



**AGENDA ITEM EXECUTIVE SUMMARY**

**Agenda Item Number: 5**

**Title:**

Recommendation to approve a Proposal for a B-1 Liquor License Application for Tonichi Ramen Located at 3843 E. Main St., St. Charles.

**Presenter:**

Police Chief James Keegan

**Meeting:** Liquor Control Commission

**Date:** November 20, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Tonichi Ramen, located at 3843 E. Main St., is requesting approval of a B-1 liquor license application for their business.

**Attachments** (*please list*):

Liquor License

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

Recommendation to approve a proposal for a B-1 Liquor License application for Tonichi Ramen located at 3843 E. Main St., St. Charles.



# Memo

Date: 11/7/2023

To: Lora Vitek, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

A handwritten signature in blue ink, appearing to be "J. Keegan", written over the printed name of the Chief of Police.

Re: Background Investigation-Liquor Establishment/B-1 Tonichi Ramen-3843 E. Main Street

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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.

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 from obtaining a liquor license. This site has been a long-standing restaurant with various tenants and the current business is already operational without alcohol service.

Thank you in advance for your consideration in this matter.

# Police Department



CITY OF  
ST. CHARLES  
ILLINOIS • 1834

Date: 11/06/2023  
To: Chief Keegan via Chain of Command  
From: Detective Noelle Wold #375  
RE: Addendum: Liquor License Background / Tonichi Ramen

DL\*340

The purpose of this memo is to outline the steps taken during the background investigation for a Liquor License Application. This investigation was done based on the application submitted for a Class B1 license for the business **Very Noodle Inc, DBA Tonichi Ramen**. This business is located at 3843 E. Main Street St., Charles, IL 60174.

### Applicant:

Chen, Mei Chun



### **APPLICATION:**

The initial application was received on or around 10/10/2023. I completed the background for the business, which also included a signed lease agreement, menu, floor plan and Certificate of Insurance. At the time of the application, Mei Chun Chen was listed as the General Manager. Mei Chun Chen was fingerprinted by our agency during the initial background investigation and a record check for Mei Chun Chen conducted showing no record. Mei Chun Chen did not have contacts that would preclude him from obtaining a liquor license.

*Service, Courage, Professionalism, Dedication*



## **RECORDS CHECK:**

Mei Chun Chen was fingerprinted by our agency on October 10, 2023. Mei Chun Chen's fingerprints were returned from the Illinois State Police Bureau of Identification, which showed no record.

Mei Chun Chen advised that he has resided in Chicago, Illinois for the past 20 years. iClear showed no records for Mei Chun Chen.

A check of Mei Chun Chen through Kane County Aegis and the above listed jurisdiction's records showed no negative contacts that would preclude him from obtaining a liquor license.

A record check through our department's New World System shows no records.

A check of TLO and I-Clear (law enforcement databases) showed no record that would cause the license to be denied.

A check of the Illinois Secretary of State showed the corporation Very Noodle Inc., to be in good standing.

Mei Chun Chen advised that he completed his BASSET Certification course on 09/30/2023. Mei Chun Chen also provided valid BASSET Certifications for Hongbo Li and Xia Chen who are both employees at this establishment.

**SITE VISIT and APPLICANT INTERVIEW:**

On 10/31/2023, I met with Mei Chun Chen at the St. Charles Police Department where he signed a waiver for this background. Mei Chun Chen stated that the business Tonichi Ramen is part of an incorporation Very Noodle Inc. Mei Chun Chen stated the date of incorporation for this business is 02/27/2023. Mei Chun Chen stated that he has not purchased any alcohol for the business.

Mei Chun Chen stated that the original floor plan will remain the same and no renovations will be conducted. Mei Chun Chen stated that the hours of operation will remain the same. Mei Chun Chen provided the City of St. Charles with a copy of the Certificate of Liability Insurance from Max Group & Associates. The business is insured for \$1,000,000/\$2,000,000 aggregate.

On 11/03/2023, I went to the site and met with Mei Chun Chen. The inside of the business was already operational. Mei Chun Chen gave me a tour of the business. I found the business lay out to be very similar to the floor plan provided with the application. Mei Chun Chen stated they do not have any alcohol on site. Mei Chun Chen stated that the menu will remain the same and the current staff will also remain the same. Mei Chun Chen stated he has paid all of the utilities for the business and all payments are current.

This concludes this background investigation.



Detective Noelle Wold #375

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) <b>non-refundable</b> <small>Non-refundable</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership <i>Lease pending</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote. <i>COI pending</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is 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 <input checked="" type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input checked="" 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. <i>No</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

*Matthew Walek 375*

Signature of Investigating Officer

Badge Number & Rank *Detective 375*

Approval Recommended\*

Approval NOT Recommended

*J. T. G.*  
Signature of Chief of Police

*11-8-23*  
Date

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

**LICENSE INFORMATION:**

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   
 C1   
 C2   
 C1   
 Late Night Permit 2:00am \$2300 (B/C only)  
 D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies   
**D-Type** \_\_\_\_\_  
 G Brewery/Restaurant or Site License - \$varies   
 G1   
 G2  
 H Catering License - \$varies   
 H1   
 H2

*\*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:  
 TONICHIRAMEN

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

4. Type of Business (5.08.070-3): RESTAURANT	5. Length of Time in this Business (5.08.070-4): 11:AM-9 P.M	6: Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 150K	
7. Business Phone: 331-901-5994	8. Business E-mail: tonichiramen@gmail.com	9. Business Website: toni-ichiramen.com	10: Illinois Tax ID Number: 4485-47412
11. Applicant/Contact Person Name: MEI CHUN CHEN		12. Title: PRESIDENT & MANAGER	13. Email: tonichiramen@gmail.com

14. Applicant Home Address, and all addresses for the last 10 years:  
 3248 S. EMERALD AVE. CHICAGO, IL 60616

15. Ph #: [REDACTED]	DL#: [REDACTED]	16. Date of Birth: [REDACTED]	17. Birthplace: CHINA
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18. If Corporation, Corporation Name:  
 VERY NOODLE INC.

19. Corporation Address (city, state, zip code):  
 [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**

<b>1. Exact Street Address for liquor license:</b> 3843 E MAIN STREET ST CHARLES, IL 60174	<b>2. # Parking Spaces:</b> 144	<b>3. Outside Dining s.f. [17.20.020-R]:</b> N/A	<b>4. Total Building s.f.:</b> 2297 sq.
<b>5. Total # Seats:</b> 48	<b>6. Live Entertainment Area s.f. [5.08.010-H]:</b> NONE		
<b>7. Brief Business Plan description based on type of establishment listed above (5.08.070-6):</b>			

**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.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
3.	<p>If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):</p> <p><b>Name of Building Owner:</b> FAIRMAY PROPERTY GROUP LLC <b>Phone Number:</b> 630-513-0173  <b>Address of Building Owner:</b> 473 DURHAM ROAD SUITE 200 ST. CHARLES, IL 60174 <b>E-mail Address:</b></p> <p><b>Mailing Address of Building Owner (if different):</b></p> <p><b>Name of Building Owner:</b> <b>Phone Number:</b>  <b>Address of Building Owner:</b> <b>E-mail Address:</b>  <b>Mailing Address of Building Owner (if different):</b></p> <p><b>Name of Building Owner:</b> <b>Phone Number:</b>  <b>Address of Building Owner:</b> <b>E-mail Address:</b>  <b>Mailing Address of Building Owner (if different):</b></p>
4.	<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>
5.	<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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>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)</i></p>
6.	<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 <b>Date of permit application</b> _____</p>
7.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary:</p>

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="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ Location, City/State: _____</p> <p>Date: _____ Special Explanations: _____</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="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? <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>
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): 02/27/2023</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</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="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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 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): Mei chun chen Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 29 Sep 2023 Place Course was Taken: online Training Certificate Granted? Y/N Y Expiration: 29/sep 2026

Name (First, Middle, Last): Hongbo Li Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 10-5-23 Place Course was Taken: online Certificate Granted? Y/N Y Expiration: 10-5-26

Name (First, Middle, Last): Xia Chen Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 10-5-23 Place Course was Taken: online Certificate Granted? Y/N Y Expiration: 10-5-26

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:**  
TONICHIRAMEN

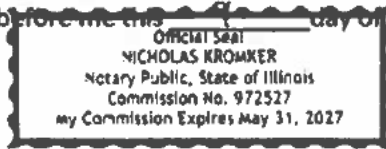
**SIGNATURES**

*[Handwritten Signature]*

**Applicant's Signature**

Subscribed and sworn before me this 11 day of October, 2023

(Seal)



Nicholas Kromker  
Notary Public

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**

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

Date: <u>11/3/23</u>	Name of Applicant: <u>Mei Chun Chen</u>
Name of Business: <u>Tonichi Ramen</u>	
Address of Business: <u>3843 E. Main St. St. Charles, IL</u>	Ward Number: <u>Ward 1</u>

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: <u>As soon as possible; when license is granted</u>
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  <u>N/A</u>
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  <u>N/A</u>

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?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          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>IEP Catt</i> Date: <i>10/10/23</i></p>
14.	<p>Other necessary data:</p>

# Taxpayer Notification

## Business Authorization



#BWNKMGV  
#CNXX X164 8272 7123#  
VERY NOODLE INC  
TONICHIRAMEN  
3246 S EMERALD AVE  
CHICAGO IL 60616-3406

May 3, 2023



Letter ID: CNXXX16482727123

Account ID: 4485-4412

## We have issued your Certificate of Registration.

### *Welcome!*

We have issued your Illinois Business Authorization.

Please verify that all of the information on the Business Authorization is correct. If all of the information is correct, you may print a paper copy from a MyTax Illinois account to visibly display at the business address listed.

Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030  
REV.CENTREG@illinois.gov**

**217 785-3707**

**Verify that all of your Illinois Business Authorization information is correct.**

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

**Illinois Business Authorization**

OFFICIAL DOCUMENT

**VERY NOODLE INC**

**DBA: TONICHIRAMEN**

**3843 E MAIN ST**  
**SAINT CHARLES IL 60174-2424**

Loc. Code: 045-0022-9-001

**St. Charles (Kane)**  
**Kane County**

Expiration Date:  
**4/1/2024**


**Certificate of Registration**  
Sales and use taxes and fees

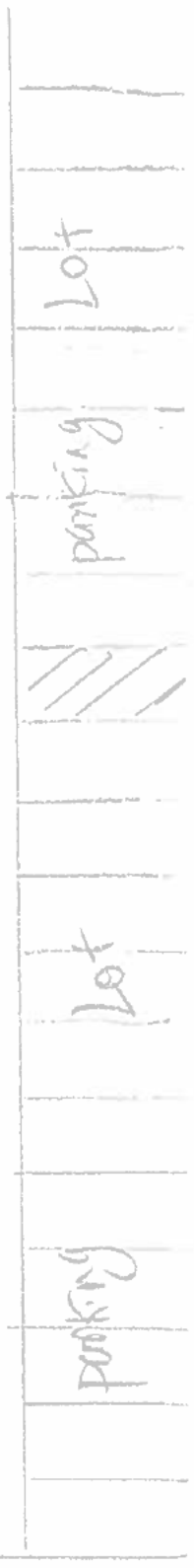
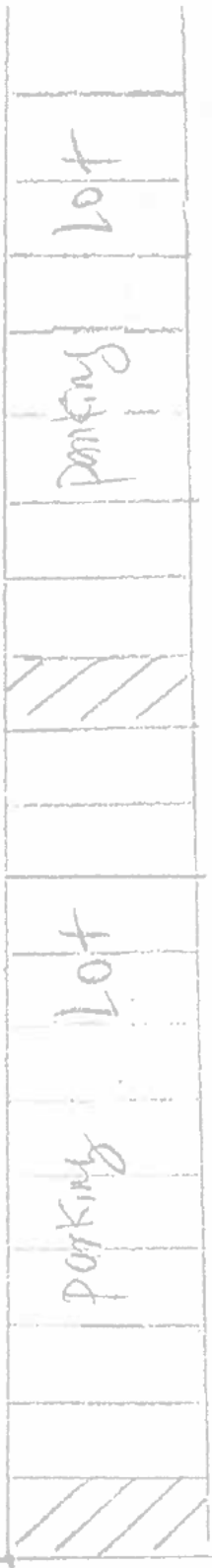
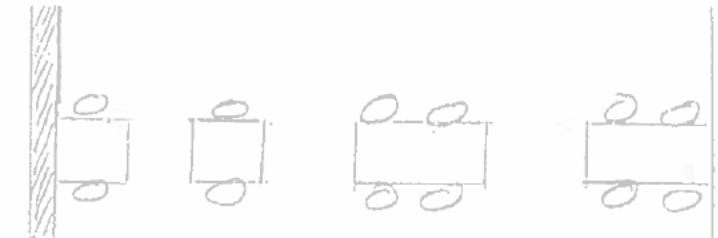
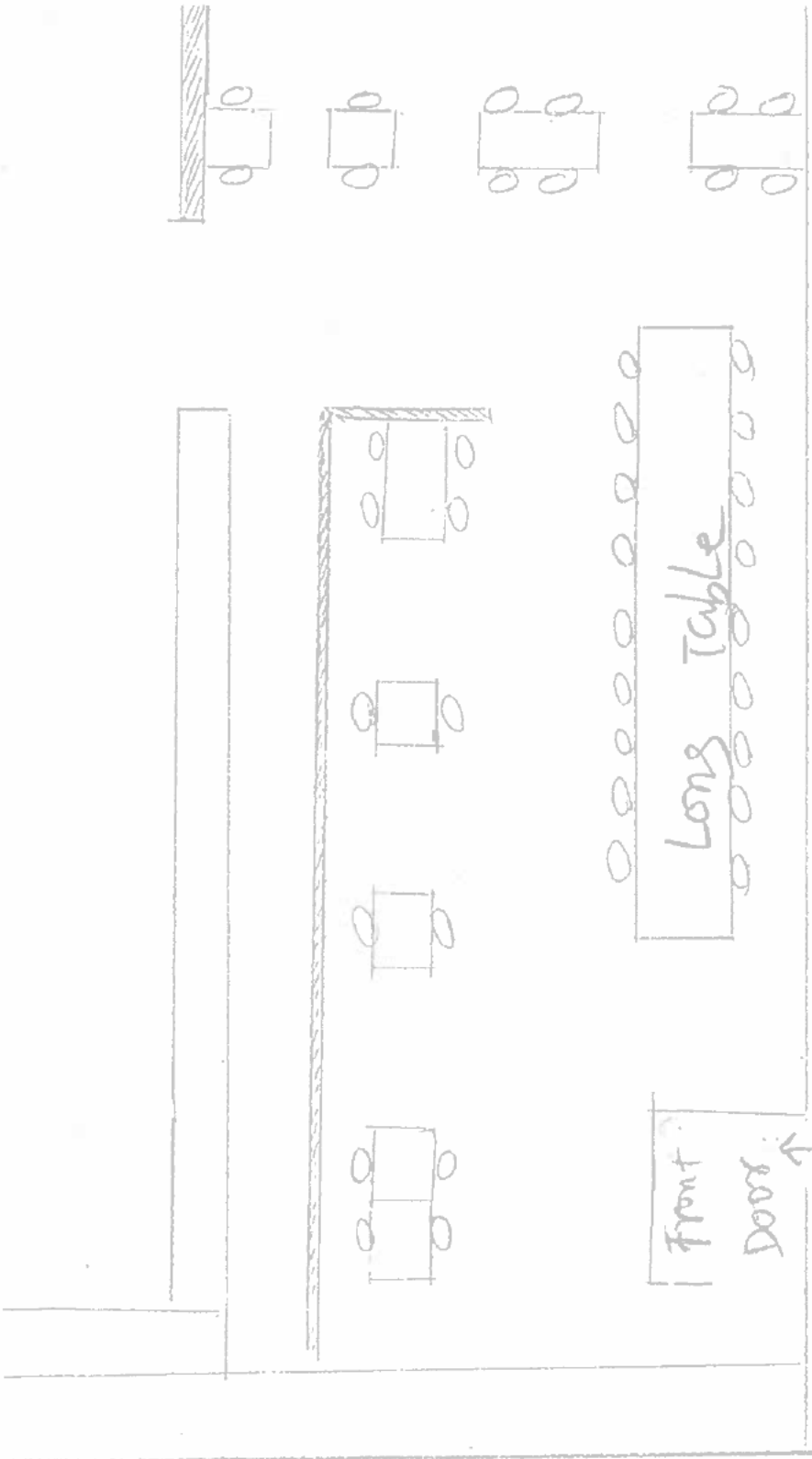
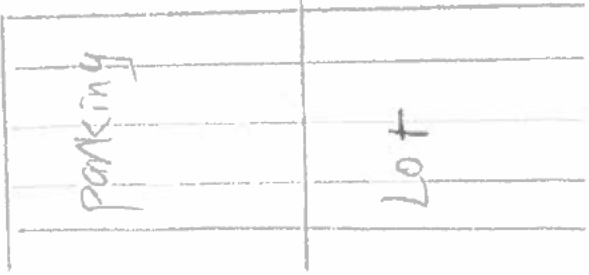
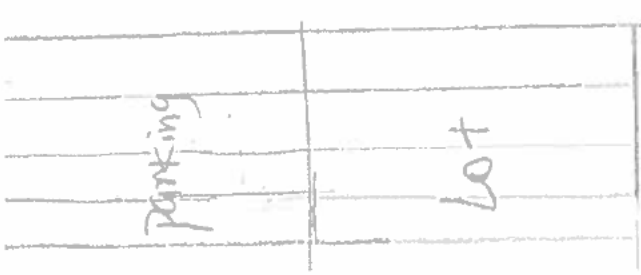
(4485-4412)

**ILLINOISREVENUE**  
*[Signature]*  
Director

OFFICIAL DOCUMENT

Issued Date: **05/03/2023**









3843 E Main St.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2023

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).

<b>PRODUCER</b> Max Group & Associates 3131 South Canal Street, Unit Suite A1 Chicago IL 60616	<b>CONTACT NAME:</b> Tess Lam <b>PHONE (A/C, No, Ext):</b> (773) 376-1000 <b>E-MAIL ADDRESS:</b> tesslam@maxgroupins.com	<b>FAX (A/C, No):</b> (773) 376-8369
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> VERY NOODLE INC, DBA: TON-ICHI RAMEN 3843 E MAIN ST ST CHARLES IL 60174	<b>INSURER A:</b> US Insurance Company	<b>NAIC #</b> 13017
	<b>INSURER B:</b> Travelers Indemnity (IND)	25658
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL23102025025      **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	ADDITIONAL SUBS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		23IL0000048BOP00	04/10/2023	04/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPYOP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	UB6W821721	04/11/2023	04/11/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>LIQUOR LIABILITY</b>		23IL0000048BOP00	04/10/2023	04/10/2024	\$1,000,000 CSL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  CITY OF ST CHARLES 2 E. Main Street  ST CHARLES IL 60174	<b>CANCELLATION</b>  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 <i>Grace J Yang</i>
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**ILLINOIS LIQUOR CONTROL COMMISSION**  
50 W. Washington Street, Suite 209 - Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS**  
**EDUCATION AND TRAINING (BASSET) CARD**

Date of Certification: 9/30/2025 Expires: 9/30/2026  
Trainer's IL Liquor License Number: SA-1146665

MEI CHUN CHEN  
3246 S EMERALD AVE  
CHICAGO IL 60616



**\*\*Card is not transferrable\*\***

**ILLINOIS LIQUOR CONTROL COMMISSION**

50 W. Washington Street, Suite 209 - Chicago, IL 60601

**BEVERAGE ALCOHOL SELLERS AND SERVERS**

**EDUCATION AND TRAINING [BASSET] CARD**

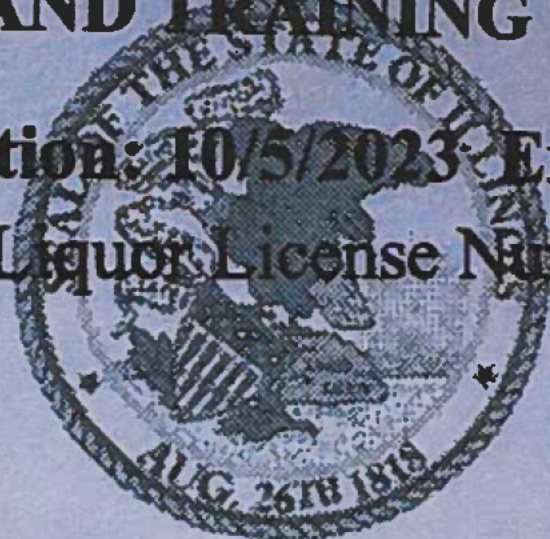
**Date of Certification: 10/5/2023 Expires: 10/5/2026**

**Trainer's IL Liquor License Number: 5A-1153145**

**XIA CHEN**

**3843 E MIAN ST**

**ST CHAR IL 60174**



**\*\*Card is not transferrable\*\***

Your "Student ID number" is: [REDACTED]  
Your "Trainer's ID number" is: 5A-1153145

Your BASSET Card is located BELOW

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

**IMPORTANT:**

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

**ILLINOIS LIQUOR CONTROL COMMISSION**

50 W. Washington Street, Suite 209 - Chicago, IL 60601

**BEVERAGE ALCOHOL SELLERS AND SERVERS**

**EDUCATION AND TRAINING [BASSET] CARD**

Date of Certification: 10/5/2023 Expires: 10/5/2026

Trainer's IL Liquor License Number: 5A-1153145

HONGBO LI

3843 E MAIN ST

SAINT CHARLES IL 60174



**\*\*Card is not transferrable\*\***

# Kane County Health Department

Food Establishment Permit - A20230002651

## 2023

This permit is to be conspicuously displayed at the place of business.  
The responsibility for maintaining the certificate rests with the operator.

TONICHI RAMEN  
VERY NOODLE INC  
3843 E MAIN ST  
ST CHARLES IL 60174

The Kane County Health Department inspects the Establishment at the address above and finds it to be in substantial compliance with the provision of Chapter 11.5, Article III, Food Sanitation, Sections 11.5.26 – 11.5.50 of the Kane County Code. This permit is valid from January 1 through December 31 for the year noted above. This permit must be posted.



This Permit is Not Transferable

A handwritten signature in black ink, appearing to read "Michael Isaacson".

Michael Isaacson, MPH  
Executive Director  
Kane County Health Department

Est LCFE20230000411  
Cat 1 - 2

IS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 02-27-2023

Employer Identification Number:  
92-2581388

Form: SS-4

Number of this notice: CP 575 A

VERY NOODLE INC  
3246 S EMERALD AVE  
CHICAGO, IL 60616

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-2581388. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120

04/15/2024

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



**T1 Shoyo 醤油ラーメン**  
(Non-Spicy or Spicy) \$14.95  
Pork broth: pork chashu, wakame seaweed, non spicy or spicy bean sprouts, green onion, half-seasoned egg, corn, nori seaweed served with thick noodle

**T5 Spicy Tonkotsu**  
(Kimchi Ramen)  
キムチ豚骨ラーメン \$15.95  
Pork broth: pork chashu, wakame seaweed, spicy bean sprouts, green onion, whole seasoned egg, narutomaki, crispy onion, corn, chili oil, kimchi, nori seaweed, served with thick noodle



**C1 Classic Chicken クラツックチキン**  
\$14.95  
Chicken broth: chicken chashu, spinach, non-spicy bean sprouts, green onion, half-seasoned egg, corn, crispy onion, nori seaweed, served with thick noodle

**T2 Miso 味噌ラーメン**  
\$14.95

Pork broth: pork chashu, wakame seaweed, non-spicy bean sprouts, green onion, half-seasoned egg, corn, nori seaweed, served with thick noodle



**T6 Tonkotsu & Chicken Combo**  
豚骨とチキンソボララーメン  
\$15.95  
Pork and Chicken broth: pork chashu, chicken chashu, wakame seaweed, non-spicy bean sprouts, green onion, half-seasoned egg, corn, nori seaweed, served with thick noodle

**C2 Spicy Chicken スパイツーチキン**  
\$14.95  
Chicken broth: chicken chashu, spinach, spicy bean sprouts, green onion, half-seasoned egg, corn, crispy onion, spicy sauce, nori seaweed, served with thick noodle



**T3 Spicy Miso スパイツ味噌**  
\$14.95  
Pork broth: ground pork soboro, wakame seaweed, spicy bean sprouts, green onion, half-seasoned egg, corn, chili oil, nori seaweed, served with thick noodle

**T7 Tonkotsu Rich Garlic**  
にんにく豚骨ラーメン \$15.95  
Pork broth: pork chashu, wakame seaweed, non-spicy bean sprouts, green onion, whole seasoned egg, narutomaki, bamboo, fresh garlic, black garlic oil, corn, nori seaweed, served with thick noodle



**V1 Vegetable Ramen 野菜ラーメン**  
\$14.95  
Vegan broth: wakame seaweed, non-spicy bean sprouts, green onion, bamboo, broccoli, corn, nori seaweed, served with thick noodle

**T4 Tonkotsu Classic**  
豚骨ラーメン \$14.95  
Pork broth: pork chashu, wakame seaweed, non-spicy bean sprouts, green onion, whole seasoned egg, narutomaki, crispy onion, corn, nori seaweed, served with thick noodle



**T8 Tonkotsu & Shrimp Combo**  
豚骨とエビのソボラ \$16.95  
Pork broth: pork chashu, shrimp tempura, wakame seaweed, non-spicy bean sprouts, green onion, half-seasoned egg, bamboo, corn, nori seaweed, served with thick noodle.

**V2 Spicy Creamy Vegan Ramen**  
スパイツー野菜ラーメン  
\$14.95  
Vegan broth: atsuaige tofu, spicy bean sprouts, green onion, bamboo, crispy onion, corn, nori seaweed, chili oil, spicy sauce served with thick noodle



**APPETIZER**



A1 French Fries \$5.95



A2 Edamame \$5.95



A3 Seaweed Salad \$5.95



A4 Chicken Karaage \$7.95



A5 Fried Calamari \$8.95



A6 Pork Gyoza (6pcs) \$6.95



A7 Shrimp Shumai (6pcs) (Steamed or Fried) \$7.95



A8 Chicken Bun (2pcs) \$7.95



A9 Pork Bun (2pcs) \$7.95



A10 Takoyaki-Octopus Ball (5pcs) \$7.95



A11 Crispy Chicken Wings (5pcs) \$8.95



A12 Fried oyster (5pcs) \$8.95



A13 Shrimp Tempura Appetizer (5pcs) \$8.95



A14 Calamari Salad \$6.95



A15 Spicy Kimchi \$5.95



A16 Agedashi Tofu \$6.95



A19 Sesame Balls(6pcs) \$6.95



A20 Fried Scallops(6pcs) \$6.95



A21 Crab Rangoon(6pcs) \$6.95



A22 Japanese Harumaki(4pcs) \$6.95



**D1 Pork Saboro Don**  
**そぼろ丼 (滷肉蓋飯)**  
**\$14.50**

Ground pork saboro, half soft boiled egg, corn, broccoli, and green onion, served over white rice

**D2 Tonkatsu Don**  
**豚カツ丼 (碳烤豬扒飯)**  
**\$14.50**

Panko crumbed pork chop, with slightly caramelized onion and egg cooked in a sweet and savory sauce, served over white rice, and topped with broccoli, green onion, pickled radish, and sesame seeds (egg is cooked as easy)



**D3 Oyako Don**  
**親子丼 (雞肉飯)**  
**\$14.50**

Bite size chicken thigh pieces, slightly caramelized onion, and egg cooked in a sweet and savory sauce, served over white rice, and topped with broccoli, green onion, pickled radish, and sesame seeds (egg is cooked as easy)



**D4 Gyu Don**  
**牛丼(牛肉飯)**  
**\$14.50**

Thinly sliced beef brisket, slightly caramelized onion, and egg cooked in a sweet and savory sauce, served over white rice, and topped with broccoli, green onion, pickled radish, sesame seeds and raw egg



**D5 Unagi Don**  
**鰻丼(鰻魚飯)**  
**\$15.95**

Grilled eel over white rice, served with broccoli and sesame seeds



**Extra Topping Ground Pork**

Fresh garlic	\$1.00
Green onion	\$1.00
Crispy onion	\$1.00
Hot Oil	\$1.00
Corn	\$1.50
Bean Sprouts	\$1.50
Broccoli	\$2.00
Wakame seaweed	\$2.00
Nori seaweed	\$2.00
AstUAGE tofu	\$2.00
Bamboo	\$2.00
Seasoned egg(soft boiled egg)	\$2.00
Narutomaki(fish cake)	\$2.50
Kimch	\$2.50
Steam rice	\$2.50
Shrimp tempura(1pc)	\$2.50
Extra soup	\$3.00
Ground pork saboro	\$3.00
Extra noodle	\$3.00
Chicken chashu(grilled chicken breast)(2pcs)	\$3.00
Pork chashu(gilled pork belly)(2pcs)	\$3.50

**DESSERT**



**Mochi Ice Cream(2pcs)**  
**\$5.95**  
 Choice of vanilla, green tea, mango, strawberry

**Japanese Cheese Cake**  
**\$5.95**



**Tiramisu**  
**\$6.95**

\*Food Allergy Notice  
 Please be advised that food prepared here may contain egg, wheat and sesame seeds  
 \*Consumer Advisory  
 Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase risk of foodborne illness especially if you have certain medical conditions



**TON-ICHI RAMEN**



3843 E Main St, St. Charles, IL 60174

331-901-5994

**Open Hours**  
**MON-SUN: 11AM-9PM**

~~WEDNESDAY CLOSED~~

**WE DELIVERY WITH**









**New Facility Hours and Appointments**

**APPOINTMENTS REQUIRED** for REAL ID, DL/ID card services and in-car driving tests. Check your local DMV facility for extended hours and appointment availability.



# Business Entity Search

## Entity Information

<b>Entity Name</b>	VERY NOODLE INC.		
<b>File Number</b>	74106927	<b>Status</b>	ACTIVE
<b>Entity Type</b>	CORPORATION	<b>Type of Corp</b>	DOMESTIC BCA
<b>Incorporation Date (Domestic)</b>	02-27-2023	<b>State</b>	ILLINOIS
<b>Duration Date</b>	PERPETUAL		
<b>Annual Report Filing Date</b>	00-00-0000	<b>Annual Report Year</b>	
<b>Agent Information</b>	MANDY Z XU 2217 S WENTWORTH AVE	<b>Agent Change Date</b>	02-27-2023

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

Filing Fee: \$150

File #: 74106927

Approved By: MAP

**FILED**

**FEB 27 2023**

**Alexi Giannoulis**  
**Secretary of State**

1. Corporate Name: VERY NOODLE INC.

2. Initial Registered Agent: MANDY Z XU

First Name	Middle Initial	Last Name
MANDY	Z	XU

Initial Registered Office: 2217 S WENTWORTH AVE STE 5

Number	Street	Suite No.	City	State	ZIP Code	County
2217	S WENTWORTH AVE	STE 5	CHICAGO	IL	60616-2168	COOK

3. Purposes for which the Corporation is Organized:  
The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	100000	100000	\$ 1000

**NAME & ADDRESS OF INCORPORATOR**

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated FEBRUARY 27, 2023  
Month & Day Year

MEI CHUN CHEN  
Name

3246 S EMERALD AVE  
Street

CHICAGO IL 00006-0616  
City/Town State ZIP Code

STE 5

CHICAGO ,IL 60616-2168

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### Services and More Information

Choose a tab below to view services available to this business and more information about this business.

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[Purchase Master Entity Certificate of Good Standing](#)

[Change of Registered Agent and/or Registered Office](#)

[Articles of Amendment Effecting A Name Change](#)

[Adopting Assumed Name](#)

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