Building Commissioner

ENDORSEMENT OF THE FINANCE DIRECTOR

Recommend Issuing: Yes No Date: _____

Comments:

Finance Director

APPROVAL OF THE CITY COUNCIL

Approved for Issuing: Yes No Vote: Ayes _____ Nays _____

Attested to by City Clerk Date: _____



Memo

Date: 4/12/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-DRM Deli

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.

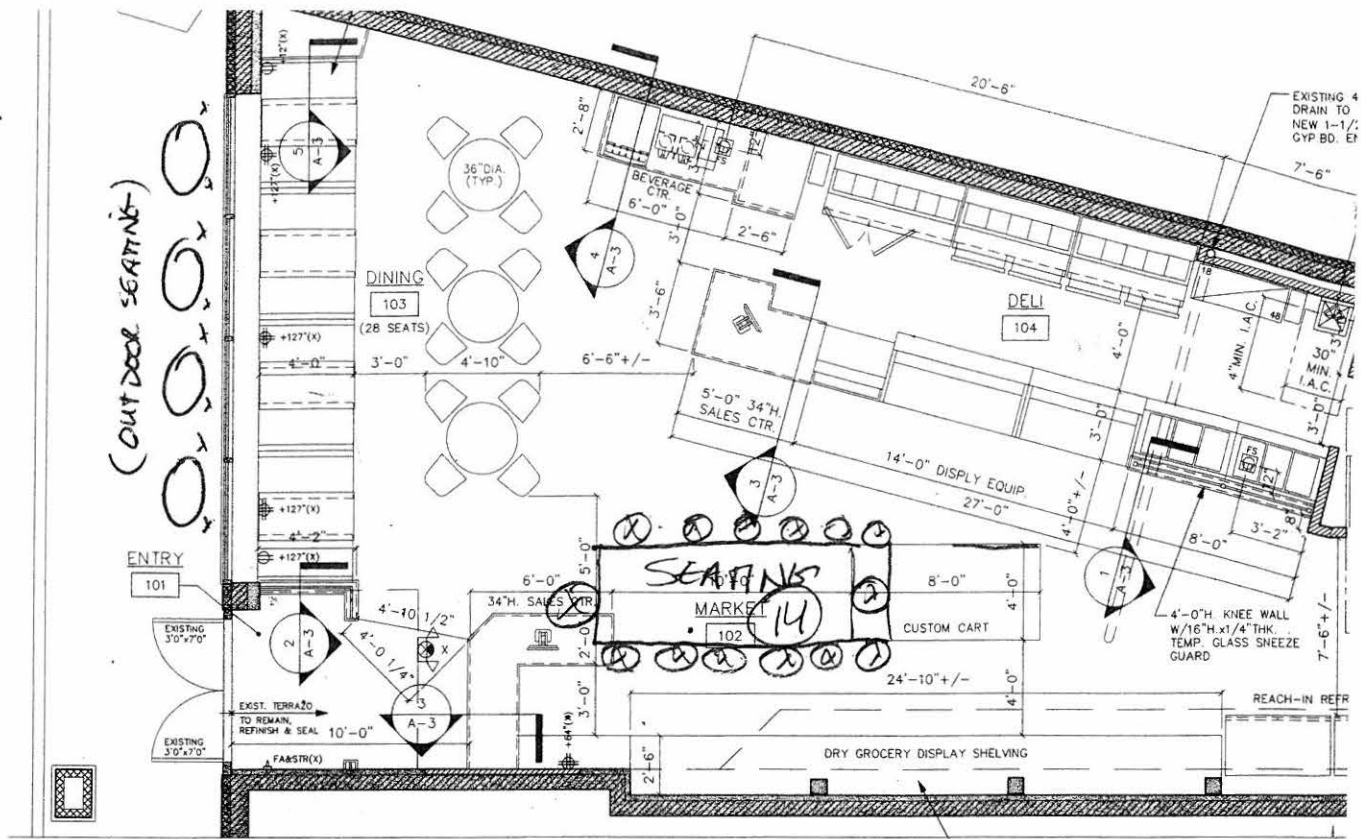
As is customary procedure, a detective was assigned this investigation and reviewed both the site location/floor plans and the corresponding application and applicant.

We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with both liquors sales and on-site consumption, subject to City Council approval.

Thank you in advance for your consideration in this matter.

Class B Request (beer & wine):

610 E. Main Street



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"



		ROOM FINISH SCHEDULE															
ROOM NUMBER	ROOM NAME	FLOOR		WAINSCOT		NORTH WALL		EAST WALL		SOUTH WALL		WEST WALL		CEILING		REMARKS	
		FINISH	BASE	FINISH	HEIGHT	MATERIALS	FINISH	MATERIALS	FINISH	MATERIALS	FINISH	MATERIALS	FINISH	CONSTRUCT	TYPE/FIN.		HEIGHT
101	ENTRY	TERR (X)	WD	-	-	GYP.BD (X)	P-1	GYP.BD (X)	P-1	GYP.BD.	P-1	GYP.BD (X)	P-1	GYP.BD (X)	P-3	9'-10"	
102	MARKET	TERR (X)	VB-1	-	-	GYP.BD./GL	P-1	GYP.BD (X)	P-1	STRFRNT (X)	-	GYP.BD./GL	P-1	SUSP.	ACT-1	10'-4"	
103	DINING	TERR (X)	VB-1	-	-	-	-	-	-	GYP.BD (X)/STRFRNT (X)	P-1	GYP.BD.	P-1	SUSP.	ACT-1	10'-4"	
104	DELI	TERR (X)	VB-1	FRP-1	4'-0"	GYP.BD.	P-2	-	-	-	-	GYP.BD.	P-2	SUSP.	ACT-1	10'-4"	
105	HALLWAY	TERR (X)	VB-1	-	-	GYP.BD (X)	P-1	GYP.BD (X)	P-1	-	-	GYP.BD.	P-1	SUSP.	ACT-1	10'-4"	
106	KITCHEN	TERR (X)	VB-1	FRP-1	4'-0"	GYP.BD (X)	P-2	GYP.BD.	P-2	GYP.BD.	P-2	GYP.BD (X)	P-2	SUSP.	ACT-1	8'-8"	PROVIDE 3/8" STL. WALL PANELS ON WALLS LOCATED EQUIV. ST. WOOD, REAR AND SIDE WALLS
107	EXIST. WOMEN'S WASHRM	TERR (X)	CT- (X)	-	-	GYP.BD (X)	CT- (X)	GYP.BD (X)	CT- (X)	GYP.BD (X)	CT- (X)	GYP.BD (X)	CT- (X)	SUSP.	ACT-1	V.I.F.	EXIST. G.L.G. OBE TO REMAIN. REPLACE CEILING TILES
108	EXIST. MEN'S WASHROOM	TERR (X)	CT- (X)	-	-	GYP.BD (X)	CT- (X)	GYP.BD (X)	CT- (X)	GYP.BD (X)	CT- (X)	GYP.BD (X)	CT- (X)	SUSP.	ACT-1	V.I.F.	EXIST. G.L.G. OBE TO REMAIN. REPLACE CEILING TILES
109	EXISTING RECEIVING	CONC (X)	-	-	-	CMU (X)	P-2	CMU (X)	P-2	GYP.BD (X)	P-2	CMU (X)	P-2	EXP'D DECK	-	11'-4"	
110	EXIST. JANITOR'S CL.	CT- (X)	VB-1	FRP-1 (X)	4'-0"	GYP.BD (X)	P-2	GYP.BD (X)	P-2	GYP.BD (X)	P-2	CMU (X)	P-2	SUSP.	ACT-1	V.I.F.	EXIST. G.L.G. OBE TO REMAIN. REPLACE CEILING TILES
111	EXISTING OFFICE	CONC (X)	VB-1	-	-	GYP.BD.	P-2	CMU (X)	P-2	GYP.BD.	P-2	GYP.BD.	P-2	SUSP.	ACT-1	8'-0"	REMOVE EXIST. PARTITION OR LAMINATE CORE. DOOR PANELING
001	EXISTING STORAGE	CONC (X)	-	-	-	CONC (X)	-	FENCE (X)	-	CONC (X)	-	CONC (X)	-	EXP'D DECK	-	9'-0"	
002	DRY STORAGE	P-4	VB-1	FRP-1	4'-0"	GYP.BD (X)	P-2	GYP.BD (X)	P-2	GYP.BD (X)	P-2	GYP.BD (X)	P-2	SUSP.	ACT-1	7'-4"	EXIST. G.L.G. OBE TO REMAIN. REPLACE CEILING TILES
003	EXIST. SECURED STORAGE	CONC (X)	-	-	-	CONC (X)	-	CONC (X)	-	CONC (X)	-	FENCE (X)	-	EXP'D DECK	-	9'-0"	

ROOM FINISH SCHEDULE KEY:

MATERIALS KEY:

BRK	BRICK
CEM.BD.	CEMENT BOARD/DURAROCK
CLDRNL	INSULATED ALUM.-GLAZ COOLER PANEL
CMU	CONCRETE MASONRY UNIT
CONC	CONCRETE
GYP.BD.	GYPSUM BOARD. SEE PARTITION SCHEDULE FOR LOCATION & TYPES
SPUT-FACE	SPUT-FACED CMU TO MATCH EXISTING
ST.CONC.	STAINED CONCRETE
STRFRNT	GLASS/ALUM. STOREFRONT SYSTEM
SUSP	SUSPENDED ACoustICAL CEILING
TERR	POURED TERRAZZO FLOORING
WD	WOOD. VERIFY SPECIES
X	EXISTING ITEM

FINISH KEY:

ACT-	ACOUSTIC CEILING TILE
ACT-1	USE INTERIORS, INC., 24x48x1/2 SHEETROCK LAT-IN CEILING TILE CLIMAPLES, 8x70 VINYL LAMINATED W/SQUARE EDGE. COLOR: WHITE, W/ DOWN DX SUSPENSION GRID; OR APPROVED EQUAL.
ACT-2	USE INTERIORS, INC., 24x48x5/8 FISSED BASIC PANELS, #562 W/SQUARE EDGE. COLOR: WHITE, W/ DOWN DX SUSPENSION GRID; OR APPROVED EQUAL.
CT-	CERAMIC TILE
CT-	EXISTING 4x8 CERAMIC WALL TILE, CLEAN AS REQ'D BY ADJACENT CONSTRUCTION
FRP-	FIBERGLASS REINFORCED PANEL
FRP-1	4x8 SHEETS, PEBBLE SURFACE FINISH, CLASS A, FRP PANELS. MAZULTE. COLOR: WHITE; OR APPROVED EQUAL.

P- PAINT

P-	PRIME WALLS PER WALL CONSTRUCTION TYPE AS SPECIFIED BELOW: GYPSUM BOARD- ONE COAT BENJAMIN MOORE LATEX QUICK DRY PRIMER SEAL (207), COLOR: WHITE; OR APPROVED EQUAL.
P-1	METAL (DOORS, FRAMES, DECK, ETC.)- ONE COAT BENJAMIN MOORE IRONCLAD RETARD-X RUST INHIBITIVE PRIMER; OR MANUFACTURERS FACTORY APPLIED STANDARD PRIMER; OR APPROVED EQUAL.
P-1	BENJAMIN MOORE 2 COAT MIN. REGAL WALL SATN (215), COLOR: VERIFY LATER; OR APPROVED EQUAL.
P-2	BENJAMIN MOORE 2 COAT MIN. REGAL AQUAGLO (333), COLOR: VERIFY LATER; OR APPROVED EQUAL.
P-3	BENJAMIN MOORE 2 COAT MIN. MOORECRAFT VINYL LATEX FLAT (275), COLOR: VERIFY LATER; OR APPROVED EQUAL.
P-4	CLEAN AND PREP EXISTING FLOOR IN PREPARATION FOR 2 COATS EPOXY FLOOR PAINT, VERIFY MANUFACTURER, LIGHT COLOR.
VB-	VINYL BASE
VB-1	6"H VINYL COVE BASE, COLOR: BLACK OR G... TO COMPLEMENT EXISTING FLOOR TILE. SUBMIT SAMPLES FOR OWNER APPROVAL.

DRM Cafe & Delicatessen Menu

610 E. Main Street in Saint Charles (630) 940-2882

www.drmeurocafe.com and www.drmdelistcharlesil.com

M-F 9-6 p.m.
SAT 10-4 p.m.
SUN 10-3 p.m.

DRM's chefs prepare fresh soups, salads, and hot lunch entree items daily

Cup of Soup \$1.99
Bowl of Soup \$2.99
32 Oz Carton of Soup \$4.99

8 Oz Side Salad \$2.99
16 Oz Side Salad \$4.99

Small buffet entrée \$9.00-Served between 11:00 am-2:00 pm
*Includes one protein, one starch, and one vegetable (hot or cold)

Large buffet entrée \$11.00-Served between 11:00am-2:00pm
*Includes two proteins, one starch, and one vegetable (hot or cold)

The Ali (Kid's Meal) \$5.50-Ask for availability

A fresh, preservative-free veal hot dog, served with a side of cucumber salad or chips, a warm piece of "puffy" bread, juice box, and a sweet treat

The Izzy (Kid's Meal) \$5.50-Served between 11:00am-2:00pm with the hot buffet

A piece of chicken schnitzel cut in pieces and served with a side of cucumber salad or chips, a warm piece of "puffy" bread, juice box, and a sweet treat

The Alex (Kid's Meal) \$5.50

A warm ham and cheese sandwich on white bread with a side of cucumber salad or chips, juice box, and a sweet treat

Add extra chips for \$1.00

Add fountain drink for \$1.75 (free refills)

Hot Beverages

***DRM proudly serves Lavazza Coffee**

**Café Americano \$2.00 cup *includes a refill / espresso \$1.75 / cappuccino \$2.75/ latte \$2.75/ mocha \$3.00/
chai tea or pumpkin latte \$2.75**

Add a Hot Tea \$1.50

Variety of tea bags, imported syrups, and imported honey for mixing unique blends

DRM CAFÉ Sandwiches \$8.50

(All sandwiches are offered with a cup of soup or side salad or chips)

Sandwich Service is Monday-Friday from 9:00-5:00pm, Saturday from 10:00-3:30pm

DRM Polish Sausage

warm smoked polish Kielbasa on a white roll, topped with sauerkraut, caramelized onions, and spicy mustard

Baked Ham off the Bone

baked ham off the bone, on a fresh baked white roll and layered with a mild white cheese, dressed with horseradish mayo, lettuce, tomato, red onion, and topped with a sliced hard-boiled egg

Turkey & Swiss

smoked turkey breast layered with Swiss cheese on a freshly baked white roll, dressed with mayo lettuce, tomato, pickle, and red onion

DRM Reuben (Smoked Ham or Corned Beef)

a warm serving of polish smoked ham or Corned Beef, layered with sauerkraut, Podlaski cheese on a Polish rye bread, horseradish mayo, Russian dressing, mustard and polish dill pickle

Roast Beef

warmed roast beef with melted Provolone cheese on a freshly baked white roll, with horseradish mayo, topped with lettuce, tomato, red onion. May add caramelized onions, pickled peppers and sautéed mushrooms.

Salami

Hungarian Salami layered with provolone cheese on a white roll, dressed with mayo, mustard, lettuce, tomato, pickled peppers.

Zapiekanka

sautéed mushroom and onion on a white roll, layered with melted cheese...add sautéed pepper and polish sausage

Pastrami

a generous portion of shaved pastrami, warmed and layered with melted Swiss cheese on Polish rye bread and dressed with mustard, lettuce, pickle, and sauerkraut

Schnitzel- Served only between 11:00am-2:00pm with the hot buffet

a warm cutlet of breaded chicken or pork tenderloin on a white roll and dressed with mayo, lettuce, tomato, mustard, pickled peppers and red onion...add caramelized onions, sautéed mushrooms, and melted cheese

Make your Own

build your own sandwich with your choice of meat, cheese, bread (Polish rye, white roll, lettuce wrap, or gluten free bread), and with your selection of condiments including mayo, mustard, lettuce, tomato, dill pickle, onion and pickled peppers

Mahan, Erik

Business Plan

Subject: FW: Liquor license

From: Daniel Migo [<mailto:drmigo@yahoo.com>]

Sent: Wednesday, April 12, 2017 10:52 AM

To: Mahan, Erik

Subject: RE: Liquor license

Sir,

Please accept the following business plan for DRM proposal for the liquor license:

We are an Eastern European Cafe and Delicatessen offering a variety of imported foods and beverages from Poland, Germany, Lithuania and various other countries of origin. We would like expand our product line and offer beer and wine options from the countries mentioned earlier as part of a traditional and cultural experience.

Thank you,

Dan Migo

Owner

[Sent from Yahoo Mail on Android](#)