

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4a

Title:

Recommendation to approve a Proposal for an A6 Liquor License Application for the 7-11 Mini-Mart and Gas Station, Located at 51 S. Randall Rd., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: November 16, 2020

Proposed Cost: \$

Budgeted Amount: \$

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

The 7-11 mini-mart and gas station located at 51 S. Randall Rd. is requesting permission to sell alcohol.

The owner has owned this store for several years and also owns and operates a 7-11 in Hoffman Estates.

Pursuant to this item being presented at the Government Operations Committee Meeting on November 16 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, the same day, to process and move it forward to this Committee. This item will then continue on to the City Council Meeting scheduled on December 7, 2020 for final approval.

Attachments *(please list):*

Summary, Floor Plan, Liquor License, Memo

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for an A6 Liquor License application for the 7-11 mini-mart and gas station located at 51 S. Randall Rd., St. Charles.



Memo

Date: 10/30/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

J. Keegan

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 years 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): SASID AHMED

BUSINESS: 7-11

ADDRESS: 51 S. RANDALL RD. ST. CHARLES IL

	REQUESTED	COMPLETED
APPLICATION	<u>X</u>	<u>X</u>
BUSINESS PLAN/FLOOR PLAN/MENU	<u>X</u>	<u>X</u>
LEASE (OR LETTER OF INTENT)	<u>X</u>	<u>X</u>
BASSET CERTIFICATE(S)	<u>X</u>	<u>X</u>
FINGERPRINTS (<u>ALL</u> MANAGERS)	<u>X</u>	<u>X</u>
DRAM SHOP (CERTIFICATE OF INSURANCE)	<u>X</u>	<u>X</u>
TLO	<u>X</u>	<u>X</u>
I-CLEAR	<u>X</u>	<u>X</u>
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	<u>N/A</u>	<u>N/A</u>
POLICE RECORDS CHECK	<u>X</u>	<u>X</u>
APPLICANT'S HOMETOWN RESIDENCY LETTER	<u>X</u>	<u>X</u>
ILLINOIS LIQUOR COMMISSION	<u>X</u>	<u>X</u>
SITE VISIT	<u>X</u>	<u>X</u>

* COMMENTS: _____

INVESTIGATOR ASSIGNED: MURAWSKI/371

SUPERVISOR REVIEW: KEEGAN # 300

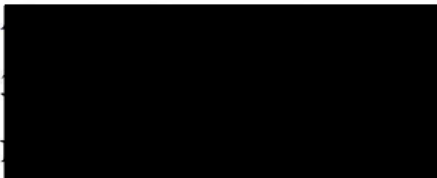


Memo

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: 

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? 22 YEARS

Where have you resided for at least the past 10 years? ↑

Are you a US Citizen? ✓

Why the move to St. Charles location? BEST AVAILABLE

Is there any liquor inventory at this time? NO

Are you a current or past liquor license holder? YES

If so, any past violations? NO

Date you plan sell liquor? YES

Previous Restaurant ownership? HOFFMAN, S-ELLY, LOMECOUSILLE.

Site Visit date?
10 05 20

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.

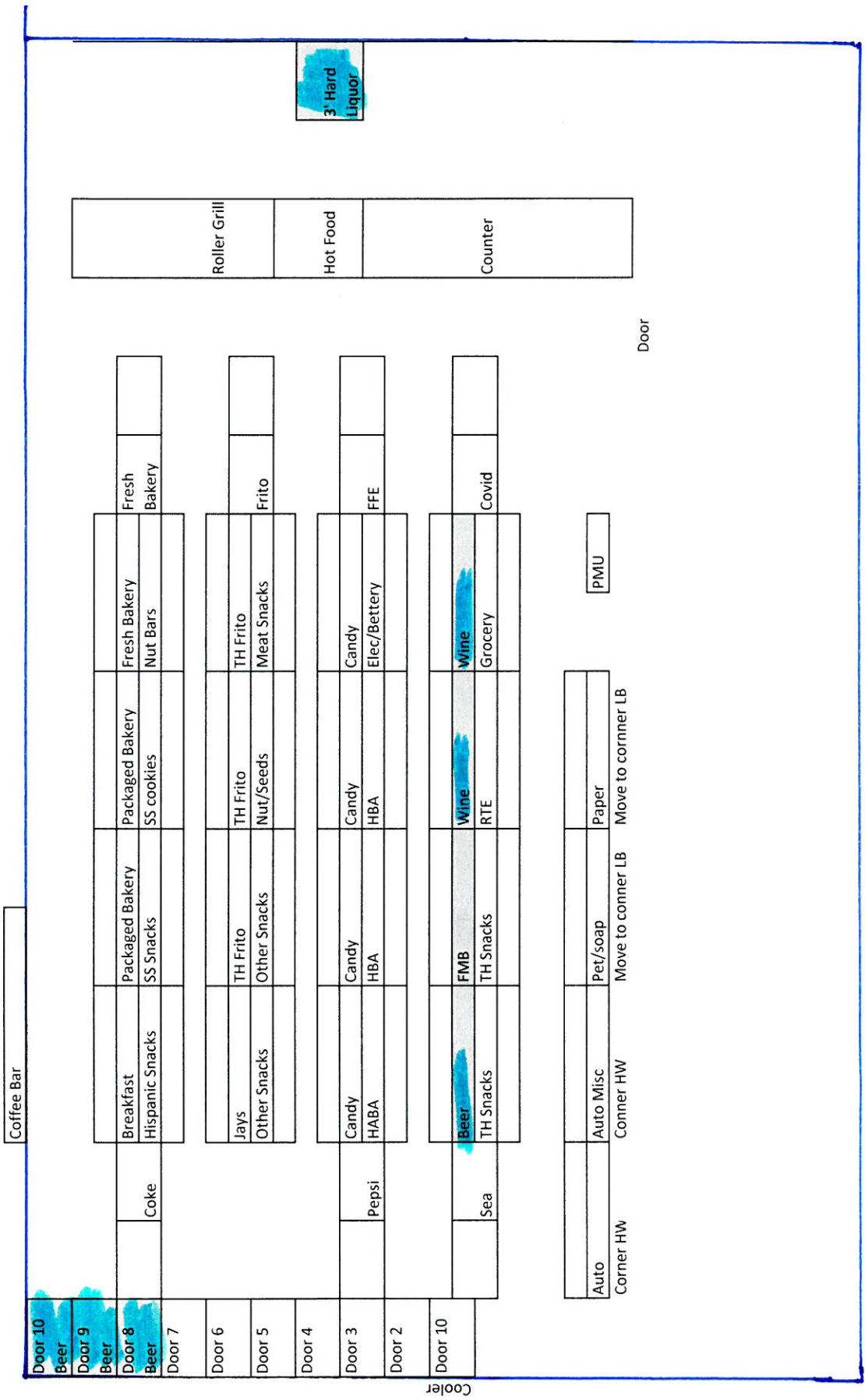
Signage will be posted near all coolers and liquor shelves making the public aware of the hours of liquor sales for the village.

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

9 NORTH



Cooler

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) Non-refundable	<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 (deed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" 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 checked="" 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 type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input 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. N/A	<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. Mks + Schedule	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

Signature of Investigating Officer: MURAWSKI Badge Number & Rank: 371

Approval Recommended* Approval NOT Recommended

Signature of Chief of Police: J. [Signature] Date: 10-30-20

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

LICENSE INFORMATION:

A Package \$3200-3600

B Restaurant \$2400-3600 Late Night Permit 1:00am \$800 (B/C only)

C Tavern \$2400-3600 Late Night Permit 2:00am \$2300 (B/C only)

D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies

G Brewery/Restaurant or Site License - \$varies

*Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.
*Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)

APPLICANT INFORMATION

1. Type of Business: Individual Partnership Corporation Other (explain):

2. Business Name: SSV Corporation D/B/A 7-Eleven # 30153 B

3. Business Address: 51 S. Randall Rd, St. Charles IL 60174

4. Type of Business (5.08.070-3): <u>Convenience Store</u>	5. Length of Time in this Business (5.08.070-4): <u>11/1992</u>	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): <u>\$ 70,000.00</u>
7. Business Phone: <u>(630) 443-4032</u>	8. Business E-mail:	9. Business Website:
11. Applicant/Contact Person Name: <u>Sajid Ahmed</u>		12. Title: <u>President/Owner</u>
14. Applicant Home Address, and all addresses for the last 10 years: [REDACTED]		17. Birthplace: <u>Hyderabad</u>
18. If Corporation, Corporation Name: <u>SSV Corporation</u>		13. Email: [REDACTED]
19. Corporation Address (city, state, zip code): [REDACTED]		

ADDITIONAL OWNERS, INVESTORS (greater than 5% interest), and MANAGER INFORMATION

Full Name, include middle initial: Sajid Ahmed Title: President/Secretary 100%

Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____

Home Address, and all addresses for the last 10 years: _____ Email Address: _____

Full Name, include middle initial: _____ **Title:** _____
Birthdate: _____ **Birthplace:** _____ **Driver's License#:** _____ **Home Phone:** _____
Home Address, and all addresses for the last 10 years: _____ **Email Address:** _____

Full Name, include middle initial: _____ **Title:** _____
Birthdate: _____ **Birthplace:** _____ **Driver's License#:** _____ **Home Phone:** _____
Home Address, and all addresses for the last 10 years: _____ **Email Address:** _____

BUSINESS ESTABLISHMENT LOCATION INFORMATION			
1. Exact Street Address for liquor license: 51 S. Randall Road	2. # Parking Spaces: 9	3. Outside Dining s.f. [17.20.020-R]: N/A	4. Total Building s.f.: 2,1657
5. Total # Seats: 0	6. Live Entertainment Area s.f. [5.08.010-H]: N/A		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): Convenience store with gas - retail sales			

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY	
Attach to this application a floorplan or layout of the proposed facility to include the following:	
1.	Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following: <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 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

If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? Yes No

1. Is any individual a naturalized citizen? Yes No
 If yes, print name(s), date(s), and place(s) of naturalization:
 SATID AHMED SEP 14th 1996 CHICAGO IL

2. Is the premises owned or leased (5.08.070-6A)? Owned Leased Owned by 7-Eleven, Inc.

3. 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: 7-Eleven, Inc. **Phone Number:** (972) 628-7011
Address of Building Owner: 3200 Hackberry Rd. **E-mail Address:**
 Irving, TX 75063
Mailing Address of Building Owner (if different):
 (Same as above)

Name of Building Owner: 7-Eleven, Inc. **Phone Number:** (972) 628-7011
Address of Building Owner: **E-mail Address:**
Mailing Address of Building Owner (if different): (Same as above)

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? Yes No
 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, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? Yes No
 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. (5.08.050)

6. Are any improvements planned for the building and/or site that will require a building permit? Yes No
 If yes, has a building permit been applied for? Yes No Date of permit application _____

7. 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)? Yes No
 If yes, what was the disposition of the application? Explain as necessary: APPROVED

8.	<p>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)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>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? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
9.	<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: <u>HOFFMAN ESTABLISHMENT 2310 W. HASSALL HOFFMAN IL</u> Location, City/State:</p> <p>Date: <u>1995</u> Special Explanations: <u>still operation</u></p> <p>Government Unit: _____ Location, City/State: _____</p> <p>Date: _____ Special Explanations: _____</p>
10.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> 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>
11.	<p>Complete ONLY if yes was answered to the question above (10):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____ Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
12.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <u>11-19-1991</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <u>N/A</u></p>
13.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any 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)? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="radio"/> Yes <input checked="" type="radio"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p>

Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?
 Yes No

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? Yes No
 If yes, date(s):

15. 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)? Yes No
 If already furnished, date of delivery:

16. 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

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): [REDACTED] Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 07-24-2016 Place Course was Taken: 7-24-2016 Certificate Granted? Y N Expiration:

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 08-18-2016 Place Course was Taken: 7-24-2016 Certificate Granted? Y N Expiration:

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 08-28-2016 Place Course was Taken: Certificate Granted? Y N Expiration:

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 08-28-2016 Place Course was Taken: 7-24-2016 Certificate Granted? Y N 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.

COMMENTS/ADDITIONAL INFORMATION

Business Name:

SIGNATURES

[Handwritten Signature]

Applicant's Signature

SUSAN L SWANSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 14, 2023

Subscribed and sworn before me this 18th day of September, 2020

(Seal) SUSAN L SWANSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 14, 2023

[Handwritten Signature]
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 100920 Name of Applicant: SASFO AHMED

Name of Business: 7-11

Address of Business: 51 S. RANDALL RD. Ward Number: 3

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:

- Date on which applicant will begin selling retail alcoholic liquors at this location:
AS SOON AS I GET A LICENSE
- 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
- 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
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
- If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been

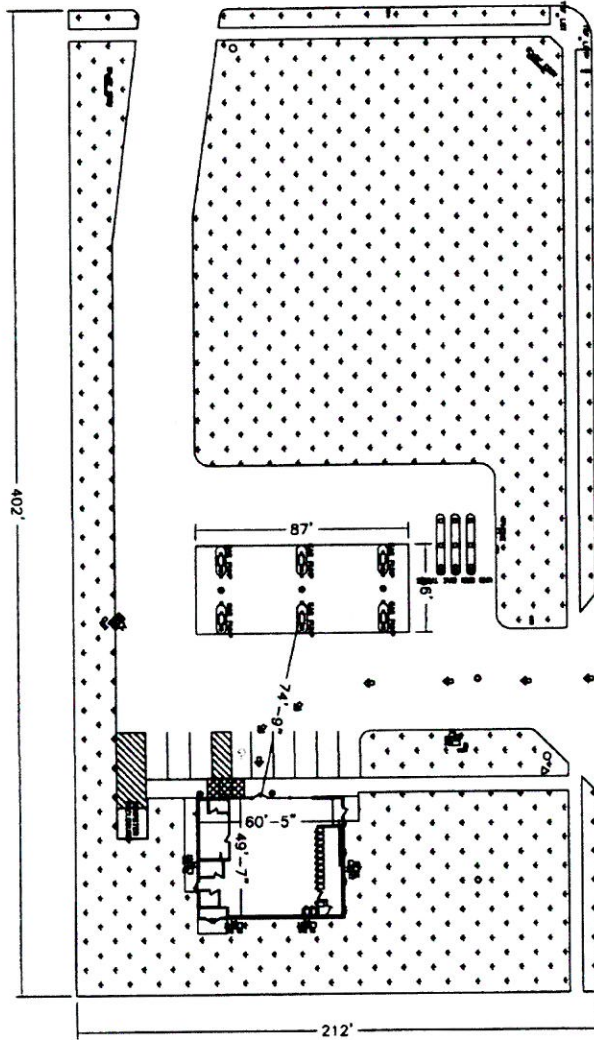
	<p>licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>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.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CONV. STORE</p>
8.	<p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>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.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11.	<p>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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: MURAWSKI 371 Date: 10 12 20</p>
14.	<p>Other necessary data:</p>

DISCLAIMER
 THE INFORMATION CONTAINED
 HEREIN IS FOR GENERAL
 INFORMATION ONLY. IT IS NOT
 INTENDED TO BE USED AS A
 SUBSTITUTE FOR PROFESSIONAL
 ENGINEERING OR ARCHITECTURAL
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 ALL LIABILITY FOR ANY AND ALL
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 ATTORNEY'S FEES, ARISING FROM
 THE USE OF THIS INFORMATION.

WEST MAIN STREET



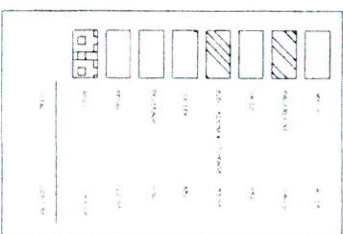
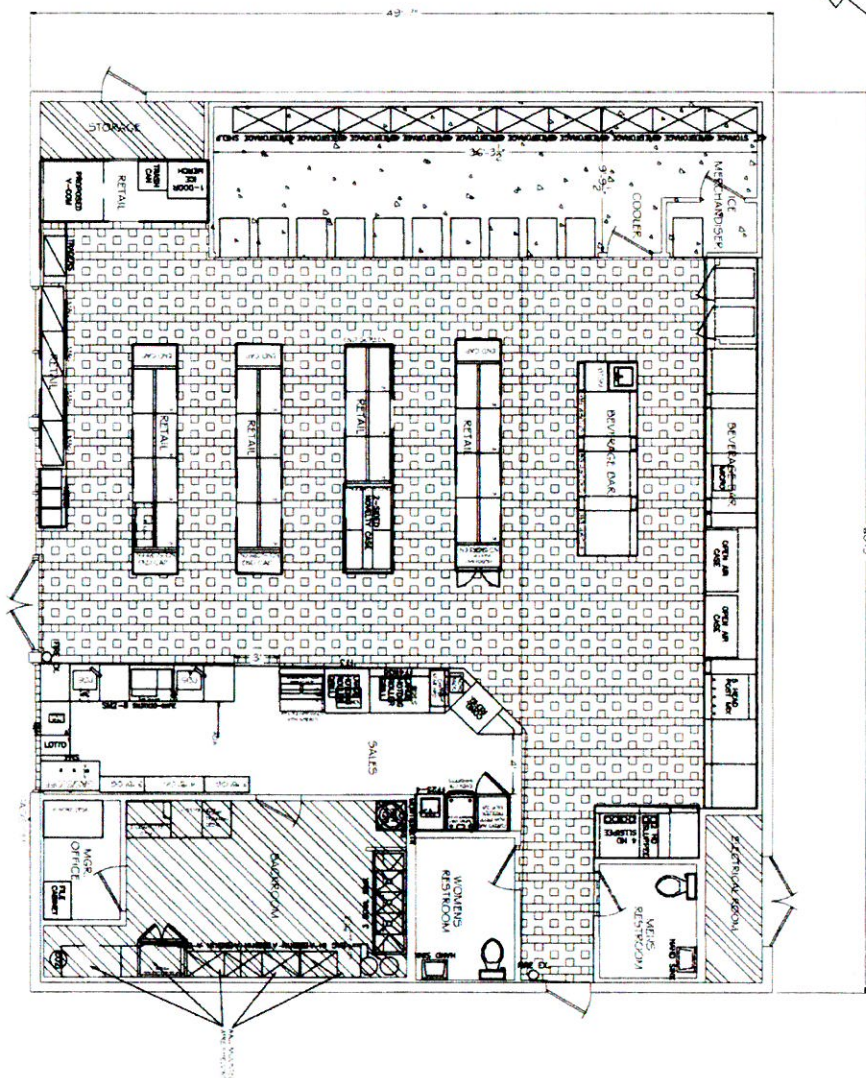
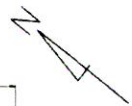
SOUTH RANDALL ROAD



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Sheet No. LDO
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 Scale 1"=40'-0"
 Date 05/21/2004
 Sheet 1 of 1
IRON/STON
 30153SP

7-ELEVEN
 STORE # 30153
 51 SOUTH RANDALL ROAD
 ST CHARLES, ILL. 60175-1046



DRAWN BY: BDP
 SCALE: 1/8" = 1'-0"
 DATE: 04/12/2015
 SHEET: SHEET
ELIRONSTON
 30153FF HF1

7-ELEVEN
 30153
 51 SOUTH RANDALL ROAD
 SAINT CHARLES, IL
 60174

REVISIONS		
REV#	DATE	DESCRIPTION
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DISCLAIMER:
 THIS IS NOT A LEGAL
 DOCUMENT INTENT TO
 SHOW CURRENT
 EQUIPMENT CONDITIONS

7-ELEVEN
 HF1 2015





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/24/2020

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

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

PRODUCER AON RISK SERVICES SOUTHWEST INC - CSC CONSOLIDATE 1300 SAWGRASS PKWY #300 SUNRISE, FL 33323	CONTACT NAME: Chubb Customer Service Center PHONE (A/C, No, Ext): 866-972-2727 FAX (A/C, No): E-MAIL ADDRESS: chubbesc@chubb.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Pacific Employers</td> <td>22748</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Pacific Employers	22748	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED 30153 32203 32821 SSV CORPORATION DBA 7-ELEVEN 51 SOUTH RANDALL ROAD SAINT CHARLES IL 60174																					

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		RTLILD9471834A9Q	01/31/2020	01/31/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RTLILD9471834A9Q	01/31/2020	01/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Occurrence/Aggregate	\$ Incl in GL Limits
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability coverage			RTLILD9471834A9Q	01/31/2020	01/31/2021	Each Person BI/Property	\$1,000,000
							Loss of Means/Society	\$1,000,000
							Aggregate Limit	\$2,000,000

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

Location #2: 51 S Randall Rd Saint Charles, IL 60174

The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies. City of St. Charles is listed as Additional Insured, per the terms and conditions of the Chubb Businessowners Liability Enhancement Endorsement (BOP-47635a, or its equivalent) included in the policy.

CERTIFICATE HOLDER**CANCELLATION**

City of St. Charles 2 E. Main St St. Charles IL 60174	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 <i>Reina Swearingen</i>
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Certificate Completion

This acknowledges that

Monal Patel

HAS SUCCESSFULLY COMPLETED
Age Restricted Sales - Illinois

Friday, August 28, 2020



State of Illinois BASSET License #5A-1133112

Certificate Completion

This acknowledges that

Sushma Arif

HAS SUCCESSFULLY COMPLETED

Age Restricted Sales - Illinois

Friday, August 28, 2020



State of Illinois BASSET License #5A-1133112

Certificate Completion

This acknowledges that

Arpan Patel

HAS SUCCESSFULLY COMPLETED

Age Restricted Sales - Illinois

Friday, August 28, 2020



State of Illinois BASSET License #5A-1133112

Certificate Completion

This acknowledges that

Sajid Ahmed

HAS SUCCESSFULLY COMPLETED

Age Restricted Sales - Illinois



Friday, July 24, 2020

State of Illinois BASSET License #5A-1133112

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:
 - Groceries
 - Household items
 - Dry goods
 - Prepared take-out foods (hot and cold) intended for consumption off premises
 - Tobacco
 - Lottery
 - 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 $\geq 140^{\circ}\text{F}$
- *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 $\geq 140^{\circ}\text{F}$
- *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-hour held $\geq 140^{\circ}\text{F}$
 - 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 $\leq 40^{\circ}\text{F}$ for the approved shelf life
- *Re-thermalized par-cooked potato products, cheese sticks and pizzas – heated to 165°F with a shelf life of up to 2 hours held $\geq 140^{\circ}\text{F}$.
- Pre-cooked (re-heated at store level) hot dogs and Taquitos – up to 4-hour shelf life $\geq 140^{\circ}\text{F}$
- Pre-cooked (re-heated at store level) chili and cheese sauces – up to 48-hour shelf life held $\geq 140^{\circ}\text{F}$
- Fresh Bakery – baked in store (limited areas) – shelf life up to 24 hours
- Nachos
- 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
 - Novelty

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.