

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4a

Title:

Recommendation to approve an application for a new Class A4 liquor license for the Home Brew Shop located at 225 W Main Street, St. Charles.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: September 18, 2017

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for a new Class A4 liquor license the Home Brew Shop located at 225 W Main Street, St. Charles. Their business venue is a Home Brew Shop, Winery and Cidery, and is an expansion of the existing Home Brew Shop business. The applicant has been vetted by the Police Department and all documents are in order.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 18 (same day), to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

Attachments *(please list):*

Memo
Background Check
Liquor License Application
Business Plan
Site Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve an application for a new Class A4 liquor license for the Home Brew Shop located at 225 W Main Street, St. Charles.



Memo

Date: 9/8/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Home Brew Shop/225 W. Main Street (A-4)

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, the Home Brew Shop has been in business in St. Charles for several years. Due to declining profits and business sales, they have opted to redesign both their business plan and the footprint of their building. They are investing in a significant remodel and building facelift as well as the desire to start manufacturing wine on site to coincide with craft beer sales and on-site consumption.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan to ensure it coincided with our liquor code. Due to recent modifications within our code, we believe their entire plan meets both our code requirements and will be a nice addition to our downtown.

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

Thank you in advance for your consideration in this matter.



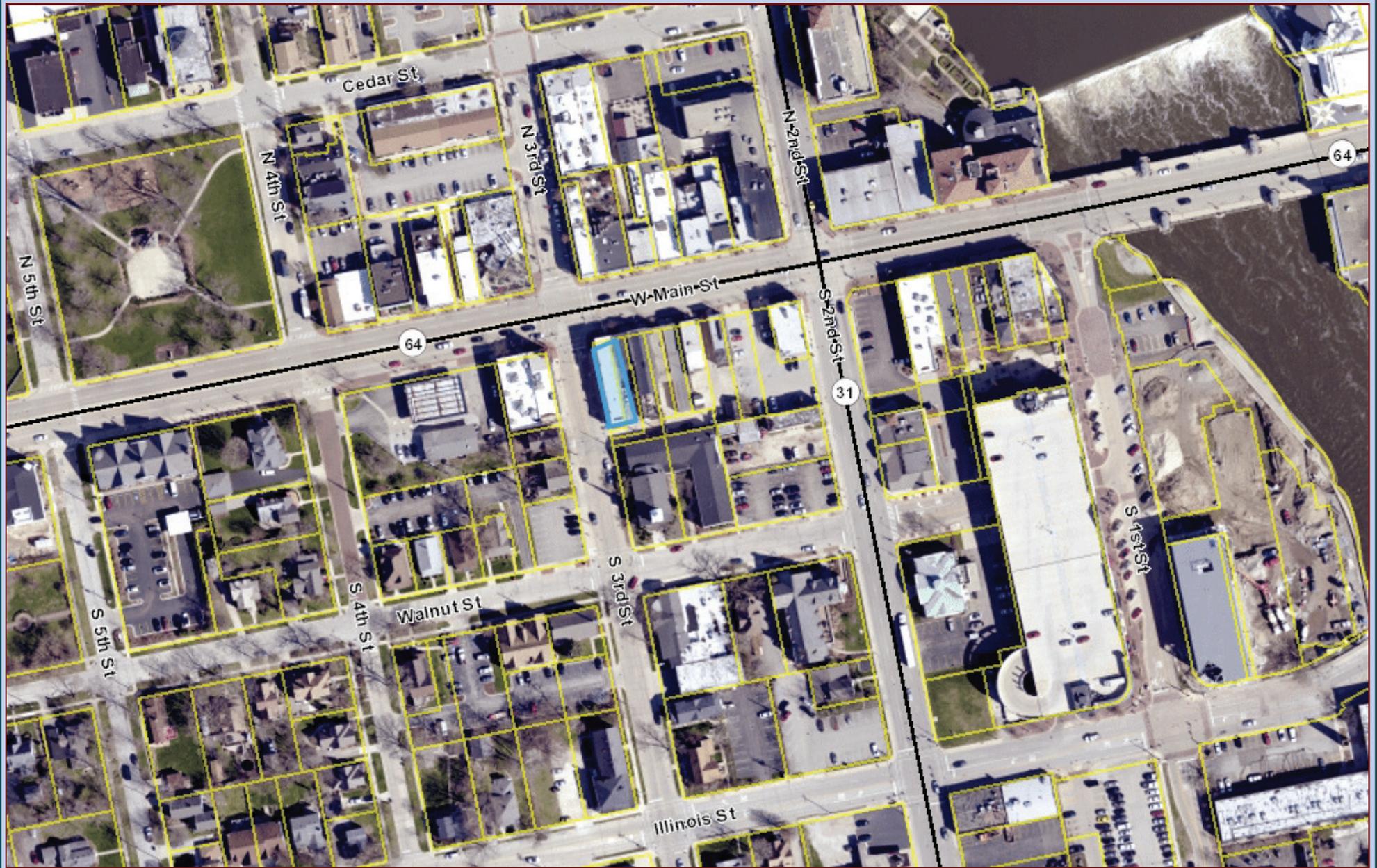
City of St. Charles, Illinois

Two East Main Street St. Charles, IL 60174-1984
Phone: 630-377-4400 Fax: 630-377-4440 - www.stcharlesil.gov

Home Brew Shop

RAYMOND ROGINA *Mayor*

MARK KOENEN *City Administrator*



Data Source:
City of St. Charles, Illinois
Kane County, Illinois
DuPage County, Illinois
Projection: Transverse Mercator
Coordinate System: Illinois State Plane East
North American Datum 1983
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Memo

Date: 8/9/2017
To: Cmdr. Mahan *EM 2/6*
From: Det. Beam *TB*
Re: Edward Seaman/ Liquor License Application

The purpose of this memo is to document the background investigation of Edward Seaman pursuant to his application for a Class A-4 liquor license.



- Mr. Seaman currently resides at the above address and has lived there for approximately 27 years. The Streamwood Police Department does not have any negative contacts with Mr. Seaman. The DuPage County Sheriff's Department does not have any negative contacts with Mr. Seaman.
- Mr. Seaman is a U.S. citizen and was born in Chicago. Mr. Seaman does possess a valid Illinois Driver's License #S550-2305-8233.
- On 08/08/17, I met with Mr. Seaman's son, Michael E Seaman M/W 05/14/88, at the relocated Home Brew Shop on S. 3rd St. I met with Michael since his father is currently in Alaska until September 1st. Michael reviewed the license background waiver and subsequently signed the form on behalf of his father. Michael provided the following information in response to my questions. The W. Main St location is currently under renovation with an anticipated opening for late Summer/early Fall 2018. The profits for the business have declined for (3) straight years, so they felt now was the right time to revamp/redesign it. They plan to sell beer onsite as well as produce their own wine. The business plan also includes moving the home brew shop back the W. Main St location. Michael

anticipated adding food items into the mix at some point as well. Michael stated that hour of operation are Tuesday-Friday 11:00 AM to 10:00 PM, Saturday 10:00 AM to 10:00 PM, Sunday 12:00 PM to 10:00 PM, and closed Monday. Michael estimated having \$5000 inventory on hand at the time of opening. Michael gave me a tour of the building under construction, which was completely gutted for renovations. Michael stated that the beer and wine tasting area will be located in the front of the store, the home brew section in the middle, and the wine production will take place in the rear of the store. Michael added that (2) apartments will be located upstairs. He anticipates leasing both apartments to help cover business costs.

- Mr. Seaman is listed as the President of the corporation and will serve as manager in the day-to-day operation of the business.
- The following items are included with this report: a floor plan, business plan, articles of incorporation, and BASSET certification for Seaman. There is no lease as Seaman owns the building.
- Home Brew Shop is located at 225 W. Main St. in St. Charles, Illinois 60174. The business has been open for approximately 27 years.
- Mr. Seaman does not have any negative contacts with our department through New World.
- I searched the Illinois Secretary of State website and found HomeBrew Shop Ltd. listed in good standing.
- Mr. Seaman was not fingerprinted at the time of application due to a finger injury. Mr. Seaman is currently out of state until September 1, 2017. I advised him to be fingerprinted as soon as possible upon his return to Illinois.
- The criminal history of this applicant is pending receipt of conviction information from the Illinois Bureau of Identification.

This concludes this background investigation.



As an applicant for licensing with the City of St. Charles, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the release of any and all information you may have concerning me, including but not limited to criminal history and conviction information, information of a confidential or privileged nature or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby release, discharge, and exonerate the CITY OF ST. CHARLES POLICE DEPARTMENT, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspecting, and copying of such documents, records and other information. This release shall be binding on my legal representatives, heirs, and assigns. It is understood and acknowledged by me that any information secured, pursuant to this required background investigation, which would negatively reflect on me or my ability to obtain licensing in the City of St. Charles or elsewhere may be disseminated to the appropriate agency or jurisdiction of proper authority. A copy of this document shall be as binding as the original.

Edward Seaman Michael Seaman
Applicant Name (Printed)

Michael Seaman
Applicant's Signature

8/8/17
Date

JAMES T. KEEGAN *Chief of Police*

**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

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 type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input 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 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 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:
Home Brew ShopC. Business Address:
225 W. Main St.

D. IL Tax ID Number:

E. Business Phone:
630-377-1338F. Business E-mail:
info@homebrewshopltd.comG. Business Website:
www.homebrewshopltd.com

H. Contact Person:

Edward Seaman

I. Title:
President

J. Phone No.:

K. If Corporation, Corporation Name:
Home Brew Shop LTDL. Corporation Address (city, state, zip code):
225 W. Main St., Saint Charles, IL 60174**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. Type of Establishment: Package Restaurant Tavern Hotel/Banquet/Arcada/Q-Center OtherB. Address applying for liquor license (exact street address):
225 W. Main St.C. Number of Parking Spaces:
0D. Outside Dining s.f. [17.20.020-R]:
0

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

F. Total Building s.f.:
2054G. Total Number of Seats:
0H. Number of Bar Seats:
0I. Sale Counter s.f.:
60J. Live Entertainment Area s.f. [5.08.010-H]:
N/AK. Kitchen s.f.:
N/A

L. Cooler s.f.:

M. Dry Storage s.f.:

N. Seating Area s.f.:
0O. Retail/public Area s.f.:
850P. Service Bar s.f. [5.08.010-O]:
92

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

This is an expansion to the existing Home Brew Shop business. The expansion is to include wine and cider production and sales. On and off premise sales of wine and cider will be from the front tasting room. Additional retail sales will include current Home Brew Shop products from the dry goods area. A production winery will be in the rear of the building.

MANAGER INFORMATION

Full Name, include middle initial: Edward J Seaman

Title: President

Birthdate: Birthplace:

Driver's License#: Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate: Birthplace:

Driver's License#: Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate: Birthplace:

Driver's License#: Home Phone:

Home Address:

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:

CLASS B LICENSES

1. Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following (*check off once complete*):
 - a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
 - b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);
 - c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.**
2. The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license.
3. A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
4. It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.

CLASS C LICENSES

1. Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following (*check off once complete*):
 - 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.	List the type of business of the applicant (5.08.070-3): Retail Shop, Production Winery, On & Off Premise Sales of Wine & Cider
3.	Number of years of experience for the above listed type of business (5.08.070-4): 16
4.	Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 75,000.00
5.	Location/address and description of business to be operated under this applied for license (5.08.070-6): 225 W. Main St., Saint Charles, IL Retail sales of home brewing and wine making supplies and ingredients, production winery, on and off premise sale of wine and cider.
6.	Is the premises owned or leased (5.08.070-6A)? <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement: 4/19/2017 Permit # 17-25265</p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary:</p>
12.	<p>Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit:</p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p> <p>Government Unit:</p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input 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): 5/31/2001</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 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

The Lazarus House plans to convert the church into an additional homeless shelter space. The Plan Commission's public hearing will be held on Tuesday, August 8, 2017 at 7: p.m. in the City Council Chambers of the Municipal Building at 2 E. Main St., Saint Charles. Once the Lazarus converts the church into the homeless shelter we will be greater than 100 feet away from any church.

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: Edward Seaman J Yes
(First) (Last) (Middle) Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: 7/25/2017 Place Course was Taken: On Line
Birthdate: 08/16/1958 Certificate Granted: Yes Expiration: 07/25/2020

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

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

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

NEW MANAGEMENT REQUIREMENTS

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

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

APPLICATION FOR LATE NIGHT PERMIT

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

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

Date:

I now possess or have applied for a liquor license Class

Applicant's Name:

Name of Business:

Business Address:

Business Phone:

SUPPLEMENTAL PERMIT APPLIED FOR

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

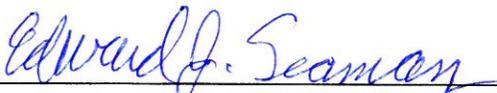
1:00 a.m. Late Night Permit – fee of \$800.00

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

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

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

SIGNATURES



Applicant's Signature

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

Liquor Commissioner's Signature

Date

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 080917	Name of Applicant: Edward Seaman
Name of Business: Home Brew Shop	
Address of Business: 225 W. Main St	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: 01/01/2018
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, answer a, b and c:</p> <p>a. State the kind of such business: The principal business is food and dry goods store.</p> <p>b. Give date on which applicant began the kind of business named at this location: 05/31/2001</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 checked="" 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 checked="" 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.	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 type="checkbox"/> Yes <input type="checkbox"/> No Home Brew Supplies</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 checked="" type="checkbox"/> No Fingerprinted by: _____ Date: 9/8/17
14.	Other necessary data:

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

Tom Beam

Investigating Officer Signature

343 Patrolman

Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: Yes No

Jane T. Key
Signature Of Chief of Police

9/8/2017
Date

BUSINESS PLAN

HOME BREW SHOP WINERY AND CIDERY

225 W. Main St.
St. Charles, IL 60174

July 26, 2017

• STATEMENT OF PURPOSE

This is an expansion to the existing Home Brew Shop business. Home Brew Shop Winery and Cidery is a small-scale winery that will be in St. Charles, Illinois, and will occupy 2052 square feet on the main floor of the building and 576 square feet in the basement/cellar. Besides fermented beverages, the new production area will be used for demonstrations, teaching classes and hands on learning. Initial plans are to produce four styles of wine and two styles of cider. This product will be sold in bottles for on and off premise sales at the tasting room located in the front of the 225 W. Main Street building. The 225 W. Main Street building will consist of a production winery in the back section, Home Brew Shop dry goods, equipment and supply store in the center section of the building and a tasting room in the front of the building. The winery will have viewing windows from the centrally located retail store and tasting in the front. The hours of operation will be from 10:00 a.m. to 10:00 p.m. Wine will be offered for sale as a tasting flight and by the glass. Bottles and cases of bottles will be available for package sales.

• COMPANY DESCRIPTION

Since 2001, Home Brew Shop has been a retail supply shop dedicated to providing raw materials, supplies and equipment to home brewers and winemakers to make beer and wine at home. In addition, Home Brew Shop carries a full line of home beverage equipment and related hardware for beverage dispensing. Other products include beer making books, wine making books, soda pop kits, liquor and cordial kits, brewing spices, mother of vinegar and varietal honey.

Home Brew Shop Winery and Cidery will occupy the bottom floor, which is approximately 2600 square feet and faces Main Street (Route 64 – North Ave.). The winery will produce up 6000 liters of wine and cider in stainless steel tanks per year in its initial design. Initial plans are to produce four styles of wine and two styles of cider.

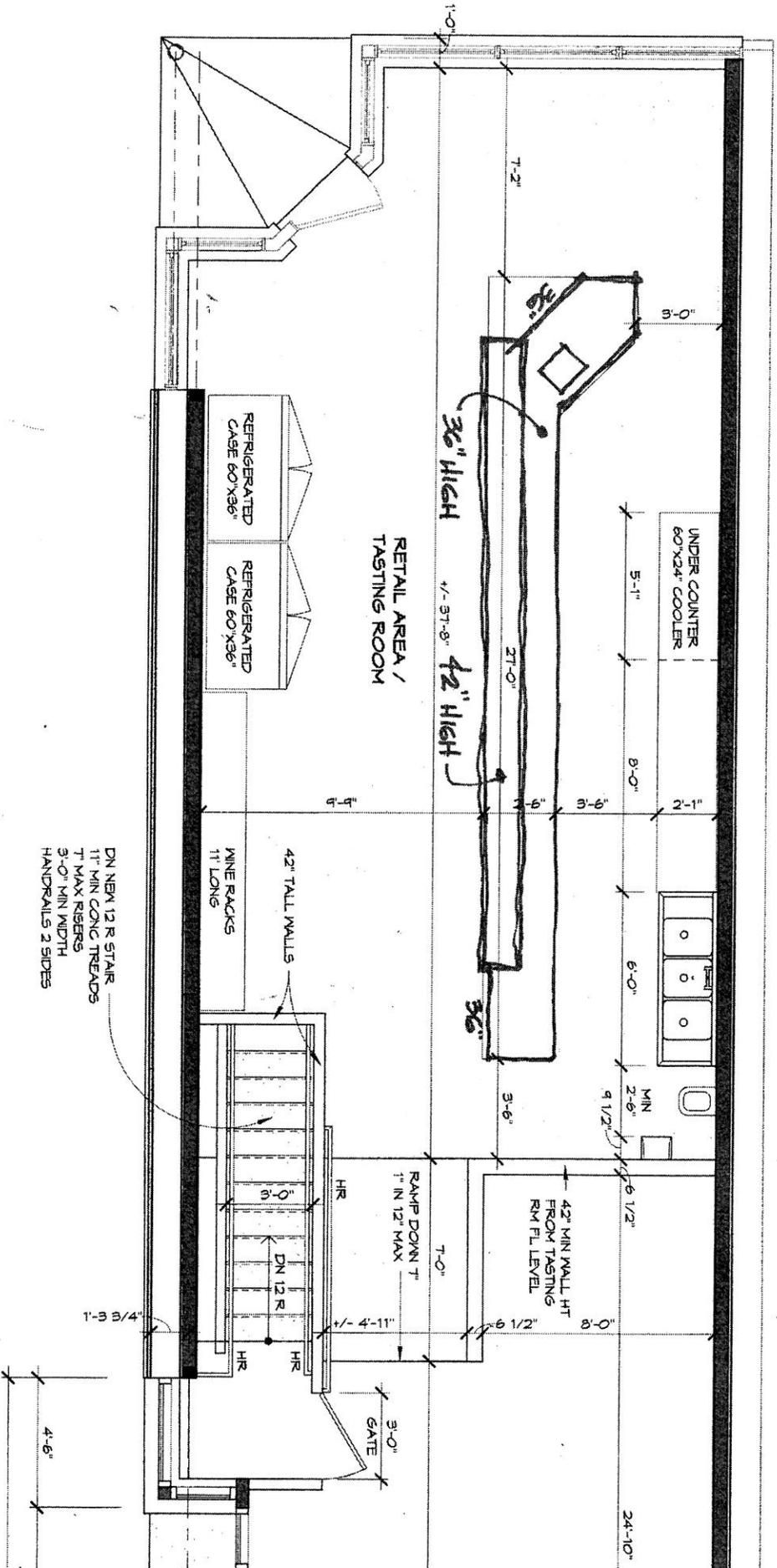
Home Brew Shop Winery and Cidery is incorporated in the State of Illinois as a sub-chapter S Corporation. The Internal Revenue Service has officially accepted Home Brew Shop election as an S-Corporation as of May 31, 2001. The legal name of the corporation is Home Brew Shop, LTD. The company was incorporated in the State of Illinois in 2001. The Internal Revenue Service has issued an Employer Identification Number which is 36-4440664 issued June 4, 2001.

The largest competitive advantage for the winery is the demographic population shift to Kane county, coupled with the rise of the St. Charles area as a retail and dining magnet. The St. Charles area boasts some of the area's finest eating and drinking establishments with more of the same coming into the area. Home Brew Shop Winery and Cidery will be highly visible with its newly renovated building anchoring a corner location in downtown St. Charles. The sheer uniqueness of the business coupled with the great superiority of the product quality and flavor all contribute towards a winning formula for success.

• MANAGEMENT

The winery will be managed by Edward J. Seaman. Mr. Seaman will oversee production planning, purchasing, inventory control, quality control and accounts payable. Mr. Seaman has experience in all the above areas through his working background in business since 2001. He attended the Siebel Institute of Technology's "Course in Brewing Microbiology and Microscopy" June 2nd - 13th, 1997. Mr. Seaman worked as an assistant brewer at Glen Ellen Microbrewery for two years in 1999 and 2000. He will be assisted by his son Michael Seaman an accomplished wine maker and brewer who has been an employee of Home Brew Shop since 2010. Sales will be handled by Jessica Voigt, who has extensive experience. Ms. Voigt has worked at Home Brew Shop since 2001. She is the shop's winemaking instructor for its monthly wine making classes and has over 12 years as an experienced home winemaker.

+/- 37'-9" EXISTING MOOD FLOOR CONST



REFRIGERATED CASE 60\"X36\"

RETAIL AREA / TASTING ROOM

DN NEW 12 R STAIR
1\" MIN CONC TREADS
T\" MAX RISERS
3'-0\" MIN WIDTH
HANDRAILS 2 SIDES

42\" TALL WALLS
WINE RACKS
11 LONG

42\" MIN WALL HT FROM TASTING RM FL LEVEL

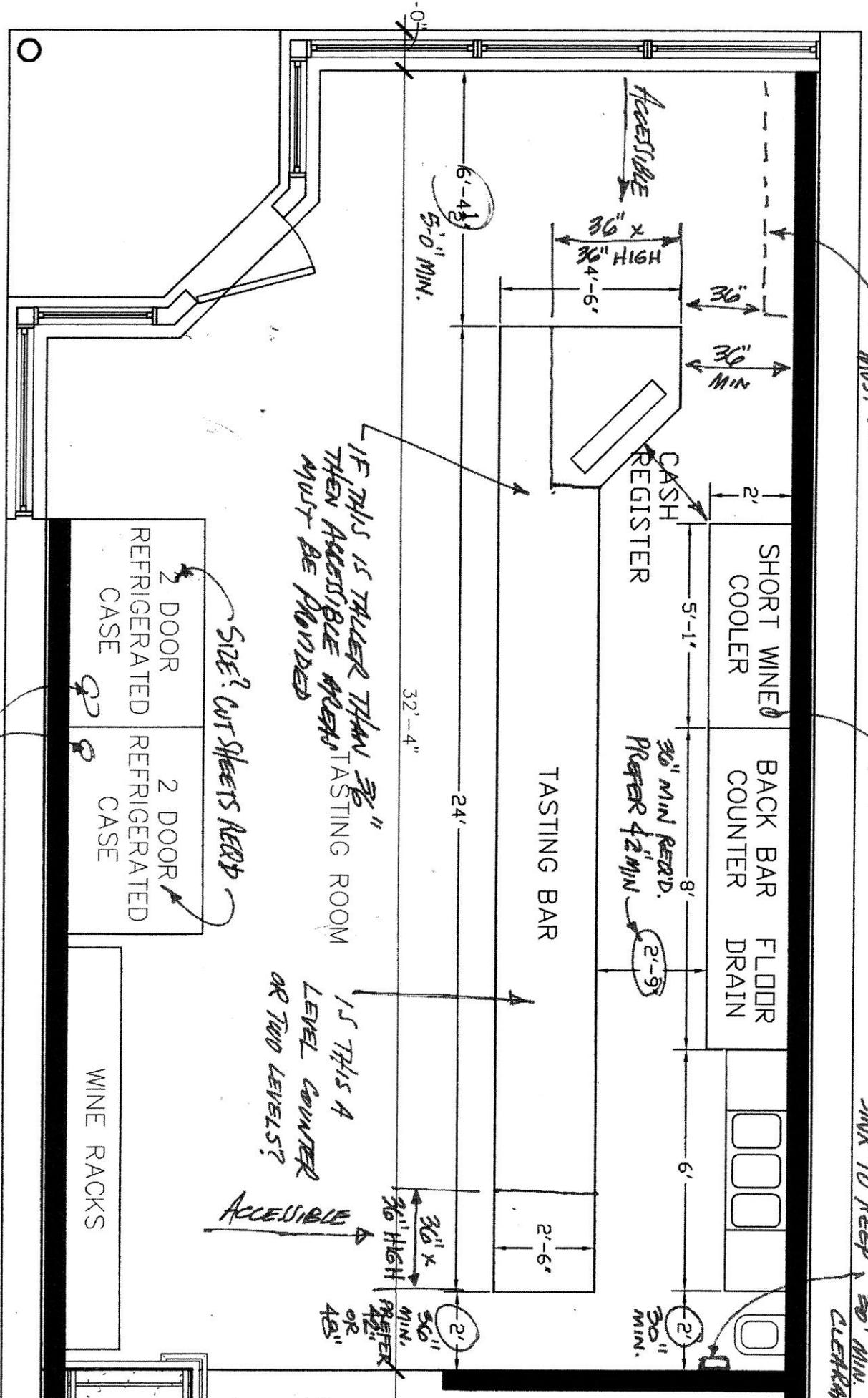
RAMP DOWN T\" 1\" IN 12\" MAX

3'-0\" GATE

4'-6\"

1-3 B/4

24'-10\"



IF DISPLAY OR RETAIL SHELVES MUST STILL HAVE 30" MIN.

FLOOR DRAIN

PAPER TOWELS & WASTE REEDS BY HEALTH CODE. ADD THIS DEPTH AND SHIRT SINK TO KEEP 30" MIN. CLEARANCE

IF THIS IS TALLER THAN 36" THEN ACCESSIBLE AREA TASTING ROOM MUST BE PROVIDED

IS THIS A LEVEL COUNTER OR TWO LEVELS?

ACCESSIBLE 36" x 36" HIGH 30" MIN. CLEARANCE PREFER 42" OR 48"

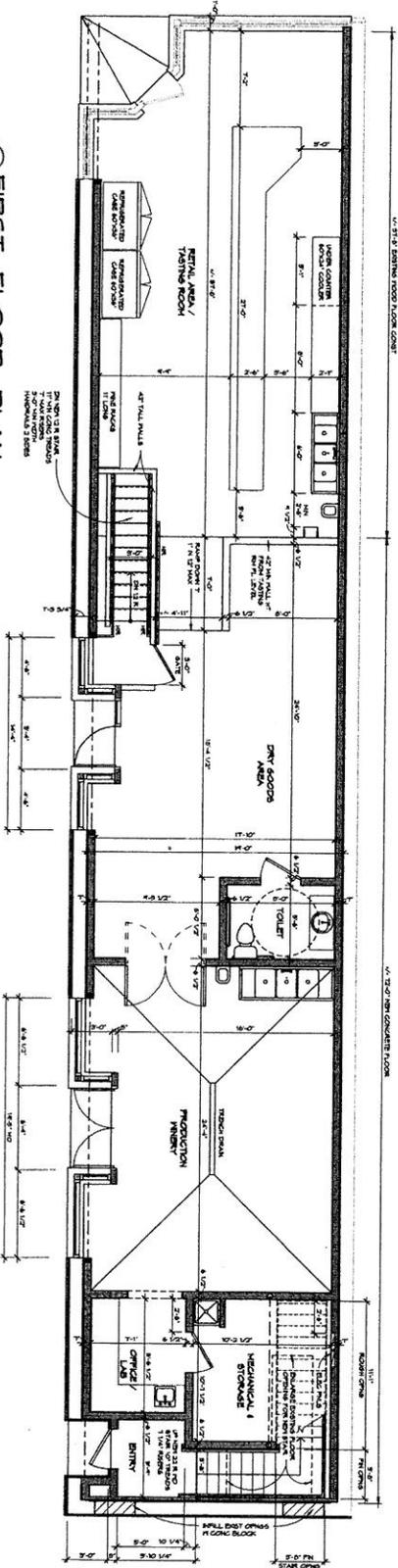
SIDE? CUT SHEETS REEDS

2 DOOR REFRIGERATED CASE 2 DOOR REFRIGERATED CASE

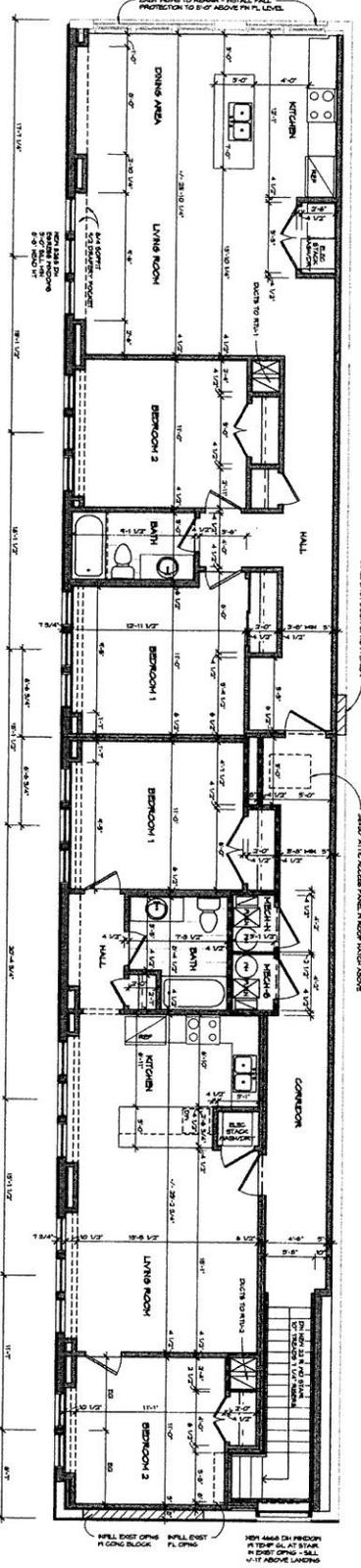
FLOOR DRAINS FOR CONDENSATE?

WINE RACKS

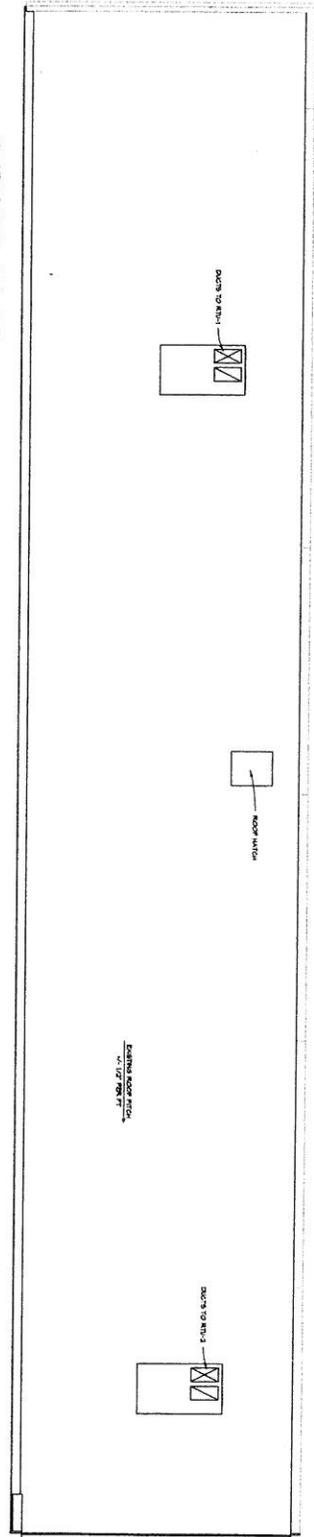
1 FIRST FLOOR PLAN
1/4" = 1'-0"



2 SECOND FLOOR PLAN
1/4" = 1'-0"



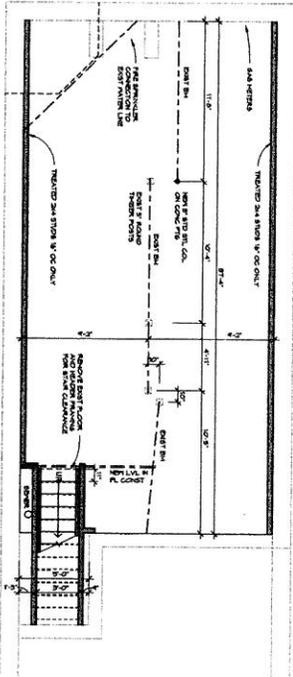
3 ROOF PLAN
1/4" = 1'-0"



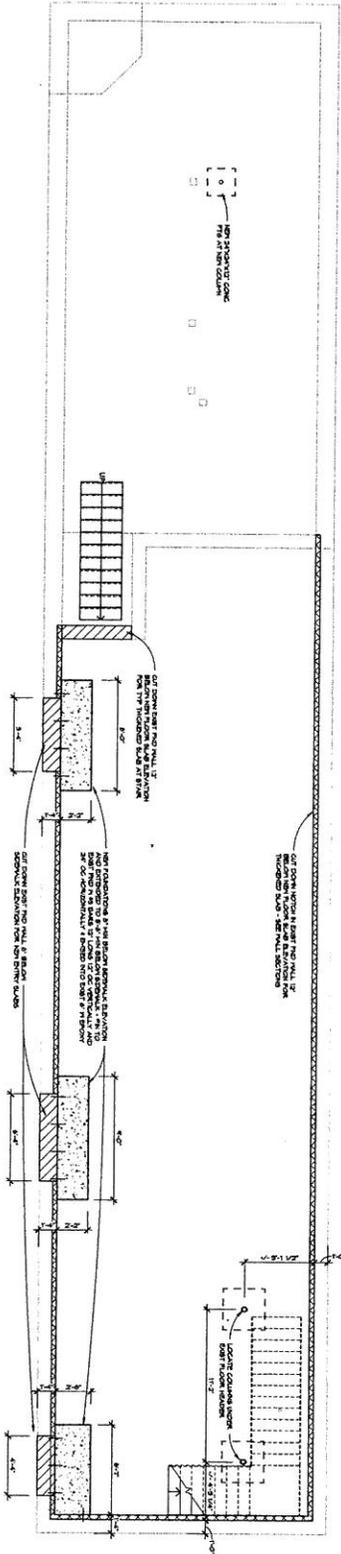
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DATE	6/19/2017
DRAWN BY	RL
CHECKED BY	RL
PROJECT NUMBER	17006
DATE	6/19/2017
SCALE	AS SHOWN
REVISIONS	
NO.	DESCRIPTION
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BUILDING REPAIR AND ALTERATIONS FOR
225 N MAIN STREET ST CHARLES, IL
CONTRACTOR:
BCB CARPENTRY AND CONSULTING
816 PARK ST BATAVIA, IL 60510
331-588-3536

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2 BASEMENT FLOOR PLAN
1/4" = 1'-0"



1 FOUNDATION PLAN
1/4" = 1'-0"

ISSUED FOR REVIEW ONLY

NOT FOR CONSTRUCTION

These drawings were prepared by me or under my direct supervision and I am a duly Licensed Professional Engineer in the State of Illinois. I am not providing any warranty, expressed or implied, for the use of these drawings for any purpose other than that for which they were prepared.

OWNER: BCB CARPENTRY AND CONSULTING
PROJECT: BUILDING REPAIR AND ALTERATIONS FOR 225 N MAIN STREET ST CHARLES, IL
DATE: 6/19/2017
SCALE: AS SHOWN
PROJECT NO.: 17003
FOUNDATION PLAN
BASEMENT PLANS

REVISIONS:

NO.	DATE	DESCRIPTION

DESIGNED BY: T. REBERBERG
CHECKED BY: RNL
DATE: 6/19/2017
SCALE: AS SHOWN
PROJECT NO.: 17003
FOUNDATION PLAN
BASEMENT PLANS

A4

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