

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4c

Title:

Recommendation to approve a Proposal for a New Class A5 License for BOKE Enterprises, LLC dba The Wine Exchange located at 1 Illinois Street, Unit 120, St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: February 20, 2018

Proposed Cost: \$

Budgeted Amount: \$

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

This is a recommendation to approve a proposal for a New Class A5 Liquor License for Boke Enterprises, LLC dba The Wine Exchange located at 1 Illinois Street, Unit 120, St. Charles. The business is currently in the process of being sold.

Pursuant to this item being presented at the Government Operations Committee meeting on Tuesday, February 20, 2018 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled at 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 March 5, 2018 for final approval.

Attachments *(please list):*

Application, Business Plan, Site Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a Proposal for a New Class A5 License for BOKE Enterprises, LLC dba The Wine Exchange located at 1 Illinois Street, Unit 120, St. Charles.

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: 02/08/18 ☒ 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 <i>In Process</i>	<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. <i>N/A</i>	<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. <i>N/A</i>	<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.**

07.05.2016

APPLICANT INFORMATIONA. Type of Business: ☐ Individual ☒ ^{LLC} Partnership ☐ Corporation ☐ Other (explain):B. Business Name: BoKE Enterprises, LLC d/b/a The Wine ExchangeC. Business Address: 1 West Illinois Street, St Charles, IL 60174D. IL Tax ID Number: E. Business Phone: 630-513-5577 F. Business E-mail: Bob.Sommer@Outlook.com G. Business Website: TheWineExchange.netH. Contact Person: Bob Sommer I. Title: President J. Phone No.: [REDACTED]K. If Corporation, Corporation Name: N/AL. Corporation Address (city, state, zip code): N/A**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. Type of Establishment: ☐ Package ☐ Restaurant ☐ Tavern ☐ Hotel/Banquet/Arcade/Q-Center ☒ OtherB. Address applying for liquor license (exact street address): 1 West Illinois Street, C. Number of Parking Spaces: N/A D. Outside Dining s.f. [17.20.020-R]: N/A E. Holding Bar s.f. [5.08.010-F]: N/AF. Total Building s.f.: 2386 G. Total Number of Seats: 30 H. Number of Bar Seats: N/A I. Sale Counter s.f.: 16 J. Live Entertainment Area s.f. [5.08.010-H]: N/AK. Kitchen s.f.: N/A L. Cooler s.f.: N/A M. Dry Storage s.f.: N/A N. Seating Area s.f.: N/A O. Retail/public Area s.f.: 2386 P. Service Bar s.f. [5.08.010-O]: N/A

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

WINE & Spirits Packaged Retail Sales & WINE by the GLASS**MANAGER INFORMATION**Full Name, include middle initial: Robert A. Sommer, Jr Title: President

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

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): <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 (check off once complete): <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): <i>WINE & Spirits Retail Package Sales</i></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): <i>N/A</i></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): <i>\$90,000</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>Fox Island Square - 1 West Illinois Street, St Charles, IL 60174</i></p> <p><i>WINE & Spirits Retail Package Sales & WINE by the glass</i></p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" 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: <i>Shodeen Management Company</i></p> <p>Address of Building Owner: <i>77 N 1st Street, Geneva, IL 60134</i></p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: <i>630-232-7883</i> E-mail Address: <i>Justin.Heinz@shodeen.com</i></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 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: N/A</p> <p>Date: Location, City/State:</p> <p>Special Explanations:</p> <p>Government Unit: N/A</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 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): <i>In Process</i></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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s): <i>02/08/2018</i></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 checked="" 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

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: Robert Sommer Jr Alvin President
(First) (Last) (Middle) Manager
Home Street Address: [REDACTED]
City, State, Zip: Geneva, IL 60134
Date of Course: 01/28/2018 Place Course was Taken: Illinois Liquor Commission
Birthdate: [REDACTED] Certificate Granted: SA-0110606 Expiration: 01/28/2021

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? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No</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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.	<p>If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 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 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 type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature Of Chief of Police

Date

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONERRecommend 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 __________
Date: _____

Attested to by City Clerk

BUSINESS PLAN

**BOKE Enterprises, LLC
d/b/a The Wine Exchange**



**Bob Sommer and Keri Foster
January 1, 2018**

1. EXECUTIVE SUMMARY

1.1 Product: The initial product offering is retail sales of fine wine by the bottle. There are over 700 varieties of wine in the store which are produced from Italy, France, Spain, Australia, USA, Chile and others. Some local Cheeses, Sparking wines and Spirits are also available.

1.2 Customers: Our main customers are located within the Tri-Cities of St Charles, Geneva, and Batavia. They enjoy wine and look for wine consultation and expert advice.

1.3 What Drives Us: Our customers are passionate about wine and what to learn more about wine, the regions, tastes, pairing, etc. They are looking for a customized experience when they come in to buy wine. We offer wine tasting and luxury wine dinners to educate and introduce new and exciting wines. We offer Wine Membership which include access to free wine tastings and discounts on their purchases of wine. The membership is \$50.00 for an individual and their spouse/significant other. We want to share our excitement for wines and educate our customers on all aspects of wine.

2. COMPANY DESCRIPTION

2.1 Mission Statement: The Wine Exchange is committed to provide the finest wine selection produced throughout the world to enhance the enjoyment and wine knowledge with our customers while providing the highest level of professionalism and service at the most competitive prices.

2.2 Principal Members: Keri Foster and Robert Sommer

2.3 Legal Structure: LLC under the name of BOKE Enterprises, LLC. Keri Foster - CFO and Bob Sommer -President

3.2 Customers: Our customers are middle to upper class living in the Tri-Cities. They enjoy wine and like to become more educated on specific wines, new wine producing regions and recommended wines based on quality at competitive prices.

3.3 Competitors: There are many competitors within the area. Geneva Wine Cellar, Costco, Jewel and Binny's.

3.4 Competitive Advantage: We are a fine wine store which provides personalized wine consultation at very competitive prices for our customers. We offer education through free wine tasting for our members and luxury wine tasting to increase the wine knowledge and appreciation for wines throughout the world. We are located in historic downtown St Charles with high retail traffic making it easy for people to walk or drive to the store.

3.5 Regulation: Highly Regulated Liquor Industry. In addition, there are State and local are permits which are required for Liquor/Wine and Food.

4. PRODUCT/SERVICE LINE

4.1 Product or Service: Fine wines from throughout the world, specializing in California, Italian, French, Spanish and Australian varieties. Highest purchased wine is the Cabernet from California.

Store Hours would remain the same:

- Sunday/Monday: Closed
- Tuesday/Wed/Thurs: 11:00AM-7:00PM
- Friday/Saturday 11:00AM-8:00PM

Food Menu: None

Live Music: None

Outdoor Seating:

Enclosed patio for our customers to enjoy their purchased wine.

4.3 Product/Service Life Cycle: Useful life for the wine is dependent upon the varieties but all the wines should be turned 7-8 times a year. The wine is stored at room temperature so there is no issues with any damage of the wine.

4.4 Intellectual Property Rights: Rights to the Wine Exchange name and membership lists with customer information and purchasing history.

Named Insureds

Named Insured	Entity Type
To Be Determined	Limited Liability

Nature of Business**Nature of Business/Description of Operations by Premise(s)**

Retail Wine Sales, Including tastings and dinners.

Locations

Loc #	Bldg #	Address
0001	0001	1 Illinois St. Saint Charles, IL 60174

Summary of Coverage Lines

Commercial Property

General Liability

Liquor Liability

Umbrella Liability

Workers Compensation

Property Coverage

Loc #	Bldg #	Subject Of Insurance	Limit	Deductible	Valuation
0001	0001	Business Personal Property	100,000	1,000	Replacement Cost
		Business Income & Extra Expense	Actual Loss	Included	Replacement Cost
		Equipment Breakdown	Included		

COMMERCIAL PROPERTY COVERAGE DEFINITIONS

CONTENTS: Covers business personal property owned by the insured usual to the occupancy of the insured, at the premises described including: 1) similar property held by the insured and belonging in whole or part to others but not exceeding the amount the insured is legally liable and 2) tenant's improvements and betterments.

BUSINESS INTERRUPTION: Reimburses actual loss of business income sustained due to necessary suspension of business operations during the period of restoration. Interruption must be caused by direct damage to property at the location described in the policy and caused by perils insured against.

EXTRA EXPENSE: If your building were rendered untenable by fire or by an other insured peril, it would probably be deemed necessary to secure other quarters to continue business. However, the use of such buildings would undoubtedly involve many extra expenses such as rent, installation of telephones, etc. An Extra Expense policy would provide the necessary money for such expenditures.

Extra Expense means the excess of the total cost incurred during the period of restoration chargeable to the operation of the insured's business, over and above the total cost that would normally have been incurred to conduct the business during the same period had no damage or destruction occurred.

LOSS OF RENTS: Provides coverage for actual loss of rental income resulting from untenability of all, or a portion of the insured building due to damage or destruction of real or personal property by an insured peril. Insurance may be written subject to a 50%, 60%, 80%, 90% or 100% Contribution Clause.

COINSURANCE: Co-insurance is an arrangement by which the insured, in consideration of a reduced rate, agrees to carry an amount of insurance equal to a percentage of the total value of

the property insured. An example is if you have guaranteed to carry insurance up to 80% or 90% of the value of your building and/or contents, whatever the case may be. **If you don't**, the company pays claims only in proportion to the amount of coverage you do carry.

Commercial General Liability

General Liability Coverage Information

Liability Coverage Type: General Liability **Coverage Basis:** Commercial Occurrence

General Liability Coverage/Limits/Deductibles

Coverages	Limit 1	Deductible
General Aggregate	\$2,000,000	
Products/Completed Ops Aggregate	\$2,000,000	
Personal & Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage	\$300,000	
Medical Expense	\$15,000	
Hired and Non-Owned Auto Liability	\$1,000,000	
Liquor Liability	\$1,000,000 Occurrence \$2,000,000 Aggregate	

General Liability Rating Detail

Classification	Premium Basis	Exposure
Beverage Store - Wine	Gross Sales	\$700,000

COMMERCIAL GENERAL LIABILITY

COVERAGES PROVIDED:

Commercial General Liability provides, in a single contract, insurance needed to cover liability or property damage sustained by members of the public. It covers accidents occurring on your premises, or away from your premises, as a result of business operations. It automatically covers certain hazards which do not now exist, but which may develop during the life of the policy.

Aggregate Limits

All coverage parts have an Aggregate Limit. The Aggregate Limit is the most money the company will pay under a coverage part for all claims occurring during the policy period.

Premises & Operations

Covers damages that arise out of the ownership, maintenance or use of the insured premises. It also covers damages arising out of operations performed by the insured business.

Products

Covers damages arising out of products manufactured, sold handled or distributed by the named insured.

Completed Operations

Covers damage which occurs after operations have been completed or abandoned. Damage has to occur away from the premises owned by or rented to the named insured.

Basis

The basis is the unit of exposure upon which the premium is calculated.

Example: Gross sales, payroll, area, etc.

Audit

The General Liability portion of the policy may be auditable. This audit could result in an additional or return premium based on the actual unit of exposure ascertained after the policy period has ended.

Workers Compensation**Part 1 - Workers Compensation****Part 2 - Employer's Liab
Covs/Endorsements****Limits**

WC & Employer's Liability

\$1,000,000 Accident
\$1,000,000 Policy Limit
\$1,000,000 Each Employee

Workers compenstion Rating Information

Loc.	Class Code	Categories, Duties & Classifications	Est Annual Remuneration	Est Annual Premium
001	8017	Store: Retail Beverage	50,000	1,404
		Catastrophe & Terrorism Acts		30
<u>Total Estimated Premium:</u>				<u>\$ 1,448</u>

Umbrella Liability

Commercial Umbrella Limits

Each Occurrence: \$2,000,000

Aggregate: \$2,000,000

Retention / Deductible: \$10,000

Commercial Umbrella Underlying Insurance

Coverage Line	Carrier	Effective	Expiration	Limits	Type
General Liability	Liberty Mutual	TBD	TBD	1,000,000 2,000,000 2,000,000 1,000,000	Each Occurrence General Aggregate Prod /Comp Ops Personal Injury
Liquor Liability	Liberty Mutual	TBD	TBD	1,000,000 2,000,000	Each Occurrence General Aggregate
Employers Liability	Liberty Mutual	TBD	TBD	1,000,000 1,000,000 1,000,000	Each Accident Disease Policy Disease Each Employee

**Foster Wine Exchange (TBD)
Premium Summary**

Liberty Mutual

Package Incl. Liquor Liability: 2,818

Workers Compensation: 1,448

Umbrella: 1,111

Total Premium \$5,377

Billing: Direct Bill. Monthly EFT, or 1 Month Down + 9 installments.

Please be advised that the General Liability and Workers Compensation policies will be audited based on actual sales, and actual payrolls.

I have read this proposal in its entirety and have accepted the above coverages to be placed through Liberty Mutual to be effective 1/26/2018.

I have also initialed any changes to be made to my coverages on this proposal.

Signed by: _____

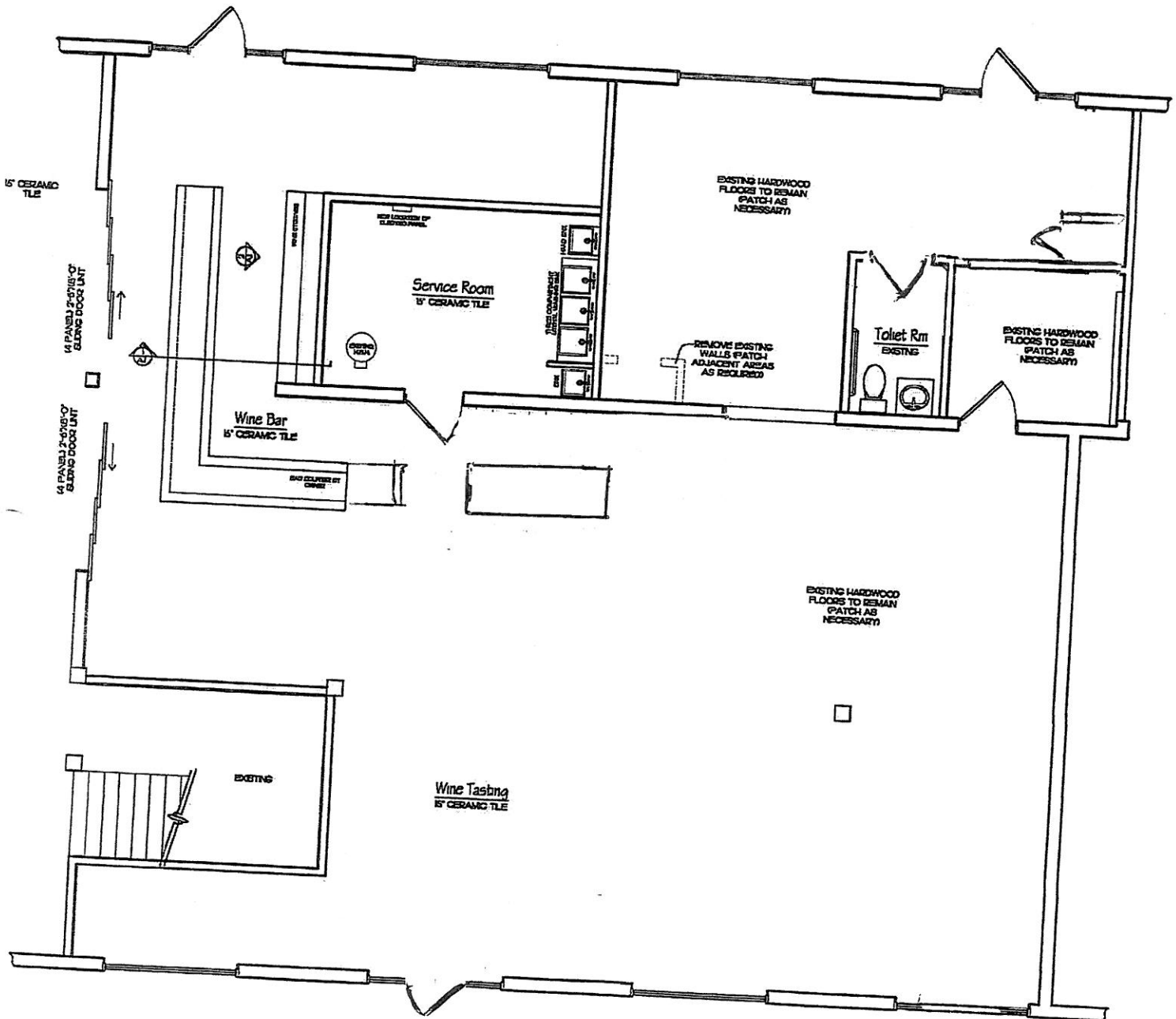
Date: _____

Insured

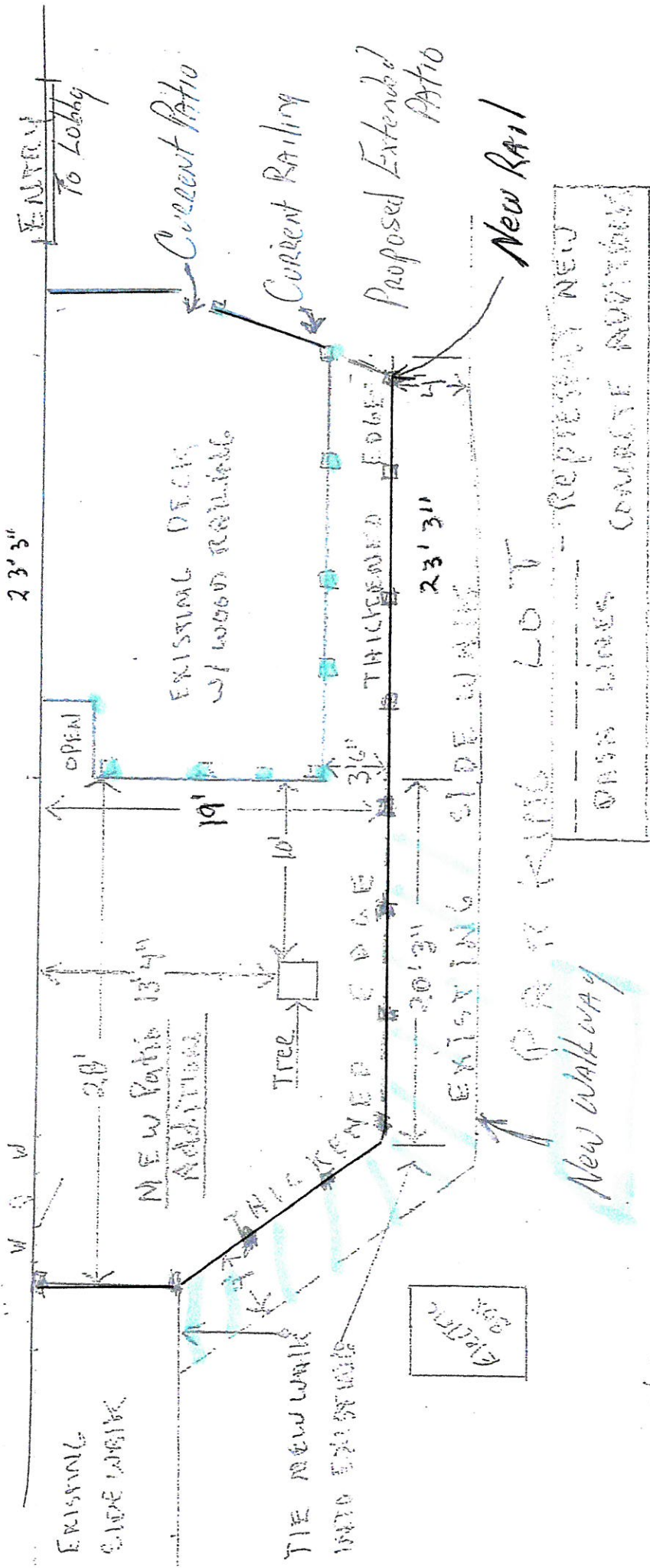
Signed by: _____ Date: _____ Producer

EXHIBIT "A"

FLOOR PLAN



First Floor Plan
 0 4 8 12
 SCALE: 1/4"=1'-0"



1/8" = 1 FOOT

WINE & CHARLIE
1 ILLINOIS STREET
ST CHARLES, IL

MIKE FRASIER
630-779-1442
GM FRASIER AS ATT, NCT
5/11/16
Mike Frasier
5/11/16

