

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4a

Title:

Recommendation to approve a proposal for a new Class A6 Liquor License for Krish Ria Convenience, Inc., dba BP St. Charles, located at 1660 W. Main Street, St. Charles.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: October 16, 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 Krish Ria Convenience, Inc, dba BP St. Charles located at 1660 W. Main St., St. Charles. Krish Ria Convenience, Inc. is a gas station/convenience store currently operating in St. Charles.

Pursuant to this item being presented at the Government Operations Committee meeting on October 16, 2017 to seek approval; it will be brought before the Liquor Control Commission at a 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 November 6, 2017 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 Krish Ria Convenience, Inc., dba BP St. Charles, located at 1660 W. Main Street, St. Charles.

Police Department



Memo

Date: 10/11/2017
To: The Honorable Ray Rogina, Mayor-Liquor Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation-BP Gas Station/1660 W. Main Street (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.

As you are aware, City Council recently modified our city code allowing alcohol sales inside gas station/mini-marts as follows (*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/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. We also reviewed their business plan, Dram Shop insurance and their articles of incorporation paperwork through the Illinois Secretary of State. 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.

Commander Mahan also spoke at length with the applicant and conducted a thorough site visit. The owners, who at one time also owned and operated a previous business with alcohol sales in Carpentersville, are familiar with our ordinances and aware of the -10% requirement of their overall floor space being dedicated to alcohol sales. The owners will be installing locking mechanisms on beer coolers and finalizing their floorplan once they are approved for a license. We will revisit their site prior to the commencement of a license to confirm their floorplan. They have tentatively told us they plan on selling a small portion of beer in some rear coolers and a small compliment of alcohol near their sales counter.

Thank you in advance for your consideration in this matter.



Memo

Date: 10/05/17
To: Chief Keegan
From: Commander Mahan *em 346*
Re: Liquor License Background, Krish Ria Convenience, Inc. (BP gas station, 1660 W. Main St.)

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 an A-6 license for the KR Convenience Store/BP located at 1660 W. Main St.

APPLICANT (Owner/Manager):

Pragnesh H. Shah



The applicant is the current owner and manager of Krish Ria Convenience Inc. at 1660 W. Main St. He is making application to add package alcohol sales to his current retail business.

SITE VISIT:

On 092917 I visited the business location. I met with Mr. Shah in person. There is a row of coolers along the north interior wall of that business. Mr. Shah intends to use a portion of the coolers for alcohol. Mr. Shah intends to have lockable cooler doors installed on the coolers where alcohol will be stocked. This will allow the coolers to be locked between 10:00 PM and 7:00 AM each day. Mr. Shah stated that he may keep some liquor stocked on the sales floor also but intends to either have it behind the counter or near the counter where it can be under close watch. Mr. Shah was advised that the area where alcohol is displayed for sale cannot exceed 10% of the total sales area. He stated that he understood this and that alcohol sales will only be incidental to his existing business. It will not be the focus of the business. He stated that he does not intend to be a full liquor store.



Mr. Shah advised he understood the importance of responsible alcohol sales. I provided him with a copy of the City of St. Charles Liquor Code.

RECORDS CHECKS:

Mr. Shah was fingerprinted. Responses from both the FBI and Illinois Bureau of Identification showed there were no criminal records on file.

A check of St. Charles, Geneva and Kane County records showed only previous police contacts that were related to the business at 1660 W. Main Street. There were no incidents of concern.

A check of the Illinois Liquor Control Commission showed no current license in his name and no history of revocation.

A check of TLO (law enforcement database) showed the information concerning his identity to be accurate and no areas of concern were noted.

Mr. Shah holds a current BASSET certification.

This concludes this background investigation

EM346

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, possibly a German Shepherd, standing on a green lawn. In the background of the illustration is a white building with a steeple, likely a church. Below the illustration, the words "ST. CHARLES" and "ILLINOIS" are written in a yellow, serif font, stacked on two lines. The entire emblem is outlined in black.

ADDRESS: 1660 W. Main St. (BP gas station)

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

* COMMENTS: _____

SUPERVISOR REVIEW: Cmdr. E. Mahan

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

AL6

Date Application Received: 9/21/17 ☒ New Application ☐ Renewal Application License Class: _____

Business Name: KRISH RIA CONVENIENCE, INC.

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 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: Hours of Operation Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area Do not include a marketing or financial plan with this business plan	<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.	<input checked="" 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.**

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

B. Business Name:

KRISH RIA CONVENIENCE INC

C. Business Address:

1660 W. Main St. St Charles, IL 60174

D. IL Tax ID Number:

E. Business Phone:

(630)443-4462

F. Business E-mail:

PSHAH266@gmail.com

G. Business Website:

H. Contact Person:

PRAGMESH SHAH

I. Title:

OWNER

J. Phone No.:

Email:

PSHAH266@gmail.com

K. If Corporation, Corporation Name:

KRISH RIA CONVENIENCE INC

L. Corporation Address (city, state, zip code):

1660 W. Main St. St Charles, IL 60174

BUSINESS ESTABLISHMENT LOCATION INFORMATIONA. License Class: ☒ A Package ☐ B Restaurant ☐ C Tavern ☐ D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club☐ Other:

B. Address applying for liquor license (exact street address):

C. Number of Parking Spaces:

D. Outside Dining s.f. [17.20.020-R]:

E. Holding Bar s.f. [5.08.010-F]:

F. Total Building s.f.:

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.:

P. Service Bar s.f. [5.08.010-O]:

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

MANAGER INFORMATION

Full Name, include middle initial: PRAGMESH H SHAH Title: OWNER

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 (<i>check off once complete</i>): <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 (<i>check off once complete</i>): <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.	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>List the type of business of the applicant (5.08.070-3):</p> <p><i>Gas station with convenience store</i></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4):</p> <p><i>15 years</i></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ <i>75,000 - 100,000</i></p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):</p> <p><i>Khish Ria Convenience Inc</i> <i>1660 W. Main St.</i> <i>St Charles, IL 60174</i></p> <p><i>{ Gas station with 2,800 sq ft c-store.</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>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</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>

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary: <i>Business / tobacco License</i></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: <i>11/22/2014</i> Location, City/State: <i>carpentersville, IL</i></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 checked="" 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>05-01-2013</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>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 checked="" 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

APPLICATION FOR LATE NIGHT PERMIT

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

To: St. Charles Liquor Control Commission

Date:

07-17-2017

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

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

07-17-2017
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: PRAGMESH SHAH H
(First) (Last) (Middle) Manager
Home Street Address: 05274 S. Mathewson Ln
City, State, Zip: [REDACTED]
Date of Course: 09-19-2017 Place Course was Taken: on line course
learn2serve
Birthdate: 12-01-1972 Certificate Granted: yes 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.

Business Name:

Krish Ria Convenience Inc

SIGNATURES



Applicant's Signature

 9-21-17

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: 10/05/17	Name of Applicant: PRAGNESH SHAH
Name of Business: KRISH RIA CONVENIENCE INC.	
Address of Business: 1660 W. MAIN ST.	Ward Number: 3

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: NOV. 1, 2017 OR AS SOON AS POSSIBLE THEREAFTER
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 N/A</p> <p>If yes, answer a, b and c:</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? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A</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 N/A</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 N/A</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.	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 Gas Station / Convenience store

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>REP Rusty Sullivan</u> Date: <u>9/21/17</u>
14.	Other necessary data: <u>N/A</u>

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

<u>[Signature]</u>	<u>346, Commander</u>
Investigating Officer Signature	Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

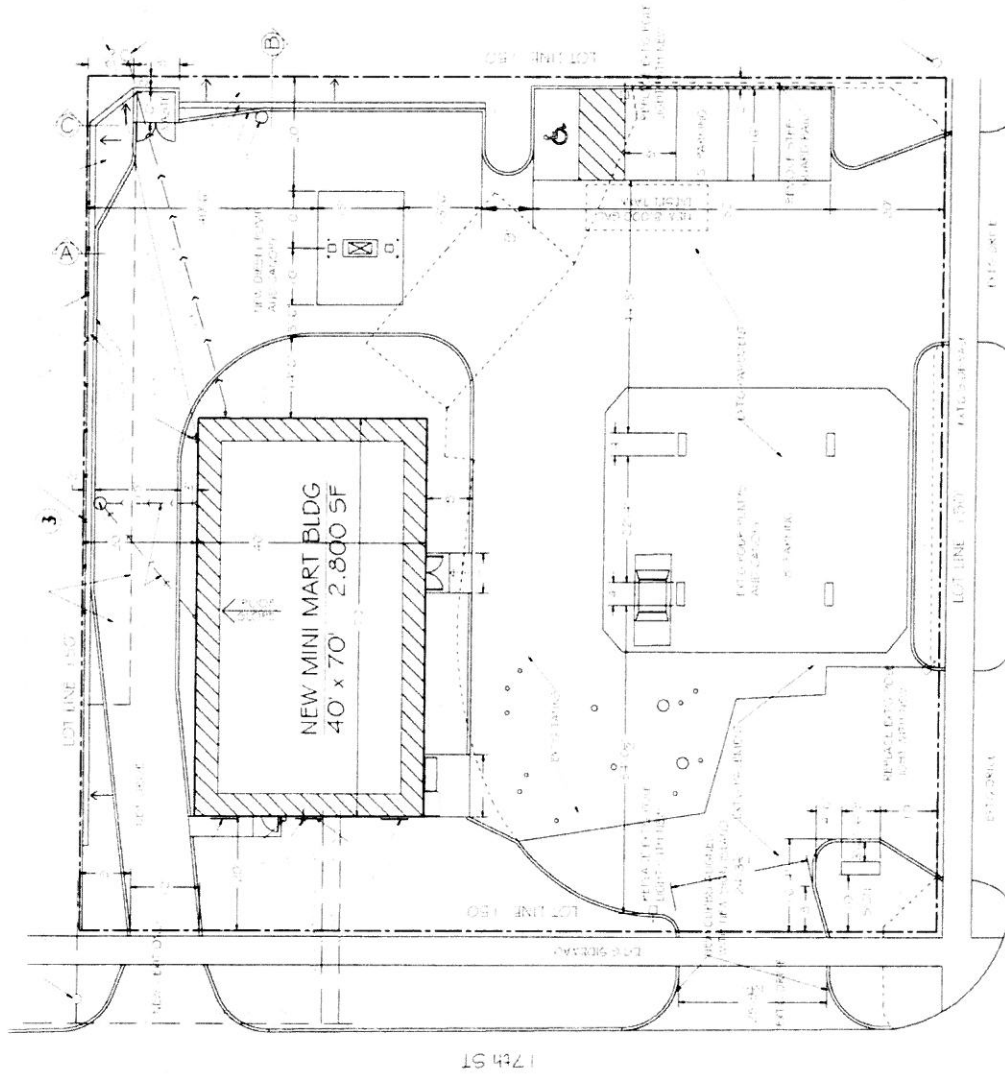
Recommend Issuing Liquor License: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>[Signature]</u>	<u>10-10-17</u>
Signature Of Chief of Police	Date

2/26/2015 PERMIT
10/1/2012 REV 3
9/17/2012 REV 4
2/2/2012 PERMIT
NO. DATE DESCRIPTION
DRAWING REVISION

ERIKSSON
ARCHITECTURE
3816 LIZETTE GLENDAVE
EIKSON@ERIKSSONARCHITECT.COM
TEL: 604.261.6400

NEW BP STATION
1660 MAIN ST
ST CHARLES, IL
SITE PLAN

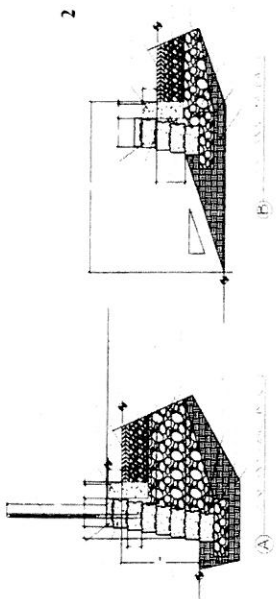
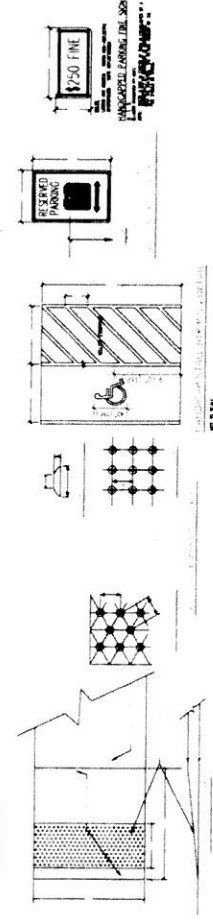
PREMIUM	FREE
AL	AL



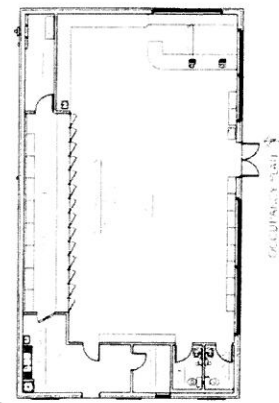
MAIN ST (Rt 64)

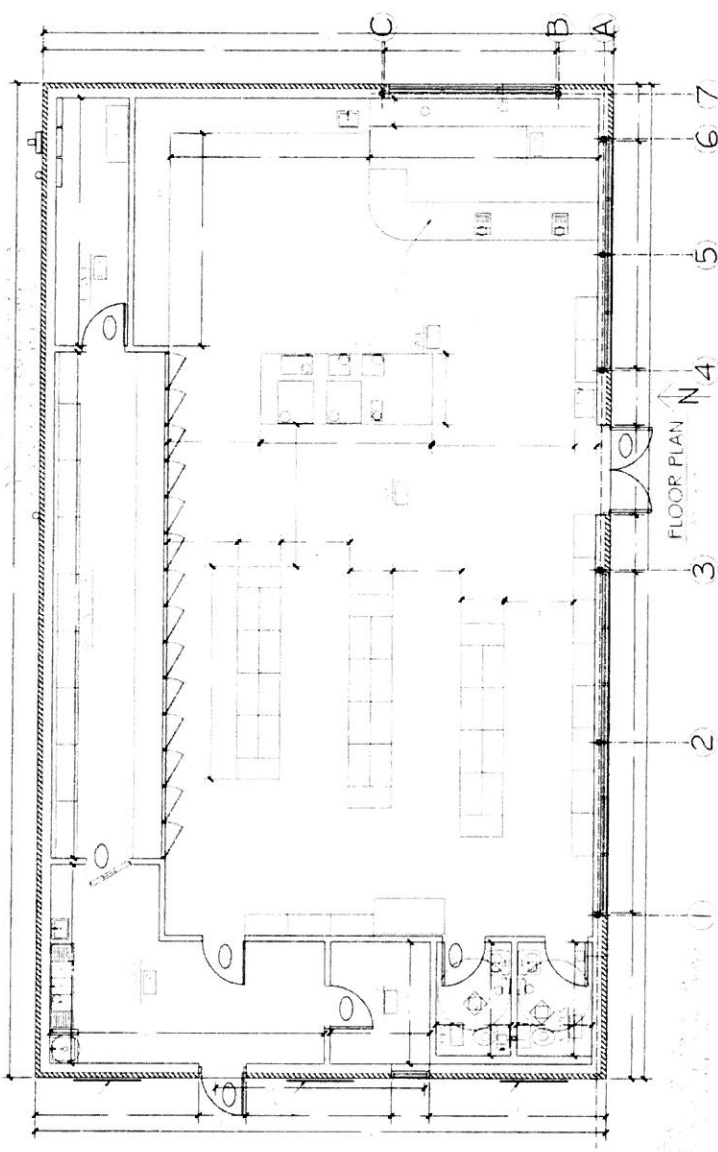
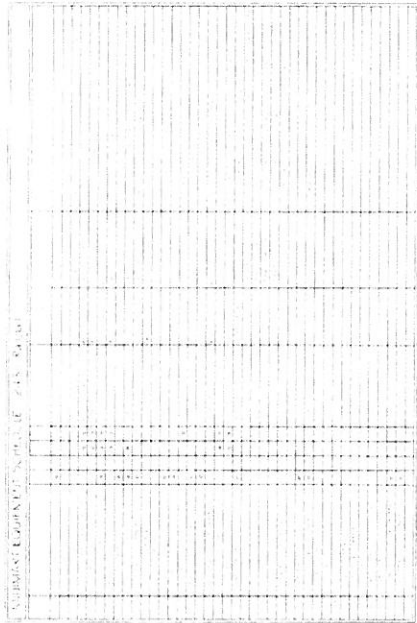
SITE PLAN

SCALE: 1" = 10'



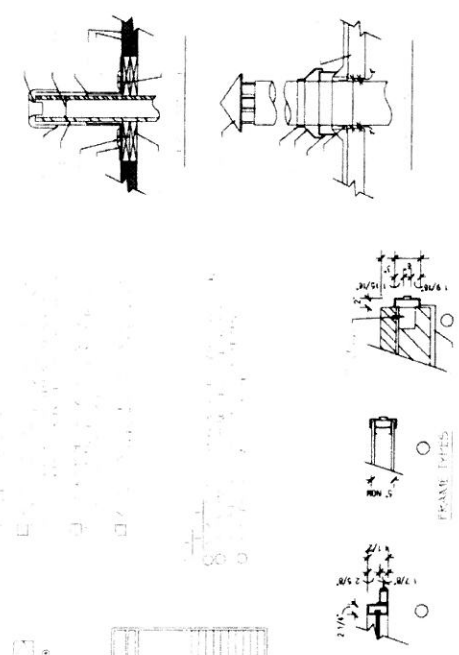
DEMO PLAN





FLOOR PLAN N

2. 2015 - 2016 PERMIT	
2. 2015 - 2016 PERMIT	
NO. DATE DESCRIPTION	
DRAWING REVISION	
ERIKSSON	
ARCHITECTURE	
3816 LIZETTE GLENVIEW	
IL 60026 N 47.2776450	
CHICAGO, ILLINOIS 60642	
NEW BP STATION	
1660 MAIN ST	
SCHARLES, IL	
FLOOR PLAN	
PROJECT #	SHEET
PERMIT #	A2



ROOF PLAN N

Krish Ria Convenience Inc

Company Overview

Krish Ria Convenience Inc was established during year 2013. This company is located in St Charles, IL. This location was closed for business when purchased, later opened for business with a very small convenient store. This location always had an intension of remodeling and making a bigger convenient store to fulfill the typical gas station need. This facility was remodeled during 2014 to add a 2,800 square foot convenient store and an island for diesel fuel offering. The site reopened after remodeling during first quarter of 2015. The site is currently operating 24 hours a day 7 days a week. The convenient store has all convenient items but missing alcohol sale. The recent approval in St Charles to permit alcohol in gas station will complete this need and I, Pragnesh Shah, am seeking for liquor license at this facility.

The site is currently offering gasoline, diesel fuel, tobacco, grocery, soda, dairy products, snacks, sandwiches, ready to eat food, HBA, automotive, general merchandise, household items and lottery. Adding liquor to this convenient store will help the customers who are searching for one stop convenience and also help the business to do well. Of course, the site personals will follow all municipality laws to support the operation and safety. The training will be provided to all employees to avoid any violations.

Pragnesh Shah

President

Krish Ria Convenience Inc

Pshah266@gmail.com

Krish Ria Convenience Inc
1660 W. Main St.
St Charles, IL 60174
(630) 443-4462

Management Team

Pragnesh Shah, President
Tushar Patel, District Manager

Accountant: Dharna Shah
(847) 721-4539

Attorney: Michael Lacy
(630) 873-3484