



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: 4d

Title: Recommendation to approve a Proposal for a New Class E-8 Liquor License for the St. Charles History Museum, located at 215 E Main Street, St. Charles.

Presenter: Jim Keegan, Police Chief

Meeting: Government Operations Committee

Date: May 21, 2018

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

Executive Summary (if not budgeted please explain):

The St. Charles History Museum is seeking approval of the newly created E-8 Liquor License (outlined below) which was approved by City Council earlier this year.

A background investigation, site visit, an attached floor plan and the associated documents pertaining to the aforementioned license are in order to include Dram Shop Insurance (the City listed as the Certificate Holder) and Basset training.

This license authorizes up to 12-events per calendar year to include special events (Foodie Fest).

Staff recommends approval.

E-8. Class E-8 licenses shall authorize the sale or delivery of alcoholic liquor, for consumption on the premises only and incident to food service at a special event sponsored by, or conducted at the St. Charles History Museum located at 215 E. Main Street, St. Charles, Illinois. The Class E-8 license shall be issued solely for the conduct of not more than twelve (12) events that the Local Liquor Control Commissioner and Chief of Police deem licensable per calendar year at the specific premises. Each of the events may not be more than one day in duration. The schedule of such events shall be subject to approval by the Chief of Police so as to avoid conflicts between said events and major festivals or events occurring in the City, including, but not limited to Scarecrow Festival, the St. Patrick’s Day Parade, and the Holiday Homecoming Electric Lights Parade. Any such event at the premises which is in whole or partly held outdoors or on the City sidewalk, street or parking facility must otherwise be in accordance with any and all applicable provisions of the City’s Code, including obtaining a special event permit from the City.

Pursuant to this item being presented at the Government Operations Committee meeting on Monday, May 21, 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 June 4, 2018 for final approval.

Attachments (please list):

Memo, Application, BASSET, Site Plan, COI

Recommendation/Suggested Action (briefly explain):

Recommendation to approve a Proposal for a New Class E-8 Liquor License for the St. Charles History Museum, located at 215 E Main Street, St. Charles.



Memo

Date: 05/14/18
To: Chief Keegan
From: Commander Pierce *CP*
Re: Liquor License Background, St. Charles History Museum 215 E. Main St.

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for a Class E-8 license for the St. Charles History Museum, 215 E. Main St..

Applicants:

Costanzo, Alison T.

Wolf, Amanda M.

Application:

The application was received on 04/10/18. The application lists two managers, Alison Costanzo and Amanda Wolf. At the time of the application Costanzo's BASSET certification had expired. Costanzo has since completed the certificate course and will send me the certificate when it arrives. Wolf currently holds a valid BASSET certification which expires on 04/25/19. There is no lease attached. Costanzo said they lease the building from the City which is a 99 year lease. An insurance quote from Geiken Insurance agency is attached to the application. A floor plan was submitted.

Records Checks:

Both Costanzo and Wolf were fingerprinted. The response from the FBI and Illinois Bureau of Identification shows nothing that would interfere with this process.

A check of St. Charles and Kane County records showed one police contact for each. Costanzo called in a suspicious person to SCPD and Wolf called in a found item to SCPD.



A check of Costanzo's name with Riverside, Illinois police revealed no contacts that would impact this background. A check of Wolf's name with Hoffman Estates, Illinois police revealed no contacts that would impact this background.

A check of the Illinois Liquor Control Commission showed no current license and no record of license revocation for the museum or Costanzo and Wolf.

A check of TLO and I-Clear (law enforcement databases) showed the information concerning Costanzo or Wolf's identity to be accurate and no areas of concern were noted.

Both are U.S. citizens.

SITE VISIT:

On 04/11/18, I visited the location. The building has three areas that the public has access to. The first area is immediately when you walk in the front door. This is the gift shop area. To the rear and right in the gift shop is an opening to a small standing area that divides the gift shop from the main museum/display area located to the rear of the building. This small standing area is where the office's and meeting room access doors are located. Once past the standing area the building opens to a large display area which takes up most of the square footage of the public area. There is a double door located on the west wall of the main area. This double door leads to the brick patio on the south west corner of the building. The museum would like to incorporate the patio into their event space. The bathroom for the museum is also located on the south side of this main area. After the site visit I met with Wolf and informed her of the signage the museum will need to hang near where the alcohol will be served. Copies of the signs were given to her and she was instructed on how she could print more.

INTERVIEW WITH APPLICANT:

During the site visit, I met with Alison Costanzo at the museum. Costanzo indicated the museum has no liquor inventory at this time and they are not planning on keeping alcohol on site. Costanzo advised the main reason for the liquor license is so the museum can serve alcohol when they rent the space for gatherings such as bridal showers and class reunions. Costanzo said she plans on coordinating alcoholic beverage sales through local business. The local business would cater the event and be the ones supplying and serving the alcohol. She has been in communication with "The Office" which is next door to the museum and Global Brew on the west side of town. Costanzo said she is thinking of speaking with other business in town too. Costanzo said the museum would like to use the outdoor patio area during their events. Costanzo was aware the museum would have to block off any access from the outside to the patio during the events.

This concludes this background investigation. Recommend approval.

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: 4/10/2018 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 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 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 type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <input checked="" type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area Do not include a marketing or financial plan with this business plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business.	<input 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.**

07.05.2016

APPLICANT INFORMATION

A. Type of Business: Individual Partnership Corporation Other (explain): *Museum Non Profit*

B. Business Name: *St. Charles History Museum*

C. Business Address: *215 E main Street, St Charles*

D. IL Tax ID Number: <i>51-0168405</i>	E. Business Phone: <i>6305846967</i>	F. Business E-mail: <i>info@stkmuseum.org</i>	G. Business Website: <i>stemuseum.org</i>
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H. Contact Person: <i>Alison Costanzo</i>	I. Title: <i>Ex Director</i>	J. Phone No.:
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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): <i>215 E. Main Street</i>	C. Number of Parking Spaces:	D. Outside Dining s.f. [17.20.020-R]:	E. Holding Bar s.f. [5.08.010-F]:
F. Total Building s.f.:	G. Total Number of Seats:	H. Number of Bar Seats:	I. Sale Counter s.f.:
J. Live Entertainment Area s.f. [5.08.010-H]:	K. Kitchen s.f.:	L. Cooler s.f.:	M. Dry Storage s.f.:
N. Seating Area s.f.:	O. Retail/public Area s.f.:	P. Service Bar s.f. [5.08.010-O]:	

Q. Brief Business Plan description based on type of establishment listed above: *The St. Charles History Museum is a 501(c)(3), and as part of our initiative to increase awareness of the Museum and increase revenue streams we plan on hosting (12) events throughout the year (graduation parties, reunions, and meetings).*

MANAGER INFORMATION

Full Name, include middle initial: <i>Alison T. Costanzo</i>	Title: <i>Ex. Director</i>
Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]	
Home Address: [REDACTED]	

Full Name, include middle initial: <i>Amenda Wolf</i>	Title: <i>Curator & Marketing Coordinator</i>
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 (**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 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>Non Profit</i></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): <i>85 years</i></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$</p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):</p> <p><i>215 E. main Street, St Charles, IL 60174</i> <i>Non Profit History Museum</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>City of St. Charles</i></p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: _____ E-mail Address: _____</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: _____ E-mail Address: _____</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: _____ E-mail Address: _____</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>

9.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.</p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement:</p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary: <i>yearly (1) day license for annual fundraiser held on site.</i></p>
12.	<p>Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit:</p> <p>Date: _____ 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 checked="" type="checkbox"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): 1933</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business(5.08.070-11)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p>Mandatory: All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.</p>

20.

Mandatory: Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)?

Yes No

COMMENTS/ADDITIONAL INFORMATION

B.A.S.S.E.T. TRAINING

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. Include copies of certificates for managers only and mark **Manager** if applicable. Add another page, if needed.

Name: (First) Alison (Last) Costanzo (Middle) [Redacted] Manager
Home Street Address: [Redacted]
City, State, Zip: _____
Date of Course: Renewing Place Course was Taken: Online National Hospitality Training
Birthdate: [Redacted] Certificate Granted: _____ Expiration: _____

Name: (First) Amanda (Last) Wolf (Middle) _____ Manager
Home Street Address: [Redacted]
City, State, Zip: _____
Date of Course: 4/29/16 Place Course was Taken: online
Birthdate: [Redacted] Certificate Granted: yes Expiration: 4/21/19

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: _____

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

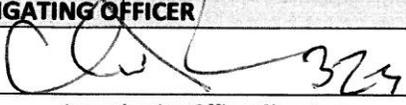
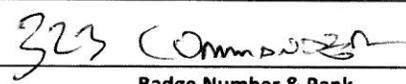
Date: 051418	Name of Applicant: ST CHARLES HISTORY MUSEUM
Name of Business: ST CHARLES HISTORY MUSEUM	
Address of Business: 215 E. MAIN ST. ST CHARLES IL	Ward Number: 4

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: 062018 - Foodie Fest
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HISTORIC MUSEUM

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 checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: IEP SULLINA J Date: 041113
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 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: _____

BASSET Card



April 29, 2016



Letter ID: L0903302928

AMANDA WOLF
215 E. MAIN ST.
ST. CHARLES IL 60174

License No.: 5A-0105312
Expiration Date: 4/25/2019
License Type: Basset Card

Your "Student ID number" is: 2343403

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
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>ILLINOIS LIQUOR CONTROL COMMISSION 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</p> <p>Date of Certification: 4/25/2016 Expires: 4/25/2019 Trainer's IL Liquor License Number: 5A-0105312</p> <p>AMANDA WOLF 215 E. MAIN ST. ST. CHARLES IL 60174</p> <p>**Card is not transferrable - OFF-PREMISE ONLY**</p>

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 30 2014**

ST CHARLES HERITAGE CENTER
215 MAIN ST
ST CHARLES, IL 60174

Employer Identification Number:
51-0168405
DLN:
17053295381023
Contact Person: CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2013
Contribution Deductibility:
Yes
Addendum Applies:
Yes

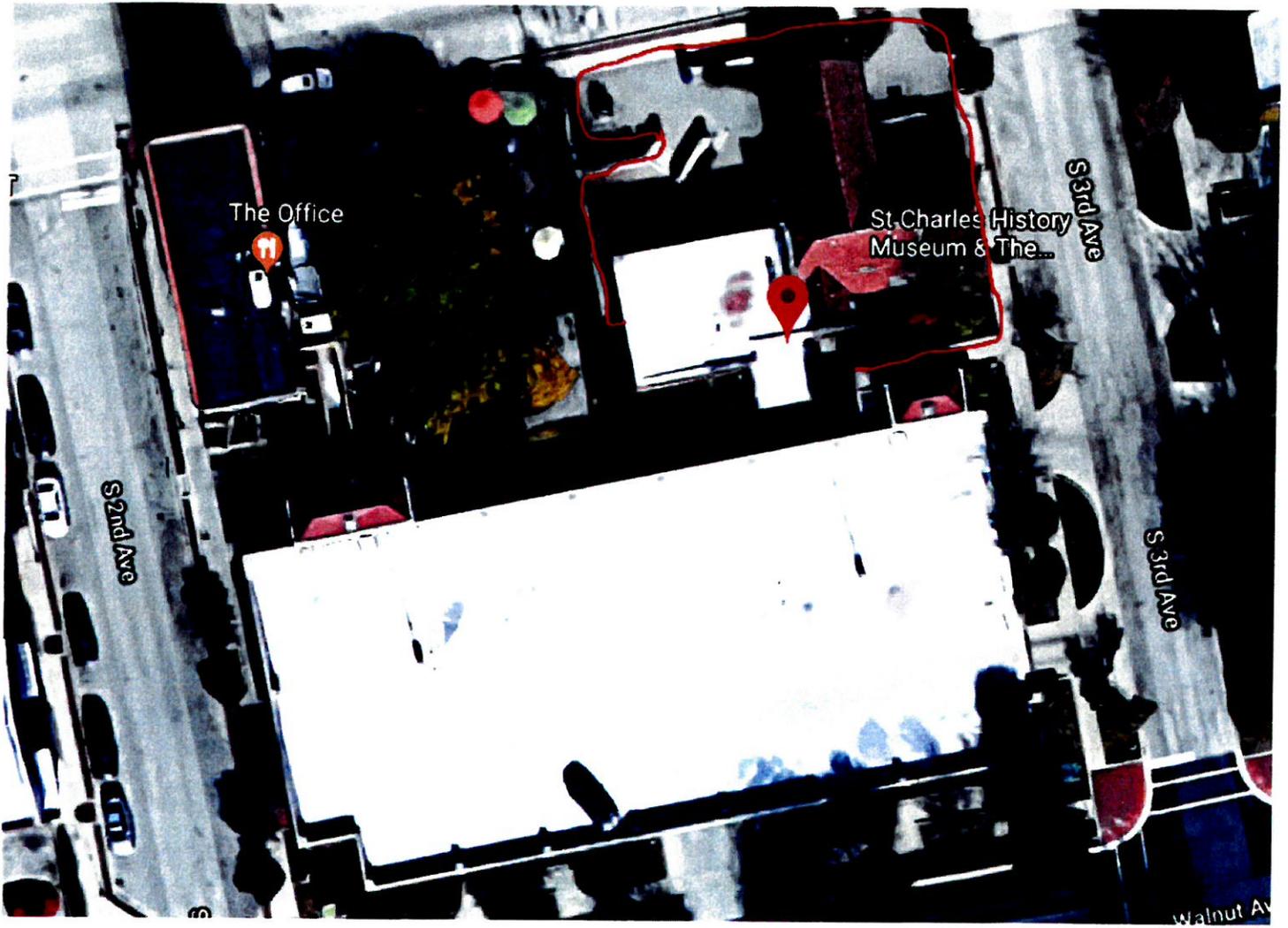
Dear Applicant:

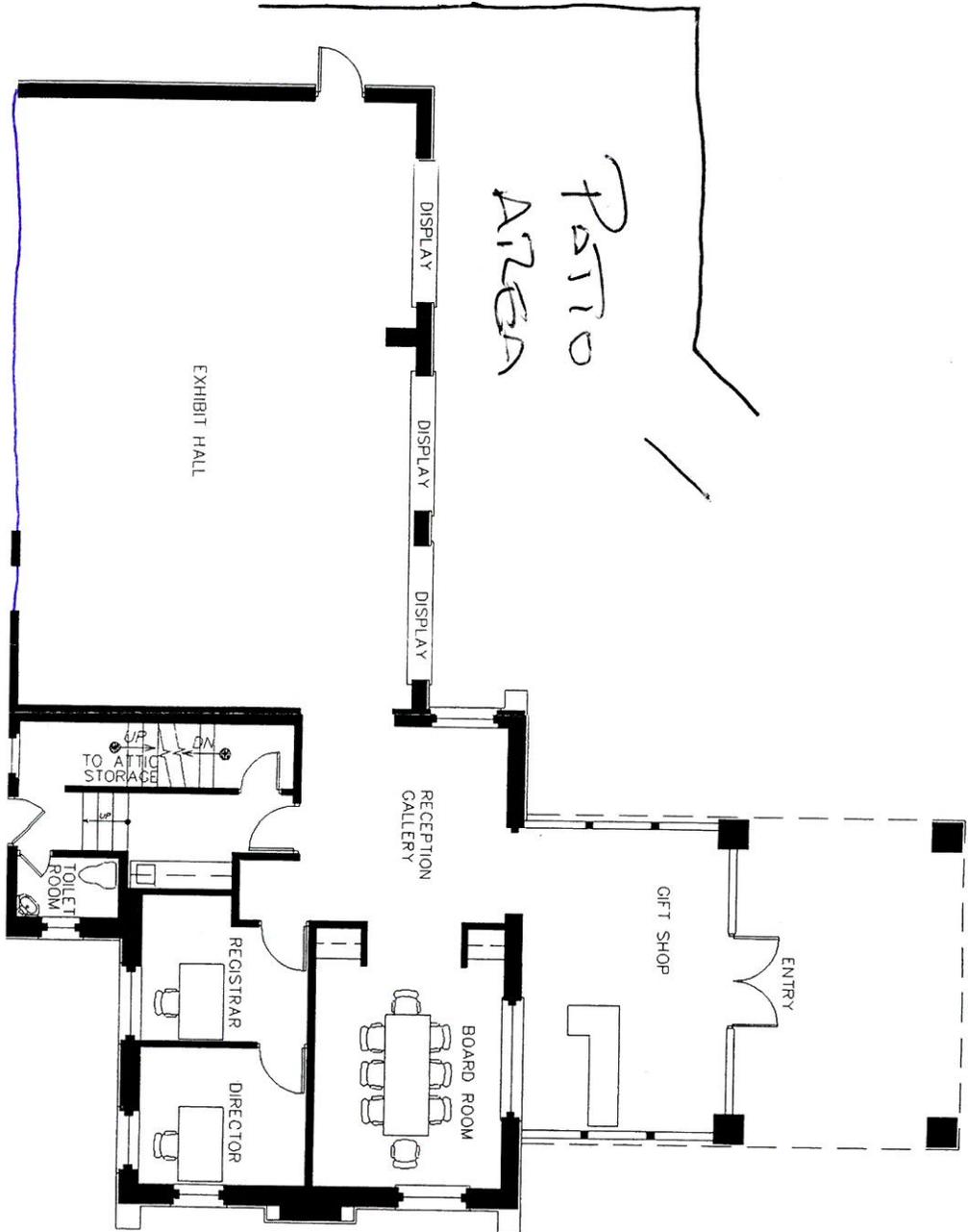
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947





**ST. CHARLES
HERITAGE CENTER**
at the Historic McCormack Oil Co. building
215 E. Main St. / St. Charles, Illinois



Durrant
214 West River Drive
St. Charles, IL 60174
630-377-9399

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Revisions

