



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 5

Title:

Recommendation to approve a Proposal for a B3 Liquor License Application for Bella Bistro, Located at 3843 E. Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Liquor Control Commission

Date: February 16, 2021

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Bella Bistro, located at 3843 E. Main St., is requesting approval for a B3 liquor license. This is the location of the former JC Sake Sushi Restaurant. Please see the attached documents supporting this request.

Attachments *(please list):*

Summary, Memo, Background, Application, Business Plan, Menu, Floor Plan, COI, BASSET

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a B3 Liquor License application for Bella Bistro, located at 3843 E. Main St., St. Charles.



Memo

Date: 2/10/2021

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Liquor Establishment/B-3 Bella Bistro-3843 E. Main Street

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.

The current owners of DRM Deli are selling their business and opening another restaurant in the former location of JC Sake. They are seeking a B-3 license for dine-in consumption and to-go sales similar to Cooper's Hawk and the former Romano's. This concept targets a late breakfast and lunch crowd with dinner offerings on Fridays and Saturdays until 9:00 pm.

A detective was assigned this investigation and reviewed both the site location/floor plans and the corresponding application material. We found nothing of a derogatory nature that would preclude either the site location or the applicants with an expanded liquor license from their previous offerings with both on-site consumption and to-go sales. They might seek outside dining via an adjacent patio at a later date TBD.

Thank you in advance for your consideration in this matter.

LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Daniel R. Migo

BUSINESS: Bella European Bistro

ADDRESS: 3843 E. Main St.

	REQUESTED	COMPLETED
APPLICATION	_____	X _____
BUSINESS PLAN/FLOOR PLAN/MENU	_____	X _____
LEASE (OR LETTER OF INTENT)	_____	X _____
BASSET CERTIFICATE(S)	_____	X _____
FINGERPRINTS (<u>ALL</u> MANAGERS)	_____	X _____
DRAM SHOP (CERTIFICATE OF INSURANCE)	_____	X _____
TLO	_____	X _____
I-CLEAR	_____	N/A _____
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	_____	X _____
POLICE RECORDS CHECK	_____	X _____
APPLICANT'S HOMETOWN RESIDENCY LETTER	_____	X _____
ILLINOIS LIQUOR COMMISSION	_____	N/A _____
SITE VISIT	_____	X _____

* COMMENTS: Certificate of naturalization should be attached to DRM license completed in 2017.
Subject does not have a state liquor license.

INVESTIGATOR ASSIGNED: B. Tynan #353


SUPERVISOR REVIEW: J. Migo # 300



Memo

Date: 2/9/2021

To: Chief Keegan

From: Det. B. Tynan #356 

Re: "Bella Bistro" Liquor License background – 3843 E. Main St.

The purpose of this memo is to document the background investigation of Daniel R. Migo pursuant to his application for a Class B liquor license for Bella Bistro, which will take over the spaced vacated by Vino Thai at 3843 E. Main St.

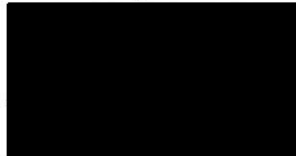
Applicant/Owner



Migo, Daniel R.



Applicant/Manager

Dorband, Darla K.



- Migo currently lives at the above address. He has resided there and at other addresses in St. Charles for the last 17 years. This department has multiple contacts with Migo as a complainant/victim related the business he owns at 610 E. Main St., DRM Café. He also has been issued six warning tickets related to moving and vehicle equipment violations since 2006.
- Dorband currently lives at the above address. She previously resided at  and  in St. Charles. Dorband has more than 20 police contacts between this department and Geneva PD. Many contacts are as a witness or other person. She was listed as a suspect/offender in a burglary from motor vehicle in 2002 that appears to have involved her ex-husband. She also was listed as a suspect/offender in a domestic battery at Pheasant Run in 2009 involving a boyfriend. The contacts date to 2002, with the most recent occurring in July 2020 in Geneva (20-7974) as the girlfriend of a suspended driver.
- On 020121 I met with Migo at the SCPD and took his fingerprints. We had a short discussion about the restaurant. He stated he has a buyer for DRM Café, and no longer will run that restaurant. Migo stated Bella Bistro will be a different

concept than DRM Café, and will include a breakfast/lunch menu. He stated there is a lack of that type of restaurant in that section of the city; as such, he anticipates and good response. He stated he believes the business will operate Tuesday through Sunday, with hours of 11 a.m. to 7 p.m. Tues-Thurs and 11 a.m. to 9 p.m. Fri-Sun. He plans to sell mostly beer and wine, but will have some liquor on hand. He stated he wants to be able to sell bottles to customers who, after enjoying a glass of wine in house, can then purchase the bottle to bring home. All of the wines will be imported from Europe. We agreed to meet at the business on 020421 at 1330 hours.

- On 020121 I received Migo's fingerprint response from ISP and FBI. The FBI showed one DUI arrest in 2002 in Dallas. According to the background investigation for DRM completed in 2017, Migo stated he used to live in Dallas.
- On 020421 I met with Migo at the Bella Bistro location. At that time, I asked him to sign the background waiver, which I had failed to do at our first meeting. He did so, and then led me on a tour of the business. I observed there was ongoing interior remodeling/construction. He stated that while there will be interior seating, it will be a walk-up concept similar to DRM. People will place their order and then be able to get their drinks while waiting for their food. Migo intends to use the front (east) door as an entrance only, and use the south door as an exit to prevent crowds from forming at the front door. The south door also will be used for carryout orders. There also is a west door that will be utilized for delivery purposes only. Migo stated the former tenant, Vino Thai, left behind several kitchen appliances, like fryers, that will be kept and used. Eventually, Migo plans to construct an outdoor dining area on the south side, but he wants to get the business operating first to see if there is a demand for that. Migo guessed there probably would be approximately \$5,000 in alcohol on hand daily, of which beer and wine will constitute 85 percent. The other 15 percent will be vodka, whiskey and gin for mixed drinks. He will probably have seven to 11 employees, to include one manager/bartender (Dorband).
- While he had one at one time, Migo does not currently hold a state liquor license.
- After I met with Migo, I went to DRM to locate Dorband, who I had not been able to contact over the phone. I located her and she agreed to come to the PD for fingerprinting on 020521.
- On 020521 Dorband was fingerprinted by Ofc. Boyce. She signed the background waiver at that time. I received a response from ISP and the FBI, both with negative results.
- On 020521 I located two civil cases in Kane County Circuit Court with Migo listed as the defendant. The first (20SC3304) was reference a contract with Citibank that was dismissed 012721. The second (21AR86) is a pending arbitration case with American Express National Bank.

Migo provided a current BASSET certification that was completed on 073120 (attached - ILCC). He also provided a current BASSET certification for Dorband that was completed on 111720 (attached - Learn2Serve).

A certificate of liquor liability insurance is attached for DRM Deli Inc. (DBA Bella Bistro & Wine Bar (Valley Companies, Inc. DBA Valley Insurance Group - Naperville) is attached. A copy of the building lease and floor plan also is attached.

This concludes this background investigation.

wbt

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.
 Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) Non-refundable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input 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"/>
<input checked="" type="checkbox"/> Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects, such as pool tables, bar stools, vending/amusement machines; as well as all exits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <input checked="" type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Copy of Menu <input checked="" type="checkbox"/> Whether or not live music will be played at this establishment <i>N/A</i> <input checked="" type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <i>YES</i> <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.	<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"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

Signature of Investigating Officer _____ *353 Detective* _____
 Badge Number & Rank

Approval Recommended* Approval NOT Recommended

Signature of Chief of Police _____ *2-10-21* _____
 Date

***ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.**

Date Application Received: _____

LICENSE INFORMATION:

OA Package \$3200-3600

OB Restaurant \$2400-3600 Late Night Permit 1:00am \$800 (B/C only)

OC Tavern \$2400-3600 Late Night Permit 2:00am \$2300 (B/C only)

OD Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies

OG Brewery/Restaurant or Site License - \$varies

**Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.*
**Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)*

APPLICANT INFORMATION

1. Type of Business: Individual Partnership Corporation Other (explain):

2. Business Name: **BELLA BISTRO & WINE BAR**

3. Business Address: **3843 E. MAIN ST. ST. CHARLES, IL 60174**

4. Type of Business (5.08.070-3): RESTAURANT	5. Length of Time in this Business (5.08.070-4): 4 yrs.	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$1,500.00
7. Business Phone: 630-940-2882	8. Business E-mail: dvmigo@yahoo.com	9. Business Website: Bellaeurobistro.com
11. Applicant/Contact Person Name: DANIEL R. MIGO	12. Title: OWNER	10. Illinois Tax ID Number: [REDACTED] / EIN # [REDACTED]

13. Email: **dvmigo@yahoo.com**

14. Applicant Home Address, and all addresses for the last 10 years:
[REDACTED]

15. Ph #: [REDACTED]	DL#: [REDACTED]	16. Date of Birth: [REDACTED]	17. Birthplace: [REDACTED]
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19. Corporation Address (city, state, zip code):
DEM DELI INC.
[REDACTED]

ADDITIONAL OWNERS, INVESTORS (greater than 5% interest), and MANAGER INFORMATION

Full Name, include middle initial: _____ Title: _____

Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____

Home Address, and all addresses for the last 10 years: _____ Email Address: _____

Full Name, include middle initial: _____ **Title:** _____
Birthdate: _____ **Birthplace:** _____ **Driver's License#:** _____ **Home Phone:** _____
Home Address, and all addresses for the last 10 years: _____ **Email Address:** _____

Full Name, include middle initial: _____ **Title:** _____
Birthdate: _____ **Birthplace:** _____ **Driver's License#:** _____ **Home Phone:** _____
Home Address, and all addresses for the last 10 years: _____ **Email Address:** _____

BUSINESS ESTABLISHMENT LOCATION INFORMATION

1. Exact Street Address for liquor license: 3843 E. MAIN ST. ST. CHARLES IL, 60174	2. # Parking Spaces: 20	3. Outside Dining s.f. [17.20.020-R]: 300	4. Total Building s.f.: 2,200
5. Total # Seats: 44 INDOOR / 30 OUTDOOR	6. Live Entertainment Area s.f. [5.08.010-H]:		
7. Brief Business Plan description, based on type of establishment listed above (5.08.070-6): Bella will be a fast casual RESTAURANT THAT WILL SERVE BREAKFAST, LUNCH, DINNER, BEER, WINE, PASTRIES, COFFEE.			

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

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

- Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
 - The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
 - 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);
 - 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.
- 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.
- A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
- It shall be unlawful for any 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. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? Yes No

1. Is any individual a naturalized citizen? Yes No
 If yes, print name(s), date(s), and place(s) of naturalization:

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 owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: MERTENS LLC **Phone Number:** 630-513-073
Address of Building Owner: 473 DUNHAM RD # 200 **E-mail Address:**
 ST. CHARLES, IL 60174
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):

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 establishment within the City of St. Charles that requires a liquor license? Yes No
 If yes, please list the business name(s) and address(es): DRM DELI INC.
 610 E. MAIN ST. ST. CHARLES, IL 60174

5. 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? Yes No
 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. (5.08.050)

6. Are any improvements planned for the building and/or site that will require a building permit? Yes No
 If yes, has a building permit been applied for? Yes No **Date of permit application** 11/23/2020

7. 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)? Yes No
 If yes, what was the disposition of the application? Explain as necessary:

8.	<p>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)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>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? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
9.	<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: STATE OF IL Location, City/State:</p> <p>Date: 2019 Special Explanations: BYOB w/ ST. CHARLES, IL</p> <p>Government Unit: Location, City/State:</p> <p>Date: Special Explanations:</p>
10.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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>
11.	<p>Complete ONLY if yes was answered to the question above (10):</p> <p>Name: Name of Business:</p> <p>Position with the Business: Date(s) of Denial:</p> <p>Reason(s) for Denial of License:</p>
12.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): 11/2016</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): 11/2016</p>
13.	<p>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)? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="radio"/> Yes <input checked="" type="radio"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p>

Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?
 Yes 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): 2017 / 2018

15. 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)? Yes No
 If already furnished, date of delivery:

16. 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

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, Middle, Last): DANIEL R. MIBO Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 7/31/20 Place Course was Taken: ONLINE Certificate Granted? Y N Expiration: 7/31/23

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 11/17/20 Place Course was Taken: 360training.com Certificate Granted? Y N Expiration: 11/17/23

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

Name (First, Middle, Last): Birthdate:
 Home Street Address, Incl City, State, Zip:
 Date of Course: Place Course was Taken: Certificate Granted? Y/N 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.

COMMENTS/ADDITIONAL INFORMATION

Business Name:

SIGNATURES

[Handwritten Signature]
 Applicant's Signature

Subscribed and sworn before me this 72 day of January, 20 21

(Seal) **"OFFICIAL SEAL"**
SHARON J. BRINGELSON
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 12/5/2022

[Handwritten Signature]
 Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 020921 Name of Applicant: Daniel R. Migo

Name of Business: Bella Bistro / Bella European Bistro

Address of Business: 3043 E Main St Ward Number: 1

Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect for the investigation of an applicant for a Retail Dealer's Liquor License:

1. Date on which applicant will begin selling retail alcoholic liquors at this location:
2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? Yes No
3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? Yes No
 If yes, answer a, b and c:
 a. State the kind of such business:
 b. Give date on which applicant began the kind of business named at this location:
 c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?
 Yes No
4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been

	<p>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.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>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.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
8.	<p>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</p>
9.	<p>Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>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</p>
11.	<p>It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: <i>B. Tyrone</i> <i>B. Boyle</i> Date: <i>020121</i> <i>020521</i></p>
14.	<p>Other necessary data:</p>

Bella Bistro
3843 E. Main Street
St. Charles, IL 60174

Date: January 21, 2021

Re: Business Plan

Bella Bistro will be offering breakfast, Lunch & Dinner with a full Wine and Beer menu for in house dining and retail purchase of imported Wine and Beers.

Hours of Operation:
Tuesday - Thursday 11am-7pm
Friday - Saturday 11am - 9pm
Closed on Sundays & Mondays

See copy of Menu offering:

Live Music may be offered at a future date upon completion of outdoor patio

We will be applying for an outdoor building permit in March 2021 for open dining.

A handwritten signature in black ink, appearing to read "Ducchi", with a long horizontal flourish extending to the right.

Bella European Bistro

Hot Coffee & Tea

Espresso
Macchiato
Americano
Latte
Cappuccino
Mocha
Lavender/Rose Hip Chai Tea Latte

Cold Coffee & Tea

German Chocolate Iced Mocha
Cold Brew Coffee
Nitro Cold Brew Coffee

Bottled Drinks

Bottled Still Water
Pellegrino
Coke & Diet Coke
Dr. Brown's Root Beer
Lemonade
Ice Tea
Flavored Water
Orange Juice

Breakfast Brioche

All breakfast sandwiches are served with a potato pancake.

Americano-brioche/smoked bacon/cheddar cheese/sunny side egg/sugar dust

Parisian- brioche/brie cheese/Croatian fig jam/sunny side egg/sugar dust

Croque Madame-brioche/smoked Polish ham/gruyere/sunny side egg/bechamel

La Bella-brioche/goat cheese/basil pesto/sunny side egg/arugula

Poznanski-Brioche/ scrambled egg/slices of smoked Polish kielbasa

Monte cristo-brioche/smoked Polish ham/ammerlander swiss/gruyere cheese/ egg dip/deep fried with sugar dust/maple syrup or Croatian fig jam

European Pastries

German Strudel
Paczki
Black Forest Cake
Mouse Bombs

Baked Baguettes or Pizza Options (Undecided)

Traditionally known as zapiekanka, an open face French baguette with various flavor combinations. One of Poland's favorite street foods and what we also refer to as "pizza bread."

(These names will change, as they were intended to be pizza names)

Bella Pierogi-Cheddar mashed potato, caramelized onion, Polish kielbasa, green onion, and smoked paprika aioli

Zapiekanka-Herb creme fraiche, caramelized onion, ammerlander swiss cheese, smoked Polish kielbasa, green onion, tomato drizzle

Flammkuchen- Herb creme Fraiche, Caramelized onion, gruyere cheese, sauerkraut, bratwurst, Dutch bacon, and Dusseldorf mustard drizzle

Tarte Flambee- Herb creme Fraiche, caramelized onion, Dutch bacon, arugula

Classica-Marinara and cheese, homemade Italian sausage; add onion, mushroom, green pepper, arugula

Gourmet Sandwiches

All sandwiches are served with french fries, potato pancake, German potato salad, German cucumber salad.

DRM Reuben-marble rye/choice of turkey, corned beef brisket, or pastrami brisket, or combo/ammerlander swiss cheese/Russian dressing/Dusseldorf mustard/ horseradish mayo/ pickle

Truthsandwich -pretzel roll/smoked turkey breast/ ammerlander swiss cheese/ arugula/sliced apple/dijon vinaigrette

Sandwich au steak-brioche/ribeye steak/gruyere cheese/ammerlander swiss/caramelized onion/ herb horseradish mayo

Schnitzel- pretzel roll/chicken schnitzel/lettuce/tomato/red onion/red pepper/Dusseldorf mustard/mayo

Parmigiana-brioche/chicken schnitzel/marinara/mozzarella/parmesan/oregano

Jabon Beurre-brioche/herb crème fraîche/gruyère cheese/smoked ham/arugula/red onion/tomato

Homemade Soups

French Onion or Chicken Speatzle
Beer Cheese Soup with pretzel croutons

Salads

Vienna #1-mixed greens/sliced chicken schnitzel/roasted beets/red onion/goat cheese/bacon bits/dijon vinaigrette

Vienna #2- mixed greens/sliced chicken schnitzel/roasted red pepper/red onion/tomato/cucumber/ammerlander swiss/dijon vinaigrette

Apple & Pear-arugula/fresh pear and apple slices/gruyere cheese/candied walnuts/cranberries/herb balsamic honey vinaigrette

Bavarian Pretzels

Enjoy a 3 count or 6 count of our delicious Bavarian pretzels with beer cheese dip..

Bella Specialities

Each entree comes with your choice of two sides.

Ribeye Steak Poutine-French fries, gruyere cheese, caramelized onion, thinly sliced ribeye steak, brown gravy, fresh herbs

Beef Stroganoff sliced beef fillet and fresh mushroom simmered in a creamy gravy

Chicken Schnitzel layered with mushroom gravy or served with fresh lemon

Bavarian Schnitzel horseradish and mustard coated chicken cutlet, breaded and fried and served with fresh lemon

Beef Stuffed Cabbage Rolls simmered in your choice of tomato dill, or mushroom gravy

Smoked Polish Sausage served over a bed of slow stewed sauerkraut

Bella Sides

Potato Pancake

Creamy German Cucumber Salad

German Potato Salad

French Fries

Our pierogi is hand pinched every day using our family's traditional recipe. We offer our favorite traditional flavors and also offer pierogi with a delicious twist!

Pierogi Plates

Choose from a 6 count or 12 count of deep fried pierogi.

Potato & Onion
Potato Herb Cheddar
Corned Beef Reuben
Gruyere Mac N Cheese

Pierogi Dips: Sour Cream * Herb Horseradish * Smoked Paprika Aioli

Bistro Burgers

All bistro burgers come with your choice of brioche or pretzel bun.

Burger Sides: french fries, German potato salad, potato pancake, or German cucumber salad

Classic-8oz patty layered with cheddar cheese, mixed greens, tomato, red onion

Bella Burger-8oz patty layered with caramelized onion, gruyere cheese, blue cheese, and arugula

Reuben-8oz patty layered with melted swiss cheese, slices of corned beef brisket, slow cooked sauerkraut, Russian dressing

Bayern-8oz patty layered with caramelized onion, Dutch bacon, and beer cheddar cheese sauce

Kids Menu

All kids menu items are served with french fries.

Grilled Cheese * Mac N Cheese Pierogi * Chicken Strips



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Valley Companies, Inc. 1823 Centre Point Circle Suite 101 Naperville IL 60563	CONTACT NAME Clive Maclean PHONE (A/C, No, Ext) 630-232-1640 E-MAIL ADDRESS certrequest@valley78.com	FAX (A/C, No) 630-333-9025	
	License#: 3000101732 DRMDLI-01		
INSURED DRM Deli Inc.; dba Bella Bistro & Wine Bar 610 E Main Street St Charles IL 60174	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A Society Insurance		15261
	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		

COVERAGES **CERTIFICATE NUMBER: 1047647292** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP19018619	6/13/2020	6/13/2021	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC19020207	6/13/2020	6/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACC DENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Liquor Liability			BP19018619	6/13/2020	6/13/2021	Aggregate:	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Daniel Migo & Joanna Migo are excluded from the Workers Compensation policy.

CERTIFICATE HOLDER Certificate of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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BASSET Card



August 6, 2020



Letter ID: L0167347664

DANIEL MIGO
[REDACTED]

License No.: [REDACTED]
Expiration Date: 7/31/2023
License Type: Basset Card

Your "Student ID number" is: 254-14101

Your "Trainer's ID number" is: 5A-1125254

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: 7/31/2020 . Expires: 7/31/2023 Trainer's IL Liquor License Number: 5A-1125254</p> <p>DANIEL MIGO [REDACTED]</p> <p>**Card is not transferrable**</p>

Illinois BASSET SELLER / SERVER CERTIFICATION

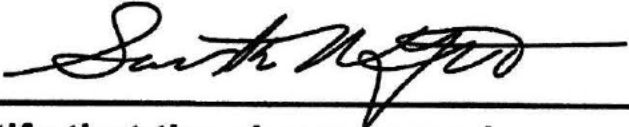
Trainee Name: darla k dorband

Certificate #: 000018170903

Date of Completion: 11/17/2020

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**learn²
serve**

Corporate Headquarters

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