



**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 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 <b>only</b> needed for each <b>manager</b> . 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 type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and <b>must include</b> 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: <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"/> <b>Do not include a marketing or financial plan with this business plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact <b>Building &amp; Code Enforcement at 630.377.4406</b> and/or <b>Fire Prevention Bureau at 630.377.4458</b> to discuss whether or not a walk-thru and/or permit are necessary for this business.	<input type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor’s office to be fingerprinted so the City’s business files are appropriately updated.	<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 INFORMATION**A. Type of Business:  Individual  Partnership  Corporation  Other (explain):B. Business Name:  
210 Cedar, LLCC. Business Address:  
210 Cedar Ave. St. Charles, IL 60174

D. IL Tax ID Number: [REDACTED] E. Business Phone: 630-212-7898 F. Business E-mail: [REDACTED] G. Business Website:

H. Contact Person: Karen Ramella I. Title: Owner J. Phone No.: [REDACTED]

K. If Corporation, Corporation Name:

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

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. Type of Establishment:  Package  Restaurant  Tavern  Hotel/Banquet/Arcada/Q-Center  Other

B. Address applying for liquor license (exact street address): 210 Cedar Ave. St. Charles, IL 60174 C. Number of Parking Spaces: public parking D. Outside Dining s.f. [17.20.020-R]: N/A E. Holding Bar s.f. [5.08.010-F]: N/A

F. Total Building s.f.: 1245 G. Total Number of Seats: 48 H. Number of Bar Seats: N/A I. Sale Counter s.f.: N/A J. Live Entertainment Area s.f. [5.08.010-H]: N/A

K. Kitchen s.f.: N/A L. Cooler s.f.: N/A M. Dry Storage s.f.: N/A N. Seating Area s.f.: 1000 O. Retail/public Area s.f.: N/A P. Service Bar s.f. [5.08.010-O]: N/A

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

210 Cedar is a private event venue available for rental, with an event coordinator, employed by 210 Cedar, LLC, present during the events to provide or facilitate the provision of services for the event. Clients will hire caterers and/or bar service to service their needs. 210 Cedar will not prepare, sell or serve food or beverage. Possible use of the space would include bridal showers, baby showers, celebratory dinners, holiday parties, corporate events, fundraising events, etc. Events will end by 11:00 pm.

**MANAGER INFORMATION**Full Name, include middle initial: Karen L. Ramella Title: Owner  
Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]  
Home Address: [REDACTED]Full Name, include middle initial: Lance A. Ramella Title: Co-Owner  
Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]  
Home Address: [REDACTED]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 ( <b>check off once complete</b> ):  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 ( <b>check off once complete</b> ):  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 type="checkbox"/> No</p> <p><b>If yes, print name(s), date(s), and place(s) of naturalization:</b></p>
2.	<p>List the type of business of the applicant (5.08.070-3): <b>Personal Services</b></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): <b>0</b></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): <b>\$ N/A</b></p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):  <b>210 Cedar Ave.                  St. Charles, IL 60174</b></p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input checked="" type="checkbox"/> <b>Owned</b> <input type="checkbox"/> <b>Leased</b></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"/> <b>No</b></p> <p><b>If yes, please list the business name(s) and address(es):</b></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><b>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.</b></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><b>If yes, has a building permit been applied for?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, date building permit was applied for with Building &amp; Code Enforcement:</b></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><b>If yes, what was the disposition of the application? Explain as necessary:</b></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><b>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</b></p> <p><b>Government Unit:</b></p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p> <p><b>Government Unit:</b></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><b>If yes, list all reasons on a separate, signed letter accompanying this application.</b></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><b>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</b></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><b>Date of Incorporation (Illinois Corporations) (5.08.070-10):</b> Nov. 3, 2017</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: 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.</b></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

**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: Karen Ramella L  
(First) (Last) (Middle) Manager

Home Street Address: [REDACTED]

City, State, Zip: Geneva, IL 60134

Date of Course: July 20, 2016 Place Course was Taken: online

Birthdate: 10-19-63 Certificate Granted: 5A-0105321 Expiration: 7/17/19

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: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

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: \_\_\_\_\_
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?       Yes    No
3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business?       Yes    No  
**If yes, answer a, b and c:**
  - a. State the kind of such business:
  - b. Give date on which applicant began the kind of business named at this location:
  - c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?  
 Yes    No
4. 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?       Yes    No  
**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?**       Yes    No
5. Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?  
 Yes    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.)  
 Yes    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:       Yes    No

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 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 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: _____ Date: _____
14.	Other necessary data:

**SIGNATURES  
ENDORSEMENTS AND APPROVALS**

**INVESTIGATING OFFICER**

_____	_____
Investigating Officer Signature	Badge Number & Rank

**ENDORSEMENT OF THE CHIEF OF POLICE**

Recommend Issuing Liquor License:  Yes  No

_____	_____
Signature Of Chief of Police	Date

**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments

\_\_\_\_\_  
Liquor Commissioner

**ENDORSEMENT OF THE FIRE CHIEF**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Fire Chief

**ENDORSEMENT OF THE BUILDING COMMISSIONER**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments:

Zoning Classification: \_\_\_\_\_  
\_\_\_\_\_  
Building Commissioner

**ENDORSEMENT OF THE FINANCE DIRECTOR**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Finance Director

**APPROVAL OF THE CITY COUNCIL**

Approved for Issuing:  Yes  No Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

\_\_\_\_\_  
Attested to by City Clerk Date: \_\_\_\_\_

January 10, 2018

To Whom it May Concern,

210 Cedar, LLC is a private event space. Clients will pay an hourly fee to rent the space for events, meetings, etc. 210 Cedar will NOT prepare, sell or serve any food or beverage. Clients will purchase food and beverage through licensed caterers/bar services who have been vetted by 210 Cedar. An employee of 210 Cedar will always be on site to serve as an Event Coordinator. All events will require an application and contract.

210 Cedar is applying for a liquor license that will allow its clients to serve liquor at their private events. At the very least, we are asking for a license that allows licensed caterers or bar service companies to provide liquor for events hosted at 210 Cedar. If possible, we would also like to offer a BYOB package to our clients. Again, 210 Cedar will not provide, sell or serve the liquor. If allowed to offer a BYOB package, 210 Cedar will require Day of Event Insurance for host liquor liability, which will protect the client should any alcohol related incidents occur.

210 Cedar does not intend to have a permanent bar, rather we will have a small portable bar, allowing clients a flexible floor plan (some clients may not wish to serve liquor). Seating will also be very flexible to accommodate different needs. Events will end by 11:00 pm.

As weather permits, 210 Cedar would like to use the outdoor area as additional event space. How does this effect licensing?

Thank you for your consideration,  
Karen and Lance Ramella

**TRUSTEE'S DEED  
GENERAL**

THE GRANTORS Tony T. Herman and Cheryl A. Herman as Co Trustees of the Herman Trust No. 101 dated March 1, 2008 of 210 Cedar Avenue St. Charles, County of Kane, State of Illinois, for and in consideration of TEN DOLLARS in hand paid, and pursuant to the power and authority vested in the Grantors as co trustee, convey and quit claim to the Richard and Mary Ramella Family Trust u/t/a dated February 13<sup>th</sup>, 2002, (Grantee's Address) 108 7<sup>th</sup> Place Geneva.IL 60134 of the County of Kane, all interest in the following described real estate situated in the County of Kane in the State of Illinois, to wit:

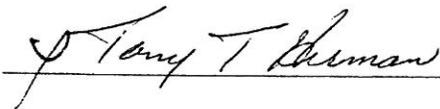
Lot 6 (Except the North 20 feet) in Block 21 of the Original Town of St. Charles, on the East side of the Fox River, in the City of St. Charles, Kane County, Illinois

**SUBJECT TO:** Covenants, conditions and restrictions of record, building lines, and easements, if any.

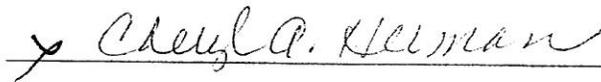
hereby releasing and waiving all rights under and by virtue of the homestead exemption laws of the State of Illinois.

Permanent Real Estate Index Number(s): 09-27-384-011  
Address of Real Estate: 210 Cedar Avenue St. Charles, IL. 60174

Dated this 17th day of November, 2017



Tony T. Herman, trustee

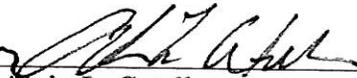


Cheryl A. Herman, trustee

STATE OF ILLINOIS, COUNTY OF KANE ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT TONY T. HERMAN and CHERYL A. HERMAN co trustees personally known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 17<sup>th</sup> day of November, 2017

  
\_\_\_\_\_  
Alvin L. Catella (Notary Public)

**Official Seal**  
**Alvin L. Catella**  
**Notary Public, State of Illinois**  
**Kane County**  
**My Commission Expires December 16, 2019**

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Prepared By:  
Alvin L. Catella 801 East Main Street St. Charles, IL. 60174

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Mail To: Kate L McCracken, Esq. 1001 E. Main St. Suite G St. Charles, IL 60174

TAX PAYER ADDRESS: Richard E. Ramella and Mary M. Ramella Family Trust  
C/o Karen & Lance Ramella  
108 7<sup>th</sup> Place  
Geneva, IL. 60134

QUOTE REFERENCE: LIQ/226788

### ILLINOIS LIQUOR LIABILITY QUOTE

**PLEASE READ CAREFULLY. THIS QUOTATION IS NOT A BINDER OF INSURANCE. IT DOES NOT NECESSARILY PROVIDE THE TERMS AND/OR COVERAGE REQUESTED IN YOUR PROPOSAL. THIS QUOTE IS VALID FOR 30 DAYS FROM: 07 September 2017**

<b>Coverholder:</b>	<b>Illinois RB Jones</b> <b>155 North Wacker</b> <b>Suite 1830</b> <b>Chicago</b> <b>IL</b> <b>60506</b>	<b>Retail Broker:</b>	<b>Wine Sergi &amp; Co LLC</b> <b>225 Smith Road</b> <b>Saint Charles</b> <b>IL</b> <b>60174</b>
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**1. Name and address of Assured (Licensee in respect of Location 1)**

Ramella Family Trust  
210 Cedar Ave  
St. Charles  
Illinois  
60174

**2. Sale or gifts of alcohol made by the licensee/s above limited to the following location**

210 Cedar Ave  
St. Charles  
Illinois  
60174

**3. Period:** From 01 November 2017 to 01 November 2018 both days at 12:01 a.m. Central Standard Time

**4. Insurance to be effected with certain UNDERWRITERS AT LLOYD'S, LONDON: 100%**

<b>5. Classification of Risk</b>	<b>Amount of Gross Annual Receipts</b>
HALL OPERATOR & OR CATERER (NO SALE)	\$0

Producer Commission 10.00% of Total Premium	<b>Total Premium:</b>	<b>\$525.00</b>
	<b>Policy Fee:</b>	<b>\$150.00</b>
	<b>Total Payable:</b>	<b>\$675.00</b>

LIMIT OF LIABILITY  
Combined Single Limit **\$1,000,000**

FORMS ATTACHED:  
**LII 12 (01/07)**  
**AIF 2273** Limited Common Law Coverage

**COVERAGE IS SUBJECT TO SIGNED AND DATED APPLICATION. PLEASE REFER ANY REQUEST TO BIND TO COVERHOLDER.**

Form **LLC-5.5**

Illinois  
Limited Liability Company Act  
Articles of Organization

FILE # **06562949**

Secretary of State **Jesse White**  
Department of Business Services  
Limited Liability Division  
www.cyberdriveillinois.com

Filing Fee: \$500  
Expedited Fee: \$100  
Approved By: TLB

FILED  
NOV 03 2017  
Jesse White  
Secretary of State

1. Limited Liability Company Name: 210 CEDAR, LLC

2. Address of Principal Place of Business where records of the company will be kept:

GENEVA, IL 60134

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

KAREN RAMELLA

GENEVA, IL 60134-2100

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

RAMELLA, KAREN

GENEVA, IL 60134

RAMELLA, LANCE

GENEVA, IL 60134

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: NOVEMBER 03, 2017

KAREN RAMELLA  
108 7TH PLACE  
GENEVA, IL 60134

# BASSET Card



July 20, 2016



Letter ID: L1426538128

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
KAREN RAMELLA  
108 7TH PLACE  
GENEVA IL 60134

License No.: 5A-0105312  
Expiration Date: 7/17/2019  
License Type: Basset Card

**Your "Student ID number" is: 2424792**

**Your "Trainer's ID number" is: 5A-0105312**

**Your BASSET Card is located BELOW**

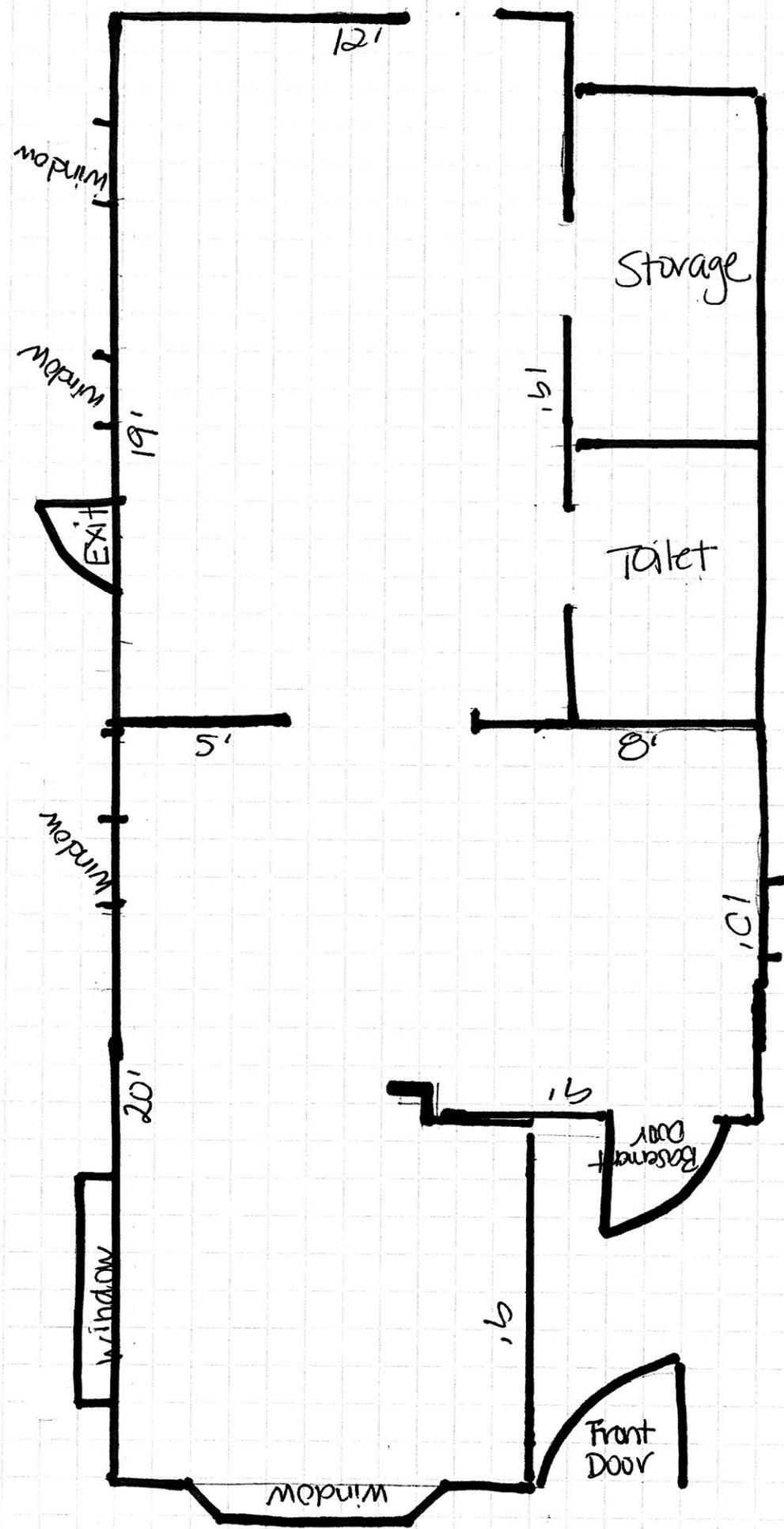
**DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.**

**IMPORTANT:**

To re-print your card, visit the Illinois Liquor Control Commission website at [ILCC.illinois.gov](http://ILCC.illinois.gov)  
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p><b>ILLINOIS LIQUOR CONTROL COMMISSION</b> 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 <b>BEVERAGE ALCOHOL SELLERS AND SERVERS</b> <b>EDUCATION AND TRAINING [BASSET] CARD</b></p> <p><b>Date of Certification: 7/17/2016 Expires: 7/17/2019</b> Trainer's IL Liquor License Number: 5A-0105312</p> <p><b>KAREN RAMELLA</b> 108 7TH PLACE GENEVA IL 60134</p> <p><b>**Card is not transferrable**</b></p>
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210 Cedar Ave  
St. Charles, IL





August 24, 2017



ST. CHARLES  
SINCE 1834

#1 City for Families  
by FamilyCircle 2011

Karen Ramella  
Emailed to karenramella@gmail.com

Re: Proposed Private Event Venue business use at 210 Cedar Ave.  
St. Charles, IL 60174

Ms. Ramella:

The property located at 210 Cedar Ave. is zoned CBD-2 Mixed Use Business District under the St. Charles Zoning Ordinance. The property is also located in the Downtown Overlay Zoning District, which further limits first floor uses; however the property received an exemption from the Downtown Overlay District restrictions in 2015. Therefore, the allowable uses of the property are those listed in the Zoning Ordinance for the CBD-2 district.

Per the description provided in your email on August 17, 2017 (attached), the proposed business will be a private event venue available for rental, with an event coordinator employed by the business present during the events to provide or facilitate the provision of services for the event.

The St. Charles Zoning Ordinance does not have a category for an event venue or banquet facility not associated with some other use (such as a hotel or restaurant).

The business can be categorized as a "Personal Services" use, provided the event coordinator is at the location providing some type of services to the persons renting the venue. "Personal Services" is a permitted use in the CBD-2 district and is therefore a permitted use at this property.

The property is located within the City's Historic District. Any exterior change, including changes to signs or awnings, requires a review by the City's Historic Preservation Commission prior to the issuance of a permit.

Please be aware that there may be other building or life safety code requirements that need to be met before this use can be established in the building. I understand you have already held a Chapter 34 review and should be receiving this information.

If you need further clarification regarding this information, please contact the Community & Economic Development Department at (630) 377-4443.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell Colby", written over a horizontal line.

Russell Colby, Planning Division Manager  
Community & Economic Development Department

C: Ann Dvorak, Murray Commercial

RAYMOND P. ROGINA Mayor

MARK KOENEN, P.E. City Administrator

# Inspection Report



August 22, 2017

Panache (VACANT )  
210 CEDAR AV  
St. Charles, IL 60174

An inspection of your facility on Aug 22, 2017 revealed the violations listed below.

**ORDER TO COMPLY:** Since these conditions are contrary to law, you must correct them upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on Aug 22, 2017.

If you fail to comply with this notice before the reinspection date listed, you may be liable for the penalties provided for by law for such violations.

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## Violations

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### KNOX Existing Knox box

Note A Knox box will be required. Applications can be obtained at the Fire Department administration office, 112 N. Riverside Ave.

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### DOOR Conforming door hardware

Note Exit door shall not require special knowledge to open.  
Recommend replacing keyed deadbolts with thumb latches.

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For further information, please contact the Fire Prevention Bureau at (630)377-4457

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KESS01 John Kessler  
Inspector

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Lance Ramella