

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4a

Title:

Recommendation to approve a proposal for a new Class A6 Liquor License for Anandappa Enterprises, Inc., dba St. Charles BP, LLC located at 1745 W. Main Street, St. Charles.

Presenter:

James Keegan, Chief of Police

Meeting: Government Operations Committee

Date: December 18, 2017

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for a new Class A6 liquor license for Anandappa Enterprises, Inc., dba St. Charles BP, LLC located at 1745 W Main St., St. Charles. St. Charles BP, LLC is a gas station/convenience store currently operating in St. Charles.

Pursuant to this item being presented at the Government Operations Committee meeting on December 18, 2017 to seek approval; it will be brought before the Liquor Control Commission meeting scheduled for 4:30 p.m., 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 January 8, 2018 for final approval.

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

Background Check

Liquor License Application

Site Plan

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

Recommendation to approve a proposal for a new Class A6 Liquor License for Anandappa Enterprises, Inc., dba St. Charles BP, LLC located at 1745 W. Main Street, St. Charles.

## Police Department



# Memo

Date: 11/21/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-St. Charles BP Gas Station/1745 W. Main Street (A-6)

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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 above mentioned establishment.

As you are aware, City Council recently modified our city code allowing alcohol sales inside gas station mini-marts as follows (*A-6 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 7:00am and 10:00pm daily.

The site location/floor plans and the corresponding application materials were reviewed by my staff. Both Detective Bauwens and I also conducted separate site visits. Dram Shop insurance, alcohol education training and their remaining paperwork was in order. One manager does have a criminal conviction from arrest stemming from a 6-year old case unrelated to alcohol sales.

I recommend alcohol sales subject to City Council approval.

Thank you in advance for your consideration in this matter.

## The logo of the St. Charles Police Department is a shield-shaped emblem. At the top, the word "POLICE" is written in a bold, yellow, sans-serif font. Below this, there is a central illustration of a brown dog standing on a green lawn, facing a small, white, two-story building with a red roof. The entire scene is set against a light blue background. At the bottom of the shield, the words "ST. CHARLES" and "ILLINOIS" are written in a yellow, serif font, stacked one above the other. The shield has a black border.

ADDRESS: 1745 E Main St.

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

\* COMMENTS: \_\_\_\_\_

INVESTIGATOR ASSIGNED: Detective Eric Bauwens #316

**SUPERVISOR REVIEW:**

[illegible]

## Police Department



# Memo

To: Commander E. Mahan #346 *em 346*  
From: Detective E. Bauwens #316  
Re: Liquor License Background, Anandappa Enterprises, INC. dba St. Charles BP, LLC

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The purpose of this memo is to document the background investigation for a Liquor License Application. This investigation was done based on the application submitted for an A-6 license for the St. Charles BP, located at 1745 E. Main St.

### **Applicant (Owner/Manager)**

Eugene C. Anandappa



River Forest, IL 60305

### **Manager**

Luis Lozano



Aurora, IL 60504

The applicant is the current owner and manager of Anandappa Enterprises, Inc. dba St. Charles BP, LLC at 1745 E. Main St. He is making application to add package sales to his current retail business.

### **Site Visit**

On 11/16/17 I visited the business location at 1745 E. Main St. I met with the manager, Luis Lozano. Luis advised me they will be using a total of 3 coolers, which are located on

*Service, Courage, Professionalism, Dedication*



the south wall and will be the closest coolers to the cash registers. They will also be using a shelf for alcohol sales. This shelf is located in front of the cash registers and is approximately 11 feet long by 3 feet wide. There will also be a shelf behind the sales counter where spirits will be held for sale. They will be maintaining their current business hours of 0500 hours through 2200 hours. He is aware that no sales will be permitted before 0700 hours. He is also aware the displayed sales area cannot exceed 10 percent of the total sales area. They intend on remaining a gas station with convenient sales and do not intend on becoming a full liquor store. Luis understood the importance of responsible alcohol sales and advised all employees selling alcohol will be Basset certified.

### **Records Check**

Eugene Anandappa –

- I advised Eugene he needed to be fingerprinted. He came to the St. Charles Police Department on 11/16/17 to be fingerprinted. I have not received any response as of this time in regards to the fingerprint inquiry.
- Eugene is BASSET certified. He completed his training on 10/11/17 through 360trainnig.com dba Learn2Serve.
- I checked with the Illinois Liquor Commission and was unable to locate a current liquor license and there was no history of revocations.
- I checked New World and Aegis for contacts with Eugene. All contacts were in regards to his business. These incidents did not cause concern. I also sent a memo to River Forest PD requesting information on any contacts with Eugene.
- A check of TLOxp (Law Enforcement Database) showed the information concerning his identity to be accurate and no areas of concern were noted.
- Eugene has had no contacts with his Hometown Police Department, River Forest PD.
- I provided Eugene with a copy of the City of St. Charles Liquor Ordinance.

Luis Lozano –

- Luis advised me he has already been fingerprinted. He was fingerprinted on 10/31/17. We have not received a response from ISP in regards to this submission.

- I checked New World and found no contacts with Luis. In checking Aegis, I located an arrest by Elgin PD for Unlawful use of sound recording, a class 4 felony. His booking photo was attached and I was able to confirm it was in fact Luis. I checked the Kane County Circuit Clerks web site. On 03/15/12, Luis pled guilty to one count of Unlawful use of sound recording, a Class 4 felony. I did not see any other cases in Kane County.
- I checked with the Illinois Liquor Commission and was unable to locate a current liquor license and there was no history of revocations.
- A check of TLOxp (Law Enforcement Database) showed the information concerning his identity to be accurate and no areas of concern were noted.
- I did check with the Aurora Police Department in regards to any contacts with Luis. I have yet to receive a response from Aurora PD.
- Luis is BASSET certified. He completed his training on 10/01/17 through 360trainnig.com dba Learn2Serve.

This concludes this Background investigation

Respectfully Submitted,

Handwritten signature of Eric Bauwens in cursive, followed by the number 316.

Detective Eric Bauwens # 316



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

Date Application Received: \_\_\_\_\_ ☒ New Application ☐ Renewal Application License Class: \_\_\_\_\_

Business Name: ST. CHARLES BP

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input 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 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 <b>only</b> 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <b>Do not include a marketing or financial plan with this business plan</b>	<input 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.	<input type="checkbox"/> N/A	<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.**

# APPLICANT INFORMATION

A. Type of Business: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (explain):

B. Business Name: **ANANDAPPA ENTERPRISES, INC. d/b/a ST. CHARLES BP, LLC**

C. Business Address: **1745 MAIN ST. ST. CHARLES, IL. 60174**

D. II Tax ID Number: **[REDACTED]** E. Business Phone: **630.513-7292** F. Business E-mail: **com 25charlesbp@llc@gmail.com** G. Business Website:

H. Contact Person: **Eugene ANANDAPPA** I. Title: **MANAGER** J. Phone No.: **[REDACTED]**  
Email: **sanandappa@hotmail.com**

K. If Corporation, Corporation Name: **ANANDAPPA ENTERPRISES INC**

L. Corporation Address (city, state, zip code) **[REDACTED] RIVER FOREST, IL. 60305**

## BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. License Class: ☒ A Package ☐ B Restaurant ☒ C Tavern ☐ D Hotel/Banquet/Arcade/Q-Center/Entertainment/Club  
☐ Other:

B. Address applying for liquor license (exact street address): **1745 E. MAIN, ST CHARLES** C. Number of Parking Spaces: **12** D. Outside Dining s.f. [17.20.020-R]: E. Holding Bar s.f. [5.08.010-F]:

F. Total Building s.f.: **2200** G. Total Number of Seats: H. Number of Bar Seats: I. Sale Counter s.f.: J. Live Entertainment Area s.f. [5.08.010-H]:

K. Kitchen s.f.: L. Cooler s.f.: M. Dry Storage s.f.: N. Seating Area s.f.: O. Retail/public Area s.f.: **2000** P. Service Bar s.f. [5.08.010-O]:

Q. Brief Business Plan description based on type of establishment listed above:

**We wish to sell packaged liquor including beer, wine and spirit for carry out.**

## MANAGER INFORMATION

Full Name, include middle initial: **EUGENE C. ANANDAPPA** Title: **MANAGER**

Birthdate: **[REDACTED]** Birthplace: **SRI LANKA** Driver's License#: **[REDACTED]** Home Phone: **[REDACTED]**

Home Address: **[REDACTED] RIVER FOREST, IL. 60305**

Full Name, include middle initial: **LUIS LOZANO** Title: **MANAGER**

Birthdate: **[REDACTED]** Birthplace: **PERU** Driver's License#: **[REDACTED]** Home Phone:

Home Address: **[REDACTED] AURORA IL 60504**

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 ( <i>check off once complete</i> ): <ul style="list-style-type: none"><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 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 ( <i>check off once complete</i> ): <ul style="list-style-type: none"><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 (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);</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 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.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
1.	<p>If yes, print name(s), date(s), and place(s) of naturalization:</p> <p><i>EUGENE C. ANANDAPPA 10/30/1990 Chicago.</i></p>
2.	<p>List the type of business of the applicant (5.08.070-3):</p> <p><i>Gasoline station &amp; convenience store</i></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): <i>35 yrs.</i></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$</p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):</p> <p><i>1745 E. MAIN ST., ST. CHARLES</i> <i>Retail sale of packaged liquor.</i></p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased</p>
7.	<p>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):</p> <p><b>Name of Building Owner:</b></p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p><b>Name of Building Owner:</b></p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p><b>Name of Building Owner:</b></p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>





15.	<p><b>Complete ONLY if yes was answered to the questions above (14):</b></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>6/26/2002</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</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><b>Mandatory:</b> 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><b>Mandatory:</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p><b>NOTE:</b> 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

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

  
Applicant Signature

10/30/2017  
Date

**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) Luis (Last) LOZANO (Middle) Manager  
Home Street Address: 1893 CATAIL CR.  
City, State, Zip: AURORA IL 60504  
Date of Course: 10/01/2017 Place Course was Taken: Online Learn 2 Serve  
Birthdate: 10/01/1968 Certificate Granted: Expiration: 10/01/2020

Name: Eugene (First) Anandappa (Last) (Middle) Manager  
Home Street Address: 1446 Franklin Ave  
City, State, Zip: River Forest, IL 60305  
Date of Course: 10/11/2017 Place Course was Taken: Online Learn 2 Serve  
Birthdate: 1/4/1943 Certificate Granted: Expiration: 10/11/2020

Name: Mary (First) Bielinski (Last) (Middle) Manager  
Home Street Address:  
City, State, Zip:  
Date of Course: 10/29/2017 Place Course was Taken: Online Learn 2 Serve  
Birthdate: Certificate Granted: 10/29/2017 Expiration:

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

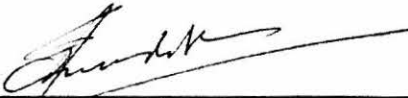
**NEW MANAGEMENT REQUIREMENTS**

**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.**

Business Name: ST. CHARLES BP, LLC.

**SIGNATURES**

  
\_\_\_\_\_  
Applicant's Signature

Notary & Date

Seal:



☐ 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: <i>11/16/17</i>	Name of Applicant: <i>EUGENE ANANDAPPA</i>
Name of Business: <i>ST. CHARLES BP</i>	
Address of Business: <i>1745 E. MAIN ST.</i>	Ward Number:

**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: <i>(NOW) OBTAIN LICENSE</i>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i></p> <p><b>If yes, answer a, b and c:</b></p> <p>a. State the kind of such business:</p> <p>b. Give date on which applicant began the kind of business named at this location:</p> <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i></p> <p><b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 <i>GAS STATION/ TOBACCO</i></p>



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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: <u>E. Bannard 316</u> Date: <u>11/16/17</u>
14.	Other necessary data:

# SIGNATURES

## ENDORSEMENTS AND APPROVALS

### INVESTIGATING OFFICER

E. Bannard 316 DETECTIVE  
Investigating Officer Signature Badge Number & Rank

### ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☒ Yes ☐ No  
Sam Key 11-21-17  
Signature Of Chief of Police Date



ANADENT-01

TIFFANY1CKK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2017

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).

<b>PRODUCER</b> Cooper & Allison Insurance Agency, LLC 100 Tower Dr. Ste 129 Burr Ridge, IL 60527	<b>CONTACT NAME:</b> Tiffany Leal	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b> (630) 908-4200	<b>E-MAIL ADDRESS:</b> teal@cooper-ins.com	
<b>INSURED</b>  Anandappa Enterprise, Inc. dba: St. Charles BP LLC 1745 E. Main St. Saint Charles, IL 60174	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Allied Property & Casualty Insurance Company		42579
	<b>INSURER B:</b> Lloyds of London		085202
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ACBPAL3008407296	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	ANY AUTO OWNED AUTOS ONLY		ACPBAPC3008407296	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				
	EXCESS LIAB	CLAIMS-MADE	ACPCAA3008407296	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 2,000,000
	DED	RETENTION \$				AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	ACPWCD3008407296	09/01/2017	09/01/2018	PER STATUTE OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E L EACH ACCIDENT \$ 1,000,000
						E L DISEASE - EA EMPLOYEE \$ 1,000,000
						E L DISEASE - POLICY LIMIT \$ 1,000,000
B	<input checked="" type="checkbox"/> Liquor Liability		LIQ/226922	11/01/2017	11/01/2018	Com. Single Limit \$ 1,000,000

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

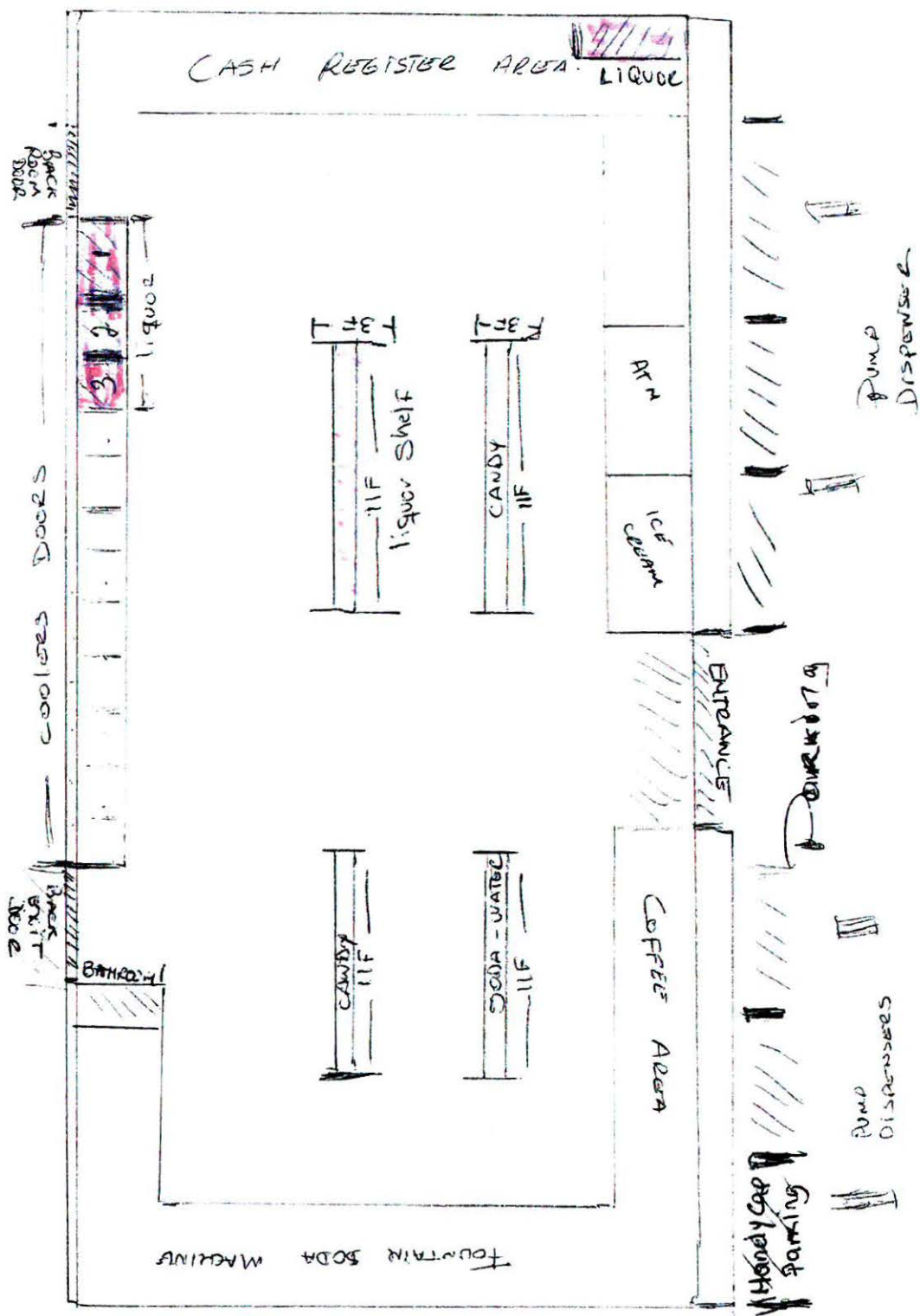
## CERTIFICATE HOLDER

## CANCELLATION

City of St. Charles  
2 E. Main Street  
Saint 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



MAIN ST.

# Illinois BASSET SELLER / SERVER CERTIFICATION

**Trainee Name:** Mary Bielinski  
**Date of Completion:** 10/29/2017

**School Name:**  
**360training.com dba Learn2Serve**

I, \_\_\_\_\_  
**certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.**

This course provides necessary  
knowledge and techniques for the  
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



**Corporate Headquarters**  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235




# Illinois BASSET SELLER / SERVER CERTIFICATION

**Trainee Name:** Eugene Anandappa

**Date of Completion:** 10/11/2017

**School Name:**

**360training.com dba Learn2Serve**

I,   
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

This course provides necessary  
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**Corporate Headquarters**

13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 877.881.2235

# Illinois BASSET SELLER / SERVER CERTIFICATION

**Trainee Name:** Luis Lozano  
**Date of Completion:** 10/01/2017

**School Name:**  
**360training.com dba Learn2Serve**

I,   
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

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