

# AGENDA ITEM EXECUTIVE SUMMARY **Agenda Item Number: 5** Recommendation to approve a Proposal for a B-1 Liquor License Application for Pho Ly Located at 305 W. Main Title: St., St. Charles. **Presenter:** Police Chief James Keegan **Meeting**: Liquor Control Commission Date: February 21, 2023 Budgeted Amount: \$ Proposed Cost: \$ Not Budgeted: **Executive Summary** (if not budgeted please explain): Pho Ly, located at 305 W. Main St., is requesting approval of a B-1 liquor license application for their business.

# **Attachments** (please list):

Memo, Liquor License Application, Insurance Quote, Articles of Incorporation, Business Plan, Kitchen Plan, Site Plan, Floor Plan, Basset Certificates, Menu

# **Recommendation/Suggested Action** (briefly explain):

Recommendation to approve a proposal for a B-1 Liquor License application for Pho Ly located at 305 W. Main St., St. Charles.

# Police Department

# Memo



Date: 2/8/2023

To: Lora Vitek, Mayor - Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation Pho Ly

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above-mentioned establishment.

As you're aware, this site has operated as a longstanding restaurant in St. Charles. Recently, the site sat vacant and the new tenants are seeking a liquor license in conjunction with opening a Vietnamese restaurant.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with an on-site consumption license, subject to City Council approval.

The local manager does have several arrests in his background, all of which are several years old. Supervision or conditional discharge were ordered in each instance and the manager lives locally within our community. We have not had any adverse contacts with him.

Thank you in advance for your consideration in this matter.

# City of St. Charles. Illinois Liquor Control Commission. CITY RETAIL LIQUOR DEALER LICENSE APPLICATION. incomplete applications will not be accepted. Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984 **Business Name** APPLICATION CHECKLIST Check items to confirm all are attached to this application Applicant / Office Use Application Fee of \$200 (5.08.070C) non-refundable Non-refundable Completed Application for all questions applicable to your business. Copy of Lease/Proof of Ownership Quote Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote. V received Copy of Articles of Corporation, if applicable. 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. pending Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck. outdoor seating). Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, alsies, 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. Copy of Business Plan, to include: **Hours of Operation** Copy of Menu Manue 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 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. 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. **Alcohol Tax Acknowledgement and Business Information Sheet** OFFICIAL USE ONLY Badge Number & Rank 317/ GALAGE Signature of Investigating Officer D Approval NOT Recommended p Approval Recommended\* 2.8.27 Signature of Chiefof Police **Date** \*ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.

Date Application Received: 1-5-23

LICENSE INFORMATION:		- 10 - 10 - 10			
□A Package \$3200-3600 □A1 □A2 □A4 □A5 □A6					
■B Restaurant \$2400-3600 □B1 □B2 □B3 □Late Night Permit 1:00am \$800 (B/C only)					
□C Tavern \$2400-3600	□C Tavern \$2400-3600 □C1 □C2 □C1 □Late Night Permit 2:00am \$2300 (B/C only)				
□D Hotel/Banquet/Arcad	da/Q-Center/Entertainment	/Club - \$varies D-Type			
□G Brewery/Restaurant	or Site License - \$varies	□ <b>G1</b> □ <b>G2</b>			
☐H Catering License - \$va	aries (	□H1 □H2			
	-	50% for annual renewals and licenses issuences and licenses issuences application is required for the new	-		
APPLICANT INFORMATION	ON		1.00		
1. Type of Business: In	dividual	■ Corporation □ Other (expla	in):		
2. Business Name: Pho Ly Inc			10.10 %00		
3 Business Address: St. C	harles, IL 60174		101 III-a 2332		
4. Type of Business	5. Length of Time in this	6: Value of merchandise that norma	ally will be in inventory when in		
(5.08.070-3): restaurant	Business (5.08.070-4): 18 years	operation (5.08.070-5): \$ 15,000			
7. Business Phone:	8. Business E-mail: minh200723@yahoo	9. Business Website:	10: Illinois Tax (D Number:		
11. Applicant/Contact Perso	on Name:	12. Title: president	13. Email: minh200723@yahoo.com		
		last 10 years:			
	á				
		2			
18. If Corporation, Corporation as above	ion Name:	U			
19. Corporation Address (cit	ry, state, zip codej:				
ADDITIONAL OWNERS, INV		nterest), and MANAGER INFORMATI	ON		
Full Name, include middle i	nitial: Mongdep	Ivan Title: Vice	e-president		
B Birthola	ce: Driv	<u>ver's Licen</u> se#:	Home Phone:		
			Email Address:		
	n	ninh200723@yahoo.com	Lilian Addiess.		

Full Name, Include middle Initial: Hai Ly Title: manager			
Birthdate: Birthplace:	Driver's License#	: Home	Phone:
		<b></b>	
4			
Full Name, include middle initial:		Tial.	· · · · · ·
		Title:	
Birthdate: Birthplace:	Driver's License#	: Home	Phone:
1			
Home Address, and all addresses for the last	10 years:	Email	Address:
BUSINESS ESTABLISHMENT LOCATION IN	NFORMATION		
1. Exact Street Address for liquor license:	2. # Parking	3. Outside Dining s.f.	4. Total Building s.f.:
305 W. Main St. St. Charles, IL 601	Spaces:	(17.20.020-R): n/a	4,290
50 <sup>Total # Seats:</sup>	6, Live Entertainmen n/a	t Area s.f. [5.08.010-H]:	
7. Brief Business Plan description based on ty Our restaurant will be full-service p	pe of establishment lis	sted above (5.08.070-6):	Operation hours are
Mondays, Wednesday-Sunday 11a		osc distres and drinks.	Operation nours are
	•		

Atta	ch to this application a floorplan or layout of the proposed facility to include the following:
1.	Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:  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 licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.

COR	PORATION / PREMISES QUESTIONS	
1.	If applicant is an individual or partnership, is each and every person a United States of Is any individual a naturalized citizen?  OYes ONo If yes, print name(s), date(s), and place(s) of naturalization:	itizen (5.08.070-2)? PYes O No
2.	Is the premises owned or leased (5.08.070-6A)?   Owned Leased	
3.	If the premises are leased, list the names and addresses of all direct owners or owner if premises are held in trust (5.08.070-60):	rs of beneficial interests in any trusts,
	Name of Building Owner: Oleg Schulzhenko	Phone Number: 312-391-0144
	Address of Building Owner:	E-mail Address:
	303 W. Main St. Ste 200 St. Charles, IL 60174	oleg@orawin.com
	Mailing Address of Building Owner (if different):	
	Name of Building Owner:	Phone Number:
	Address of Building Owner:	E-mail Address:
	Mailing Address of Building Owner (if different):	
0	Name of Building Owner:	Phone Number:
	Address of Building Owner:	E-mail Address:
	Mailing Address of Building Owner (if different):	
4.	Does the applicant currently operate, or operated in the past, any other establishmen	nt within the City of St. Charles that
	requires a liquor license?	
	If yes, please list the business name(s) and address(es):	
5.	Does applicant have any outstanding debt with the City of St. Charles, including, but and permit fees, for any current or previous establishment owned, operated or mana    Yes No	
	If yes, please note the City of St. Charles requires all debt to be paid in full before co liquor license is issued. (5.08.050)	ensideration of a new or renewed
	Are any improvements planned for the building and/or site that will require a building	g permit? O Yes No
6.		rmit application
7.	Has applicant applied for a similar or other license on the premises other than the or (5.08.070-7)?  Yes No	ne for which this license is sought
	If yes, what was the disposition of the application? Explain as necessary:	

8.	Has applicant (and all persons listed on page 2 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)?			
	Is applicant (and all persons listed on page 2 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?			
9.	List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.			
	Government Unit: n/a Location, City/State:			
	Date: Special Explanations:			
	Government Unit: Location, City/State:			
	Date: Special Explanations:			
	Have any liquor licenses possessed ever been revoked (5.08.070-9)?			
10.	If yes, list all reasons on a separate, signed letter accompanying this application.  Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?			
į į	Oyes Ono			
	If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.			
11.	Complete ONLY if yes was answered to the question above (10):			
	Name: Name of Business:			
i.	Position with the Business: Date(s) of Denial:			
	Reason(s) for Denial of License:			
12.	Date of Incorporation (Illinois Corporations) (5.08.070-10): 11/2/2022			
	Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): 11/2/22			
13.	Has the applicant and all designated managers read and do they all understand and agree not to violate any 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)?			
	e Yes O No			
	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?			
	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?			
	Have you ever been convicted of a gambling offense?			
	Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?			
I	Service O No			

14.	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 2 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).			
	Has this been done?	🗆 Yes 🔳 No		
	If yes, date(s):			
15.	Has the applicant atta	ached proof of Dram Shop Insura	nce to this application or already furnis	hed it to the City of St.
	Charles (5.08.060)?	☐ Yes ■ No	If already furnished, date of deliver	
16.			any church; school; hospital; home for and/or any military or naval station (5.0	
	☐ Yes 🚍 No			3
İ				
ВД	S.S.E.T. TRAINING			1/2-
5 70		ed to have B.A.S.S.E.T training on	this page — include all managers, assist	ant managers, bartenders,
to the second			Include copies of certificates for mana	gers only and mark Manager
	licable. Add another p			Birthdate: 1
Mami	e (First, Middle, Last):	Hai Ly		pirthuate: +
Home	Street Address, Incl C	ity, State, Zip:		
Date	of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
Name	e (First, Middle, Last):			Birthdate:
Home	Street Address, Incl C	ity, State, Zip:		
Date	of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
Name	e (First, Middle, Last):			Birthdate:
Home	e Street Address, Incl C	ity, State, Zip:		
Date	of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
Name	e (First, Middle, Last):			Birthdate:
Home	e Street Address, Incl C	ity, State, Zip:		
Date	of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
	MANAGEMENT REQU	AND THE RESERVE OF THE PERSON		
			e notified and that person must be fin les of all B.A.S.S.E.T. certificates on file	
100 (300)	MENTS/ADDITIONAL I		ing of all provident to be disputed on the	Tot their employees.

Busi	iness Name: Ly Inc
SIGN	NATURES
	hand
	Applicant's Signature
Subs	"OFFICIAL SEAL"  "OFFICIAL SEAL"  "OFFICIAL SEAL"  "OFFICIAL SEAL"  Notary Public  Notary Public
	"QFEICIAL SEAL"
	NOTARY PUBLIC, STATE OF ILLINOIS Notary Public
	MY COMMISSION EXPIRES 6/2/2025
	DENDUM TO RETAIL LIQUOR LICENSE APPLICATION
Date	e: Name of Applicant:
Date	02/03/23 Muh Ly, Mandep Tran, Hai Ly
Nam	ne of Business:
	Pholy, Inc (DB4 Pholy)
Add	ress of Business: Ward Number:
	305 W. Main St 4
	uant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be feet 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:
	as som as Chy license is obtained
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?
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?
	If yes, answer a, b and c:
	a. State the kind of such business:
	<ul> <li>b. Give date on which applicant began the kind of business named at this location:</li> <li>c. Has the kind of business designated been established at this location for such purpose prior to February 1,</li> </ul>
	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
j -	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:
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?
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.?
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?
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: 🛮 🗖 Yes 🔻 No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?
	☐ Yes □ No
	If no, state exceptions:
	Have all persons named in this application been fingerprinted? 🗹 Yes 🗆 No
13.	Fingerprinted by: $SCPD$ Date: $Dl[l9/3]$
14.	Other necessary data:





# **Quotation for**Liquor Liability Coverage

Quote Number: QC237032 Date: 12/19/2022

We are pleased to offer this quote which will remain valid for 30 days provided there are no rate changes taking effect. Renewal quotes will remain valid until the effective date listed under the policy term

If between the date of this Quote and the Effective Date of the policy, there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then at the insurer's option, this quote may be withdrawn by written notice.

This Quote is based upon the preliminary information provided Founders Insurance Company reserves the right to modify the terms and condition upon review of the completed application, loss runs for the preceding 5 years (minimum 3 years required), and any other information requested by the underwriter herein or if such material change in the risk is discovered after binding

### **AGENT INFORMATION**

Agent:

WEER INSURANCE AND FINANCIAL SERVICES, INC.

Address:

2409 Westward Dr. Spring Grove, IL 60081

Telephone:

(815) 675-1007

### **APPLICANT INFORMATION & POLICY TERM**

Applicant Name:

MINH LY

Doing Business As:

PHO.LY

Contact Name:

MINH LY

Telephone:

(630) 517 8112

Policy Term:

12/26/2022

To:

12/26/2023

### **LOCATION INFORMATION**

Location # 1

305 MAIN ST

ST CHARLES, IL 60174

Location

# 1

**Total Premium** 

Founders' Total:

\$1,715 **\$1,715** 

# FORM **BCA 2.10**ARTICLES OF INCORPORATION Business Corporation Act

Filir	ng Fee: \$150					
	#:					
	FILED OCT 31 2022					
	Jesse White					
	Secretary of State					
1.	Corporate Name: PHO	92, INC.				
			<u> </u>	<u> </u>		
2.	Initial Registered Agent	MINH LY				
		First Name	Midd	le Initial	Last Name	
	Initial Registered Office	Number	Street	Suite No.		
		SAINT CHARLES		L 60174-1813		
		City		ZIP Code	County	
3.		Corporation is Organized or all lawful businesses fo		ns may be incorpo	rated under the Illinois Bus	iness
4.	Authorized Shares, Issu	ed Shares and Considera	ition Received:			
		Number of Shares	Num	ber of Shares	Consideration to be Received Therefor	
	Class COMMON	Authorized 1000	Propos	ed to be Issued 1000	\$ 1000	
_	<del>GOMMON</del>	,,,,,			W	
		NAME & A	DDRESS OF INC	ORPORATOR		
5.	The undersigned incorp Articles of Incorporation		nder penalties of p	perjury, that the sta	tements made in the foreg	oing
	Dated OCTOBER 31	8 Day , 2022 Year	-			
	MINH LY					
		Name		-		
		Street				

This document was generated electronically at www.ilsos.gov

State

City/Town

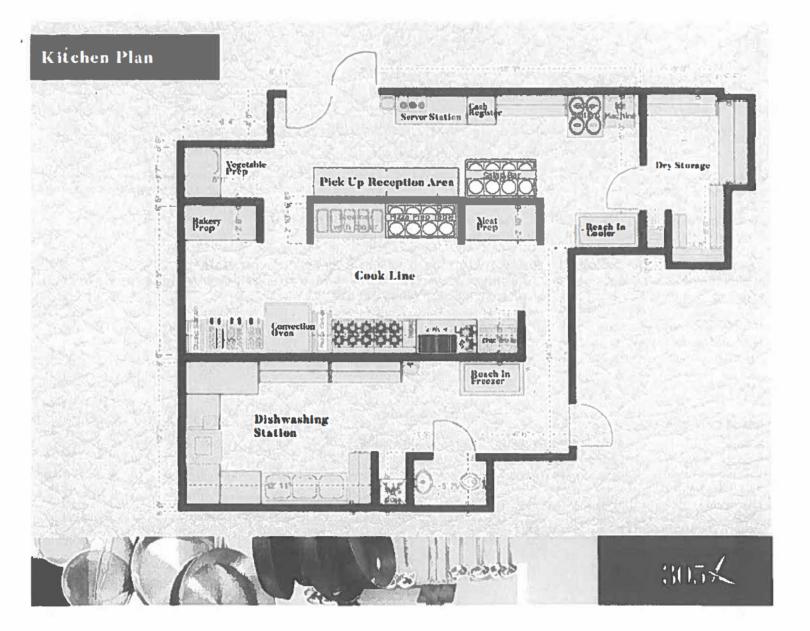
ZIP Code

rtment of Business Services			
7397-823-8			
oved: MAP			
Fee: \$50			
FILED			
v 02, 2022			
•			
lanner of Adoption of Amendment:			
he following amendment to the Articles of Incor	poration was adopted on	Nov 02 Month & Day	
and submitted to the shareholders. At a meet	ing of shareholders, not less that	an the minimum number	een duly adopted of votes required
duly adopted and submitted to the shareholde than the minimum number of votes required by	ers. A consent in writing has been by statute and by the Articles of	en signed by shareholde Incorporation. Sharehold	rs having not less
When amendment effects a name change, inse article I: Name of the Corporation:	ert the New Corporate Name b	elow.	
HO LY, INC.			
enalties of perjury, that the facts stated herein  Nov 02  Month & Day		uly authorized officer wh	no affirms, under
-			
Authorized Officer's Signature	= = = = = = = = = = = = = = = = = = = =	217	
PRESIDENT Title	-		
	FILED  OV 02, 2022  Passe White etary of State  Corporate Name: HO 92, INC.  Manner of Adoption of Amendment: The following amendment to the Articles of Incorn the manner indicated below: By the shareholders, in accordance with Sect and submitted to the shareholders. At a meet by statute and by the Articles of Incorporation By the shareholders, in accordance with Sect duly adopted and submitted to the sharehold than the minimum number of votes required to consented in writing have been given notice adopted and submitted to the shareholders. By the shareholders, in accordance with Sect adopted and submitted to the shareholders to vote on this amendment.  Fext of Amendment: When amendment effects a name change, inserticle I: Name of the Corporation: PHO LY, INC.  The undersigned Corporation has caused these benalties of perjury, that the facts stated herein Dated Nov 02  Month & Day  Exact Name of the Corporation: PHO 92, INC.  MINH LY  Authorized Officer's Signature  PRESIDENT	tess Corporation Act  tetary of State rment of Business Services gliefeld, IL. 62756  7397-823-8  Dived:MAP	test Corporation Act  starty of State riment of Business Services gfield, II. 62756  7397-823-8  poved: MAP  [Fee: \$50  FILED  W 02, 2022  pass White etary of State corporate Name: Ho 92, INC.   Anner of Adoption of Amendment: the following amendment to the Articles of Incorporation was adopted on Nov 02  Month & Day  Month & Day  Month & Day  By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having b and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number by statute and by the Articles of Incorporation were voted in favor of the amendment.  By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having b duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholde than the minimum number of votes required by statute and by the Articles of Incorporation. Sharehold consented in writing have been given notice in accordance with Section 7.10.  By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having adopted and submitted to the shareholders. A consent in writing has been signed by sharehold consented in writing have been given notice in accordance with Section 7.10.  By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having adopted and submitted to the shareholders. A consent in writing has been signed by all the share to vote on this amendment.  Flext of Amendment.  When amendment effects a name change, insert the New Corporate Name below.  Article I: Name of the Corporation has caused these Articles to be signed by a duly authorized officer when a shareholder of the Corporation has caused these Articles to be signed by a duly authorized officer when a shareholder of the Corporation has caused these Articles to be signed by a duly authorized officer when a shareholder of the Corporation:  PHO LY, INC.  The undersigned Corporation has caused these Articles to

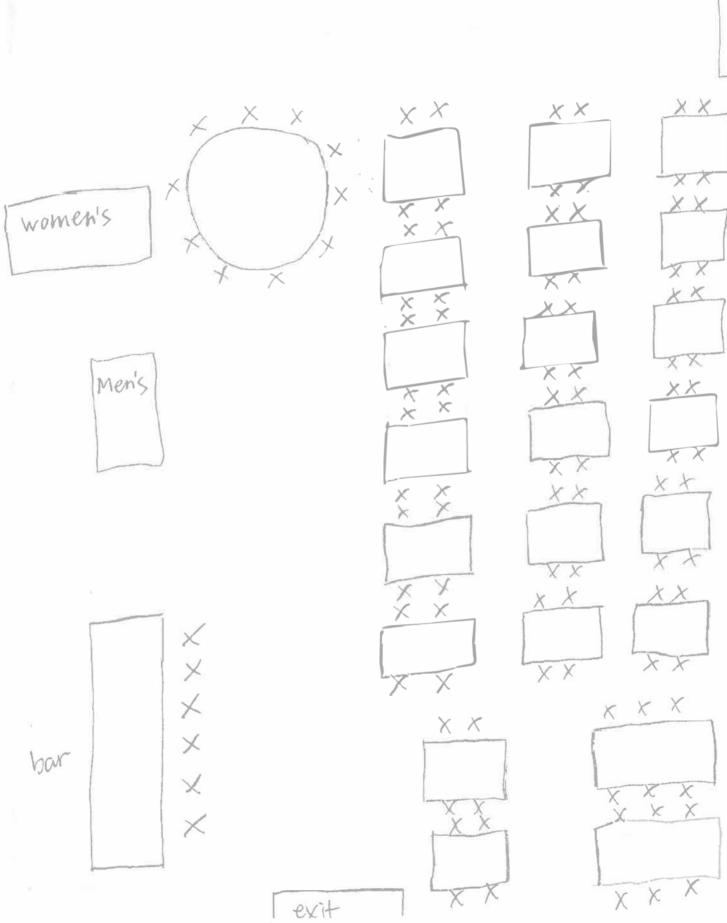
FORM **BCA 10.30** 

# Pho Ly Inc Business Plan

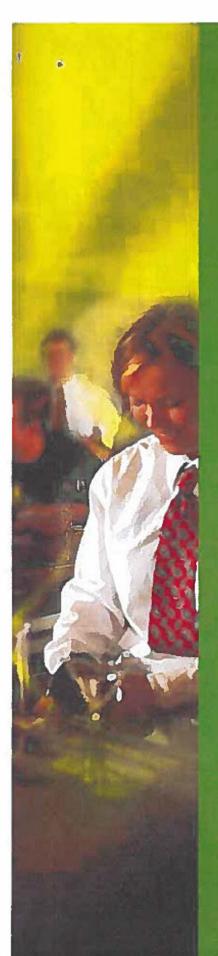
Pho Ly is a full-service restaurant providing vietnamese dishes and drinks. Hours of operation are Mondays, Wednesday-Sunday 11am-9m. There will be no live music or outdoor seating or outdoor designated smoking area. Copy of menu to come.



walnut parking parking Main St.



EXIT



# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Akahol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible a cohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the box on alcohol safety.

To learn more about our full suite of responsible alcohol service maining products, contact your State Restaurant Association, your distributor or visit us at ServSafe com

We value your dedication to responsible alcohol service and applicad you for making the commitment to keep your operation, your customers and your community safe.

Sincerely

Shermon Brown

Executive Vice President, Notional Resigurant Association Solition



MOTE: You can occess your score; and certification information anylime at ServSafe.com.

If you have any questions regarding your certification please contact the National Restaurant Association

ServiceCenter@restaurant.org or 800.765.2122, ext. 6703

Speculive Vice President, National Restaurant Association Solutions

Shu dan

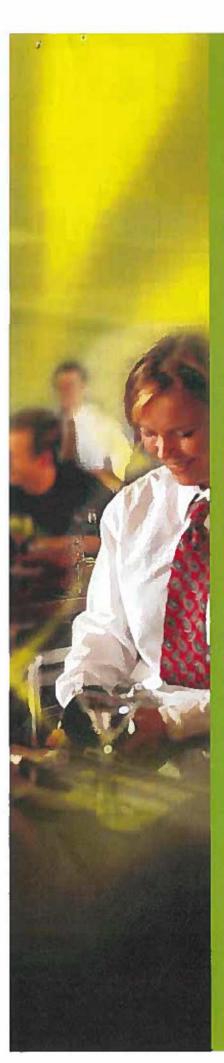
eloricale are service confirms considered as the services confirms and the services programment of the services programment of the services of

in Alaska you must laminote your cord for it to be valid



233 South Wacker Drive Suite 3600 Chicago, It 60600-6383 1.800 SERVSAFE 312.715 1010 In the Chicago area ServSafe.com 2017 Handrid Recount Massacher (der biom if Foundation (1988)). All lights incorrect Servicine and the Servicine logicities and other Servicine logicities and other servicines and the analysis and experience and the analysis and experience of the 1976 of the





# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and respansible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely

Sherman Brown

**Executive Vice President, National Restaurant Association Solutions** 



In Alaska you must laminate your card for it to be valid.

NOTE: You can occess your score and certification information anytime at ServSafe.com.

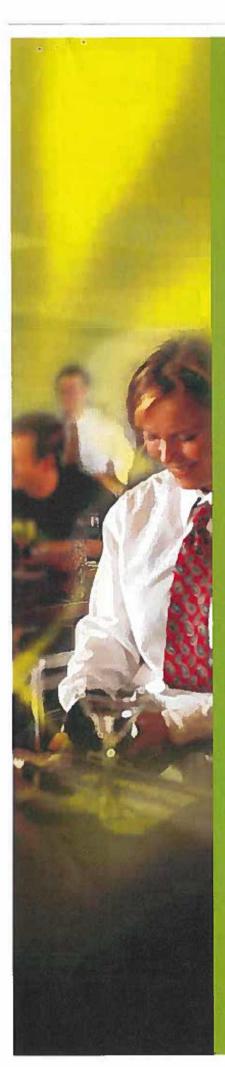
If you have any questions regarding your certification please contact the National Restaurant Association Service Center at

ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.



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# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,

Sherman Brown

**Executive Vice President, National Restaurant Association Solutions** 



NOTE: You can access your score and certification information anytime at ServSofe.com.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

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30.	Bắn Đặc Bắt tạn chiến và và chi chicken, pork, dinhup, loci nhi ni ngọnh	\$4.09
40.	Min This Milling Chi Gib	\$300
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		100

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# Add Any Estre To Your Dish

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Extra Manhalla
Perry Marries
STATE OF THE PARTY

Spare Spare

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# GIÁI KHÁT - Beverages

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85-	CAPM St. Di Cotte und enverent alla mend merter	\$100
	Mile Dia Ground Info	85.00
17-	State TO Separate Chalcon Arecode, Margo, Separateury	\$5.00
g.	State State Conference or contract sale rgg web.	\$100
	Di Chaff Lemen Juice with Ice	\$600
60.	Milit Care Vile freely operand empty lains.	800
ĠL.	Malle Mage Cole, Dies Coke, Prpol. 7 Up	Buto
68.	This bidding that era.	fago
69.	The Bill tord tea.	But



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# Pholy Authentic Vietnamese Cuisine Cuisine

### Business Hours

Houghy, Wishaladay, Titeraday: 18an - Spain Friday & Estantay: 18an - Spain Stantay: 11am - Spain Classed Tuesday

# 630-797-6099

305 W. Main Street, St. Chartes, IL 60174



# Khal VI - Appeniners

£	Chi (lib (s Per) Copy egg reib day bird Vanance; egg rei blied with ground port, analysis à correis.	85.00
8.	Ghi Cada (a Pta) spring rell rice paper compared filted with factors, roles, house springs, store nordine, part, decomp, served with present source on the safe.	hee
5	Joh Child Gibs Pries criey smil.	\$1.09
4	This Chile Gife tries obyy shring	\$1.00
4	Bolesh Think Chills Com chroy warms.	\$1.09
6	Clash Ci Chills By tener chicken when.	Ango
2.	Click Cà Chille Mr temeted children when.	Strange
Ĺ	Migh Xin Victorium or oppoparate activities, park bein grown, brong and laws & saved with the same	Ages
9.	The Milk Roug Mind Cobpy extend to be.	Acce
	Ciling Midichey saled much.	\$3.00
	Col Clark Sharmond and bushesters	Same





# Minh Mi - Viernamere Sandwiches Sandwiche servet with statistiches and corres,

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	Bich Mi Die Mit Special Viennager underhier continuous of ten, gate is pork tell, better and head classes	9,00
Û.	Minh Mi This Hen Hilling Newsyn and the oth print part.	\$7.00
	Minh 3th Thir So Willing Virtuances conducts with grid-object	tree
	20th 16 25 Eho	Stage



## Pho - Rice Noodle Soup Rice acodle with hum opinion, had and himselm on the side.

	***	Holes.	lep
86.	Phil 99 Option Commission Headle Serge with district marks bert braker, finals, and tradies, steps & acceptable (Chrome row, medium or well	dear)	\$100
27.	Phil Till Silered which smalle steep. (Change 107t, medium or well door)	\$12.00	Asee
st.	Phi Til 10 Viện Sout and seedad months roup. (Cate and, molton or well done)	Iner	Acce
	Phil Till Hotel Stead, Bank woude somp.	ings -	Page
	Phi TE Sick Stale, tripe sendle semp.	Stage .	8000
	Steph, Stank & rest tending consider soup	\$12.00	Stage
85.	Ph/930 VO Vide Headed mode very	\$tage .	\$2.00
4	Pho Thi Gin Steak, they believe beed manife soup.	\$12.00	\$5.00
34.	PAPTIC Chick Strate, bothers beef worder somp.	\$10.00	Rose
34	PhB GA Chicken needly stup	Iner	\$9.00
26.	Child Child State of the same	Stage .	\$3.00

# COM - Steamed Rice

	herend which arramed rice for a side of fish-	-000C
27.	Colon Seller 11 Chil Gelleri grech chorp & startfilled parts skins	26,00
st.	A manual park og restant Othe Selles Gothed park oben.	Stage
	Odn 36 Willing Cothed beet	Inco
	Otto Ch Miliog Grilled chicken	Ingo
9.	Cata Gà Xào Sà Gh	20.00
	Lowenton dides.	
32	Catto Childe Dije Hift (Gli, Heo, Bò Yà Thim) Special feted rice (Whit Children, Pork, Beel & Shraup)	24.00
3	Orto Chilo (Gl., Heo Sò Hoje Tôm)	togy
	Poted rice (Choux of Cheles, Pork, Buci or Shrhaps,	
	Cdm Bb Kho Beef stew with seein die.	Strapp
	Colon Seller Sid Elgi Ellin Serenn SSQ rifes	29.09
36.	Bò Lác Lác	26.09
	Stream of the with Prench reple fried maranised legs entire with wanters, consider A cocumbers	
37.	Ci Hing Chilo Mill: Min (Abd Drug bried whole and mapper.	ne Iria)
	and and the state of the state	



