



**AGENDA ITEM EXECUTIVE SUMMARY**

**Agenda Item Number: 4**

**Title:**

Recommendation to approve a Proposal for an F-2 Liquor License Application for Hunt House Located at 113 E. Main St., St. Charles.

**Presenter:**

Police Chief James Keegan

**Meeting:** Liquor Control Commission

**Date:** February 21, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

**Executive Summary** *(if not budgeted please explain):*

Hunt House, located at 113 E. Main St., is requesting approval of an F-2 (BYOB) liquor license application for their business.

**Attachments** *(please list):*

Memo, Liquor License Application, COI, Floor Plan, Basset Training Certificates

**Recommendation/Suggested Action** *(briefly explain):*

Recommendation to approve a proposal for an F-2 Liquor License application for Hunt House, located at 113 E. Main St., St. Charles.



# Memo

Date: 2/8/2023  
To: Lora Vitek, Mayor-Liquor Commissioner  
From: James Keegan, Chief of Police  
Re: Background Investigation-Liquor Establishment

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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 below mentioned establishment.

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

We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with on-site consumption, subject to City Council approval. The BYOB license (F-2) is further strengthened by both Basset training and liquor liability insurance.

Thank you in advance for your consideration in this matter.

Note:

The two traffic arrests resulted in a reduced penalty of Reckless Driving for the 2021 offense and no disposition was entered on the 2001 offense.

Hunt House-Class F-2:

113 E. Main Street

CITY OF ST. CHARLES  
LIQUOR CONTROL COMMISSIONER  
TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

BYOB LICENSE APPLICATION  
NON-REFUNDABLE

Application must be completed in full

Incomplete applications will be rejected

New  Renewal

Class F1 - Beer & Wine only \$100

Class F2 - Beer, Wine & Spirits \$250

Business Name HUNT HOUSE Business Type:  Individual  Partnership  Corporation

Business Address 113 E. MAIN STREET Business Phone # 331.901.5733

Contact Person LESLIE HUNT Title OWNER Phone # [REDACTED] Mail LESLIE-H@HUNT HOUSE

If Corporation, Corporate Name \_\_\_\_\_

Corporation Address \_\_\_\_\_

Have you had a business within the City of St. Charles under any other corporate name: Yes/No NO  
If yes, list address of business \_\_\_\_\_

Corporate Officers, plus Manager of Establishment, Officers must include President, Vice President, Secretary and Treasurer Or Sole Proprietor:

Full Name, include Middle Initial LESLIE J. HUNT Title OWNER

Birth Date [REDACTED] Birthplace [REDACTED] Driver's License # [REDACTED] Home Phone # \_\_\_\_\_

Home Address [REDACTED]  
ST. CHARLES, IL 60175

Full Name, include Middle Initial MICHAEL J. ULLEGUE Title VICE PRESIDENT

Birth Date [REDACTED] Birthplace [REDACTED] Driver's License # [REDACTED] Home Phone # \_\_\_\_\_

Home Address [REDACTED]  
ST. CHARLES, IL 60175

Full Name, include Middle Initial \_\_\_\_\_ Title \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Driver's License # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Type of Establishment:  Restaurant  Hotel/Banquet/  Other PERSONAL SERVICES

Check as Applicable to Type of Establishment  Live Entertainment [5.08.010-H]  Outside Dining [17.20.020-R]

Brief Business Plan Description based on type of establishment listed above:

CREATIVE ARTS CENTER THAT TEACHES  
MUSIC AND HAS SMALL CONCERTS

# City of St. Charles BYOB Liquor License Application

Important! Application must be completed in full. Incomplete applications will be rejected.

If applicant is an individual or partnership, is each and every person a United States citizen? 5.08.070 (2) <input checked="" type="radio"/> Y/N	
Is any individual a naturalized citizen? Y/N If yes, print name(s), date(s) and place(s) of naturalization:	
List the type of business of the applicant: 5.08.070 (3) MUSIC INSTRUCTION / PERFORMANCE	
Number of years in business for the above listed type of business: 5.08.070 (4) LESS THAN 1 SPACE	
Corporations Only: Date of Certificate of Incorporation:	
Location/Address and description of business to be operated under this applied for license: 5.08.070 (6) 113 E MAIN STREET ST. CHARLES, IL 60174 SMALL CONCERTS & MUSIC LESSONS	
Is the premises owned or leased? 5.08.070 (6A) LEASED	
If premises are leased, it is mandatory that a copy of the lease be provided and that the lease term exceeds the term of the liquor license requested in this application. Does it? YES.	
If 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) FRANK FERRARO - [REDACTED] LAKE IN THE HILLS, IL 60156	
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 checked="" type="radio"/> NO	
If yes, what was the disposition of the application? Explain as necessary:	
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) NO	
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? NO	
List previous liquor licenses issued by Federal Government, any State Government or any subdivision thereof. Use additional paper if necessary. 5.08.070 (9)	
Government Unit: Date:	Location, City/State:
Special Explanations:	
Government Unit: Date:	Location, City/State:
Special Explanations:	
Have any liquor licenses ever been revoked? 5.08.070 (9) Y/N	

If yes, list all reasons on a separate, signed letter accompanying this application.

Date of Incorporation (Illinois Corporations): 5.08.070 (10)

Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporations):

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)  Y  N

All individual owners, partners, officers, directors and/or persons holding directly or beneficially more than five (5) percent in interest of the stock or 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)

Has this been done? If yes, date(s):

Has applicant attached proof of Dram Shop Insurance to this application or furnished it to the City of St. Charles? 5.08.060  Y  N

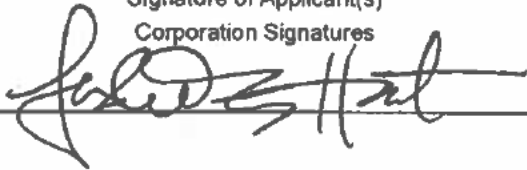
If already furnished, date of delivery:

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  Y  N

Signature of Applicant(s)  
Corporation Signatures

Signature of Applicant(s)  
Individual or Partnership Signatures

President:



Secretary:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/16/2023

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

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

<b>PRODUCER</b> Smitherman & Associates, Inc. 100 S MAIN ST ELBURN, IL 60119 (630) 934-4910 (154/829)	<b>CONTACT NAME</b> Smitherman & Associates, Inc <b>PHONE</b> (630) 934-4910 <b>FAX</b> (630) 934-4234 <b>E-MAIL ADDRESS</b> jsmither@amfam.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hiscox Insurance Company INSURER B: Technology Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

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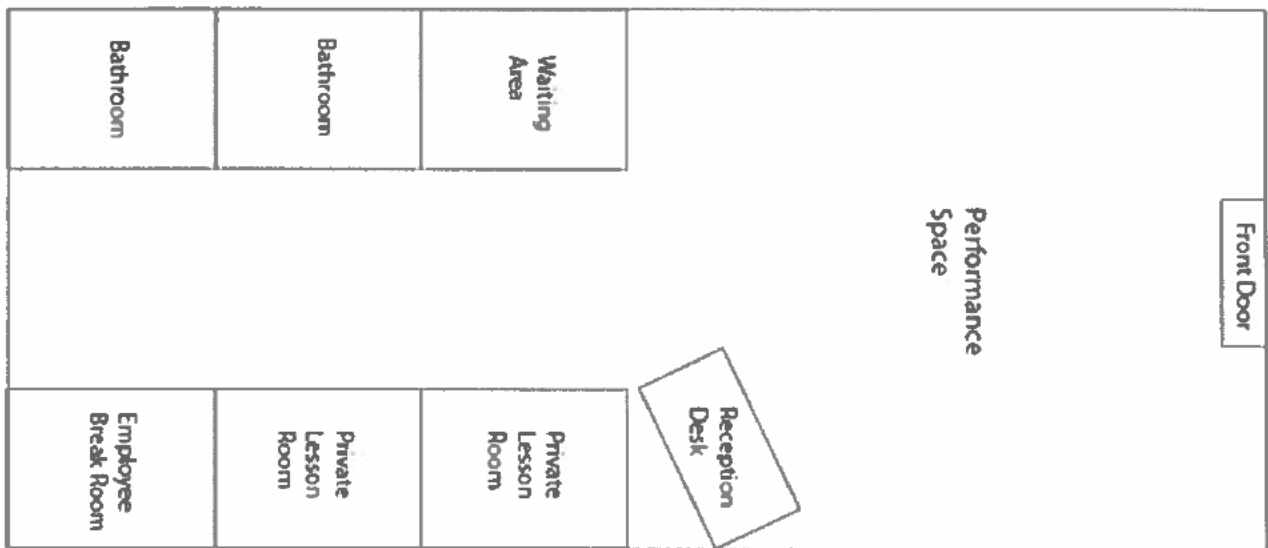
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			P1014222581	01/17/2023	01/17/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	TWC4214715	01/17/2023	01/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Host Liquor Liability			P1014222581	01/17/2023	01/17/2024	\$2,000,000

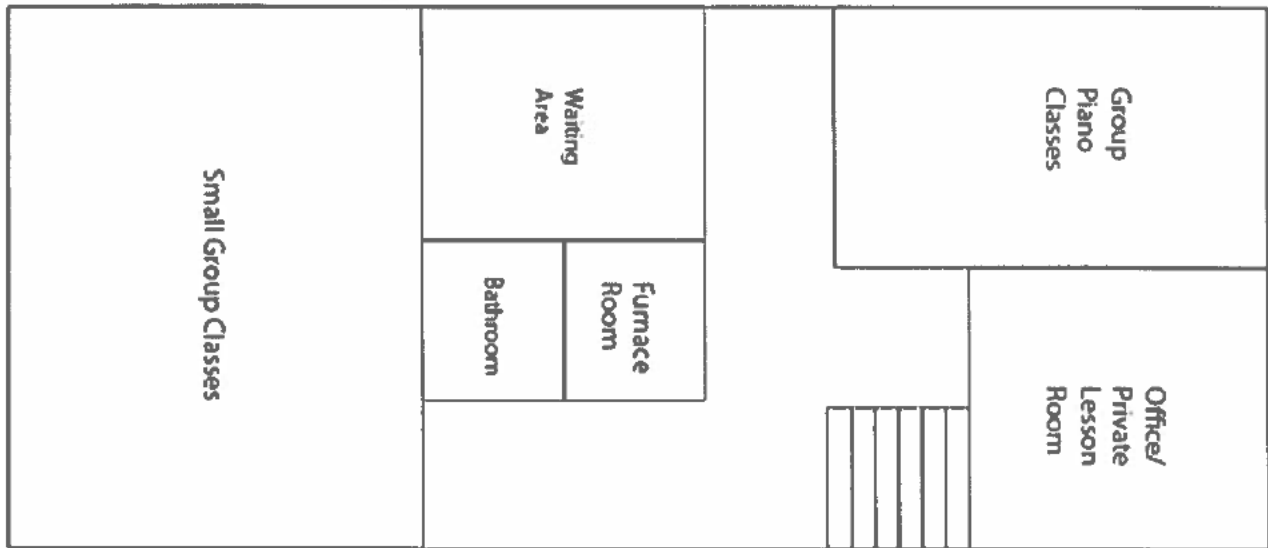
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Location - 113 E Main St, Saint Charles, IL

<b>CERTIFICATE HOLDER</b> City of St. Charles 2 E. Main Street St. Charles, IL 60174	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Justin Smitherman
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Main Floor



Second Floor





[www.illinoisbassettraining.com](http://www.illinoisbassettraining.com)

# **Certificate of Training**

awarded to:

**Michael Ullegue**

In recognition of satisfactory completion of the  
**Illinois BASSET Course**

Course Date: 2/6/2023

*(Temporary: valid for 30 days from course date)*

*C. Weinbrenner*

Chris Weinbrenner  
BASSET Instructor





[www.illinoisbassettraining.com](http://www.illinoisbassettraining.com)

# Certificate of Training

awarded to:

**Leslie Hunt**

In recognition of satisfactory completion of the  
**Illinois BASSET Course**

Course Date: 2/6/2023

*(Temporary: valid for 30 days from course date)*

*C. Weinbrenner*

Chris Weinbrenner  
BASSET Instructor