 <p>CITY OF ST. CHARLES ILLINOIS • 1834</p>	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 5a
	Title:	Recommendation to approve a Proposal for a B-1 Liquor License Application for Dave's Burritos, Located at 3677 E. Main St., St. Charles.	
Presenter:	Police Chief Keegan		
Meeting: Government Operation Committee		Date: April 17, 2023	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
TIF District: Choose an item.			
Executive Summary (if not budgeted, please explain):			
<p>Dave's Burritos, located at 3677 E. Main St., is requesting approval of a B-1 liquor license application for their business.</p> <p>This item will be discussed by the Liquor Control Commission at 4:30 pm on Monday, April 17, 2023 before consideration by this committee. A final vote will be taken during the May 1, 2023, City Council meeting.</p>			
Attachments (please list):			
Memos, Liquor License Application, Business Plan, Floor Plan, Site Plan, BASSET			
Recommendation/Suggested Action (briefly explain):			
Recommendation to approve a proposal for a B-1 Liquor License application for Dave's Burritos located at 3677 E. Main St., St. Charles.			



Memo

Date: 4/14/2023

To: Lora Vitek, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Liquor Establishment (Dave's Burritos)

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 is customary procedure, 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 applicant from moving forward with on-site consumption and sales, subject to City Council approval.

Thank you in advance for your consideration in this matter.

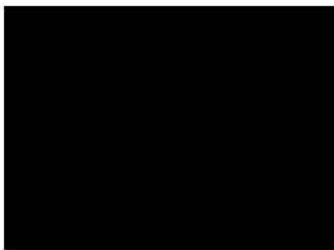


Memo

Date: 04/14/2023
To: Chief James Keegan
From: Detective J. Dony #376 DL*340
Re: Liquor License Background, Daves Burritos

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for Class B-1 for the business, Daves Burritos. This business is located at 3677 E Main St. St. Charles 60174.

Applicant:



Application:

The application was received on or around 03/24//2023. The application appears to be complete including a signed lease, Certificate of Insurance, a floor plan, and business plan.

Yan David Barrios holds a valid BASSET Certification which is included in the application.

Records Checks:

Yan David Barrios was fingerprinted on 02/06/2023. Responses from both the FBI and Illinois Bureau of Identification show nothing that would cause the license to be denied.

A check of St. Charles and Kane County records showed no contacts that would preclude him from obtaining a liquor license from the city.

Yan David Barrios currently resides in Naperville, IL. Records from Naperville Police Department showed no contacts that would preclude him from obtaining a liquor license from the city.



A check of the Illinois Liquor Control Commission showed (0) active license for Daves Burritos. Daves Burritos had no records of license revocations.

A check of TLO and I-Clear (law enforcement databases) showed no concerning information that would prevent Yan David Barrios from obtaining a liquor license.

A check of the Illinois Secretary of State showed Daves Burritos to be in good standing.

INTERVIEW WITH APPLICANT/SITE VISIT:

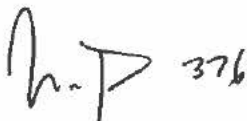
On 04/12/2023 at approximately 11:30 am, I met with Yan David Barrios at his restaurant, Daves Burritos. His identification was verified by his Illinois Driver's License which contained his current home addresses listed in the application.

I asked Yan David Barrios why he decided to start serving alcohol at his current business in St. Charles.

Yan David Barrios explained that he has been in the restaurant business for many years. Yan David Barrios wants to offer approximately (6) beer selections to his customers. He plans to build a serving area behind the register which will house his alcohol selections. These beverages will be offered to compliment meals and are not meant to be served independently. The restaurant hours are as follows: Monday-Saturday 10:00AM – 9:00PM, Sunday 11:00AM – 8:00PM. Yan David Barrios will only be selling alcohol during his current hours of operation and will not extend his current open time. Yan David Barrios has no liquor inventory at this time and does not expect to start offering alcoholic beverages to his customers until his liquor license application is approved. There will be no live music of any kind at this location. I found the business lay out to be very similar to the floor plan provided with the application.

This concludes this background investigation.

Detective J. Dony #376

Handwritten signature of Detective J. Dony #376. The signature is written in black ink and consists of a stylized 'J' followed by 'Dony' and the number '376'.

2-74-2023

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 Dallas Burritos

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) non-refundable <small>Non-refundable</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Application for all questions applicable to your business.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>quote</i>
Copy of Articles of Corporation, if applicable.	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects, such as pool tables, bar stools, vending/amusement machines; as well as all exits.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Business Plan, to include: Hours of Operation Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area Do not include a marketing or financial plan with this business plan	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OFFICIAL USE ONLY

Signature of Investigating Officer

[Handwritten Signature]

Badge Number & Rank DETECTIVE # 376

Approval Recommended*

Approval NOT Recommended

Signature of Chief of Police

[Handwritten Signature]

Date

4-14-23

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

Date Application Received: 3-24-2023

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: Daves Burritos

3. Business Address: 3677 E Main st St. Charles 60174

4. Type of Business (5.08.070-3): <u>S CORP</u>	5. Length of Time in this Business (5.08.070-4): <u>09/2014</u>	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): <u>\$ 2,500</u>	
7. Business Phone: <u>630-513-1760</u>	8. Business E-mail: <u>Dyyserv</u>	9. Business Website:	10. Illinois Tax ID Number: <u>47-1815903</u>
11. Applicant/Contact Person Name: <u>Yan David Barrios</u>		12. Title: <u>owner</u>	13. Email: <u>Davidbarrios111@icloud.com</u>

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: <u>Joliet IL</u>
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18. If Corporation, Corporation Name:
Same as above

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

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: <i>3677 E. Main Street</i>	2. # Parking Spaces: <i>46</i>	3. Outside Dining s.f. [17.20.020-R]: <i>0</i>	4. Total Building s.f.: <i>3500</i>
5. Total # Seats: <i>60</i>	6. Live Entertainment Area s.f. [5.08.010-H]: <i>0</i>		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): <i>The addition of alcohol beverages would allow our business to grow by attracting a wider range of consumer. Being able to sell alcohol would allow us to grow from a fast pace restaurant into a casual dining restaurant.</i>			

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

Attach 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.

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>Name of Building Owner: Gordon Realty, LLC Phone Number: 561-667-0408</p> <p>Address of Building Owner: E-mail Address: Todd@gordonrealtyfl.com</p> <p>Mailing Address of Building Owner (if different):</p> <p>Name of Building Owner: Phone Number:</p> <p>Address of Building Owner: E-mail Address:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Name of Building Owner: Phone Number:</p> <p>Address of Building Owner: E-mail Address:</p> <p>Mailing Address of Building Owner (if different):</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 Date of permit application _____</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): 09/11/2014</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.	<p>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).</p> <p>Has this been done? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s):</p>
15.	<p>Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>fnote</i> If already furnished, date of delivery:</p>
16.	<p>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)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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):	<i>Yan David Barris owner & manager</i>	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:

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


Applicant's Signature

Michelle C Trocki

Subscribed and sworn before me this 24 day of March



Michelle C Trocki 2023
~~Michelle C Trocki~~
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 4/14/2023 Name of Applicant: YAN DAVID BARRIOS

Name of Business: DAVES BURRITO

Address of Business: 3677 E MAIN ST. ST. CHARLES, IL 60174 Ward Number:

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:

- Date on which applicant will begin selling retail alcoholic liquors at this location:
AS SOON AS APPLICATION FOR ALCOHOL IS APPROVED.
- 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
- 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
- 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

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



State of Illinois
Domestic/Foreign Corporation Annual Report

2022 69794831

FILED July 31, 2022

Jesse White, Secretary of State

1. Corporate Name DAVES BURRITOS INC.
 Registered Agent MARIA AREBALO
 Registered Office 403 W LINCOLN HWY STE 9
 City, IL, Zip Code, County CHICAGO HEIGHTS, IL 60411-2479 COOK

2. Principal address of Corporation 3677 E MAIN ST
ST CHARLES, IL 60174

3a. State or Country of Incorporation ILLINOIS 3b. Date Incorporated/Qualified 09-11-2014

4. The names and addresses of ALL officers & directors MUST be listed here!

Officers

Title	PRESIDENT
Name & Address	YAN BARRIOS 3677 E MAIN ST STC HARLES IL 60174

Title	DIRECTOR
Name & Address	YAN BARRIOS 3677 E MAIN ST ST CHARLES, IL 60174

Title	
Name & Address	

5. If 51% or more of the stock is owned by a minority or female, please check the appropriate box

Minority Female Both

6. Number of shares authorized and issued as of 6-30-2022

Class	Series	Par Value	Number Authorized	Number Issued
COMMON		0.000000	1000	1000.000

7. The amount of paid-in-capital as of 6-30-2022 is \$ 1000

8. All property owned by the corporation is located in Illinois and all business transacted by the corporation is in Illinois.

9. Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

By YAN BARRIOS
Authorized Officer

PRESIDENT July 31, 2022
Title & Date

Fee Summary
Franchise Tax: \$0.00
Filing Fee: \$75.00
Penalty: \$0.00
Interest: \$0.00
Total Fee: \$75.00

Dave's Burrito

1st January 2023

2023 Resolution

Attract new customers while still maintaining the reappearing customers that have been with us through the past nine years. Our consistency has been able to keep our customers satisfied but it's time for the quick bite restaurant to shape into a casual dining environment.

2023 Hours

Monday- Saturday 10am-9pm

Sunday 11am- 8pm

GOALS

1. Liquor License
2. Grow social media on all platforms
3. Create engaging website
4. Modernize delivery service page
5. Organized business expenses

Action

1. Applying for a license within the first month to bring alcoholic beverages to the consumer.
 - a. Employees must have B.A.S.S.E.T training before serving.
2. Facebook, Instagram, ect should start posting in order to gain followers which can lead to tags resulting in consumption.
3. Contract someone that has understanding and availability to be done quickly.
4. Being top sellers on delivery service apps gives customers an easy ordering experience when ordering on the app.
 - a. Provide Photos on all the dishes that are available on the app.
5. Using applications like Quickbooks to organize and record all expenses.

Location Layout



Certificate of Completion

YAN BARRIOS

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification
from the American Safety Council.

GRADUATION DATE

2/3/2023

BASSET Student ID Number
24098063


CEO, American Safety Council



Illinois BASSET Training

This card certifies that:

YAN BARRIOS

has completed the
On-Premise BASSET Alcohol Certification


CEO, American Safety Council

3/5/2023

Exp. Date: