



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 5a

Title:

Recommendation to approve a Proposal for a Class A Liquor License Application for Main Street LLC dba Puffs & Pours, Located at 201/203 W. Main Street, St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Liquor Control Commission

Date: October 16, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Main Street LLC dba Puffs & Pours., located at 201/203 W. Main St., is requesting approval of a Class A liquor license application for their business as a full-service liquor store. This property previously operated as a package liquor store.

Before being presented to this Committee, this item was discussed at the Liquor Control Commission meeting at 4:30 pm on October 16, 2023. The City Council will take a final vote on this item at the next City Council Meeting.

Attachments *(please list):*

Memo, Liquor License Application, Site Plan, Business Plan, Articles of Organization, BASSET Certificate, COI

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a Class A Liquor License for Main Street LLC dba Puffs & Pours located at 201/203 W. Main St., St. Charles.



Memo

Date: 9/27/2023

To: Lora Vitek, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police *J.K.*

Re: Background Investigation- Class A Liquor License for Main Street LLC, dba Puffs & Pours located at 201/203 W. 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.

Puffs & Pours intends to open and operate a full-service liquor store at the above location. This is a 2,100 square foot building formerly operated as a packaged liquor store. The intended hours of operation are 8am-11pm S-W and 8am-Midnight T-S.

The applicant owns and operates a similar store in Antioch. The site-plan, business plan and the corresponding application materials were reviewed by members of my staff. Dram Shop insurance and Basset certification are in order.

Please see the attached material for further information. Thank you in advance for your consideration in this matter.

Police Department



Date: 09/20/2023

To: Chief Keegan via Chain of Command

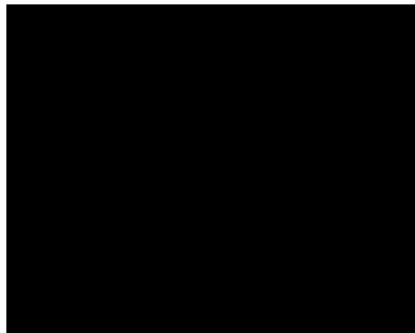
From: Detective Noelle Wold #375

RE: Addendum: Liquor License Background / Main St Liquor LLC

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 A license for the business, **Main St Liquor LLC**. This business is located at 203 W. Main St. St. Charles, IL 60174.

Applicant:

Patel, Serena



APPLICATION:

The initial application was received on or around 08/10/2023. 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, Serena Patel was listed as the General Manager. Serena was fingerprinted by our agency during the initial background investigation and a record check for Serena conducted showing no record. Serena did not have contacts that would preclude her from obtaining a liquor license.

Service, Courage, Professionalism, Dedication



RECORDS CHECK:

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

Serena advised that she has resided in [REDACTED] for the past 20 years. Bartlett Police Department showed no records for Serena.

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

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

A check of the Illinois Liquor Control Commission showed a current active license for the following location:

PAYAL LLC DBA SHOP N SAVE LIQUOR

579 W IL ROUTE 173
ANTIOCH IL, 60002

Antioch Police Department showed no records for Serena.

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

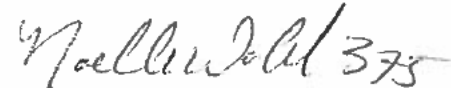
A check of the Illinois Secretary of State showed PAYAL LLC DBA SHOP N SAVE LIQUOR, to be in good standing.

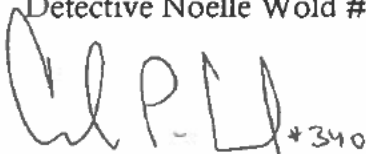
Serena Patel advised that she completed her BASSET Certification course on 12/02/2022. Serena stated that all staff will complete obtain their BASSET Certification. Serena stated that she would submit all BASSET certifications to the City of St. Charles upon completion of the course.

APPLICANT INTERVIEW:

On 09/06/2023, I met with Serena at the St. Charles Police Department where she signed a waiver for this background. Serena stated that Main St Liquor LLC DBA Puffs & Pours is purchasing the business, Samp Two Inc., from Pratik Patel. The purchase agreement was dated and signed by all parties on 08/08/2023. Serena stated that she has not purchased any alcohol for the business and would be purchasing the current inventory when the business purchase is complete. Serena stated that the original floor plan will remain the same and no renovations will be conducted. Serena stated that the hours of operation will remain the same. Serena provided the City of St. Charles with a copy of her Certificate of Liability Insurance from MFS Insurances Services Inc. The business is insured for \$1,000,000/\$2,000,000 aggregate. Serena advised that once the liquor license is approved she is taking over the lease that was signed on 09/05/2023 by the original owners.

This concludes this background investigation.


Detective Noelle Wold #375


#340

8/10/2023

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 Main St. Liquor LLC

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. <u>pending</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<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 checked="" type="checkbox"/>
Copy of Articles of Corporation, if applicable. <u>LLC</u>	<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). <u>NO changes - as is</u>	<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. <u>NO changes - as is</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Business Plan, to include: <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input type="checkbox"/> 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. <u>NO</u>	<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

J. J. Wahl 375

Signature of Investigating Officer

Badge Number & Rank 375 Detective

Approval Recommended*

Approval NOT Recommended

J. J. Wahl

Signature of Chief of Police

9-27-23

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: Main St Liquor LLC
 3. Business Address: 203 W. Main St. St. Charles, IL 60174
 4. Type of Business (5.08.070-3): [REDACTED]
 5. Length of Time in this Business (5.08.070-4): 0 years
 6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$
 7. Business Phone: 630-977-9390
 8. Business E-mail: [REDACTED]
 9. Business Website: -
 10. Illinois Tax ID Number:
 11. Applicant/Contact Person Name: Serena Patel
 12. Title: owner
 13. Email: [REDACTED]
 14. Applicant Home Address, and all addresses for the last 10 years:
[REDACTED]
 15. Ph #: 630-977-9390 DL#: [REDACTED]
 16. Date of Birth: [REDACTED]
 17. Birthplace: Chicago, IL
 18. If Corporation, Corporation Name: Main St Liquor LLC
 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: ~~Sevendra Patel~~ Title: ~~Owner~~
 Birthdate: ~~08/22/94~~ Birthplace: ~~Chicago, IL~~ Driver's License#: _____ Home Phone: ~~(630) 477-093~~
 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: 201 W. Main St. St. Charles, IL 60174	2. # Parking Spaces: 0	3. Outside Dining s.f. [17.20.020-R]: —	4. Total Building s.f.: 2,100
5. Total # Seats: —	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):			

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 checked="" type="checkbox"/> Yes <input 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: Phone Number: Address of Building Owner: [REDACTED] Mailing Address of Building Owner (if different):</p> <p><i>William C. Grossklag</i> <i>3 South 2nd Street, St. Charles, IL 60174</i></p> <p>Name of Building Owner: Phone Number: Address of Building Owner: E-mail Address: Mailing Address of Building Owner (if different):</p> <p>Name of Building Owner: Phone Number: Address of Building Owner: E-mail Address: 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: State of IL liquor control Commission Location, City/State: East St. Louis, IL 60002</p> <p>Date: 01/25/23 Special Explanations: ANTHONY, IL 60002</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 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): 8/3/23</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): *Severna Patel* Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: *12/2/22* Place Course was Taken: *Learn 2 Sewe* Certificate Granted? Y/N *Y* 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

[Empty space for comments/additional information]

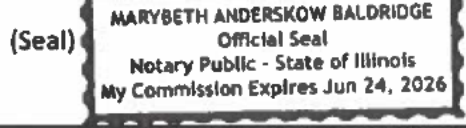
Business Name:

SIGNATURES

[Handwritten Signature]

Applicant's Signature

Subscribed and sworn before me this 07 day of August, 2023



[Handwritten Signature]
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 9/6/2023 Name of Applicant: Serena Patel

Name of Business: Main St. Liquor LLC

Address of Business: 203 W. Main St. Ward Number: 4

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:

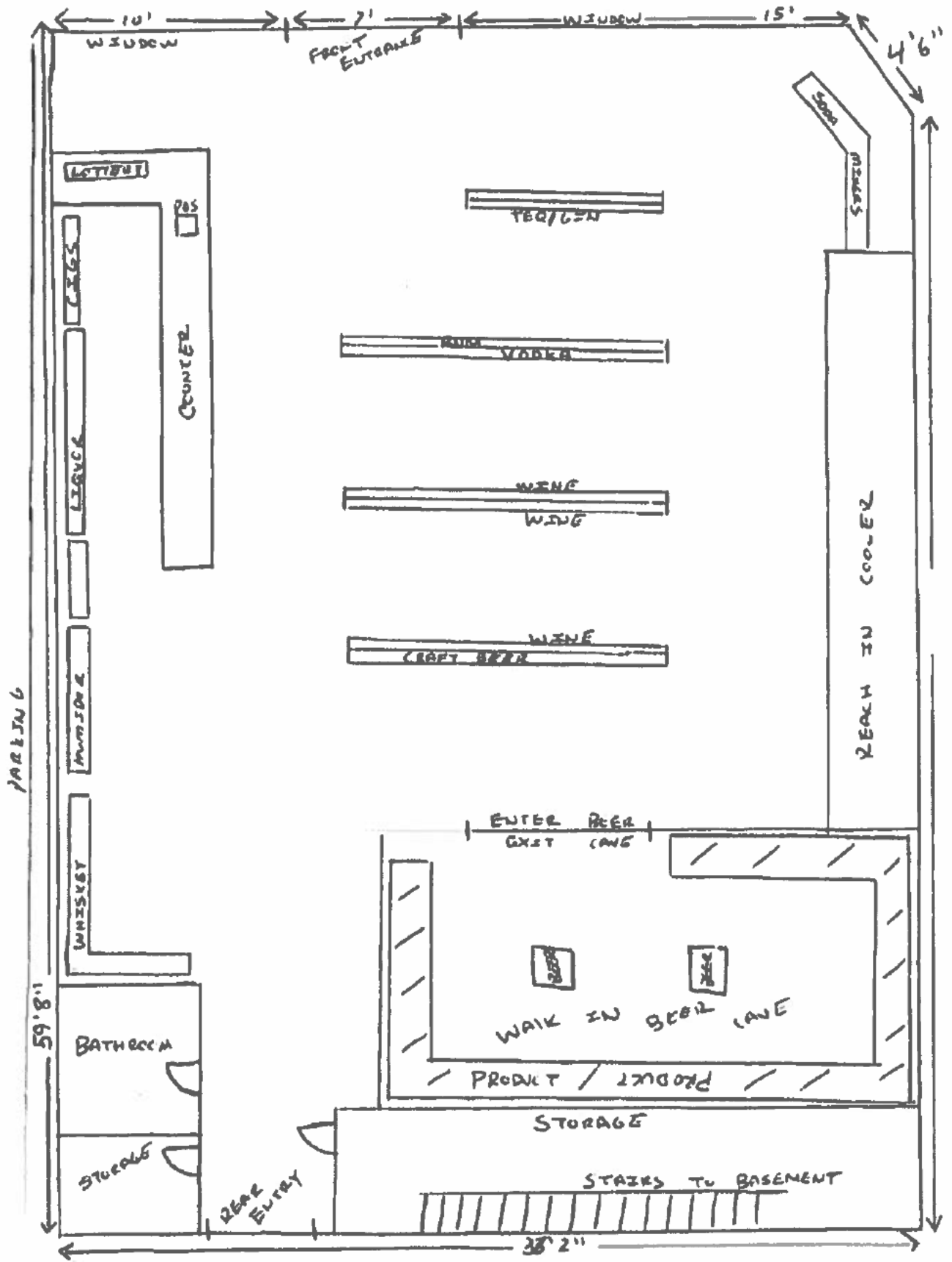
- Date on which applicant will begin selling retail alcoholic liquors at this location:
As soon as possible
- Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? 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

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>IEP Catt</i> Date: <i>8/10/23</i></p>
14.	<p>Other necessary data:</p>

MAIN ST / 64



2nd STREET / RAVE 31

PARKING

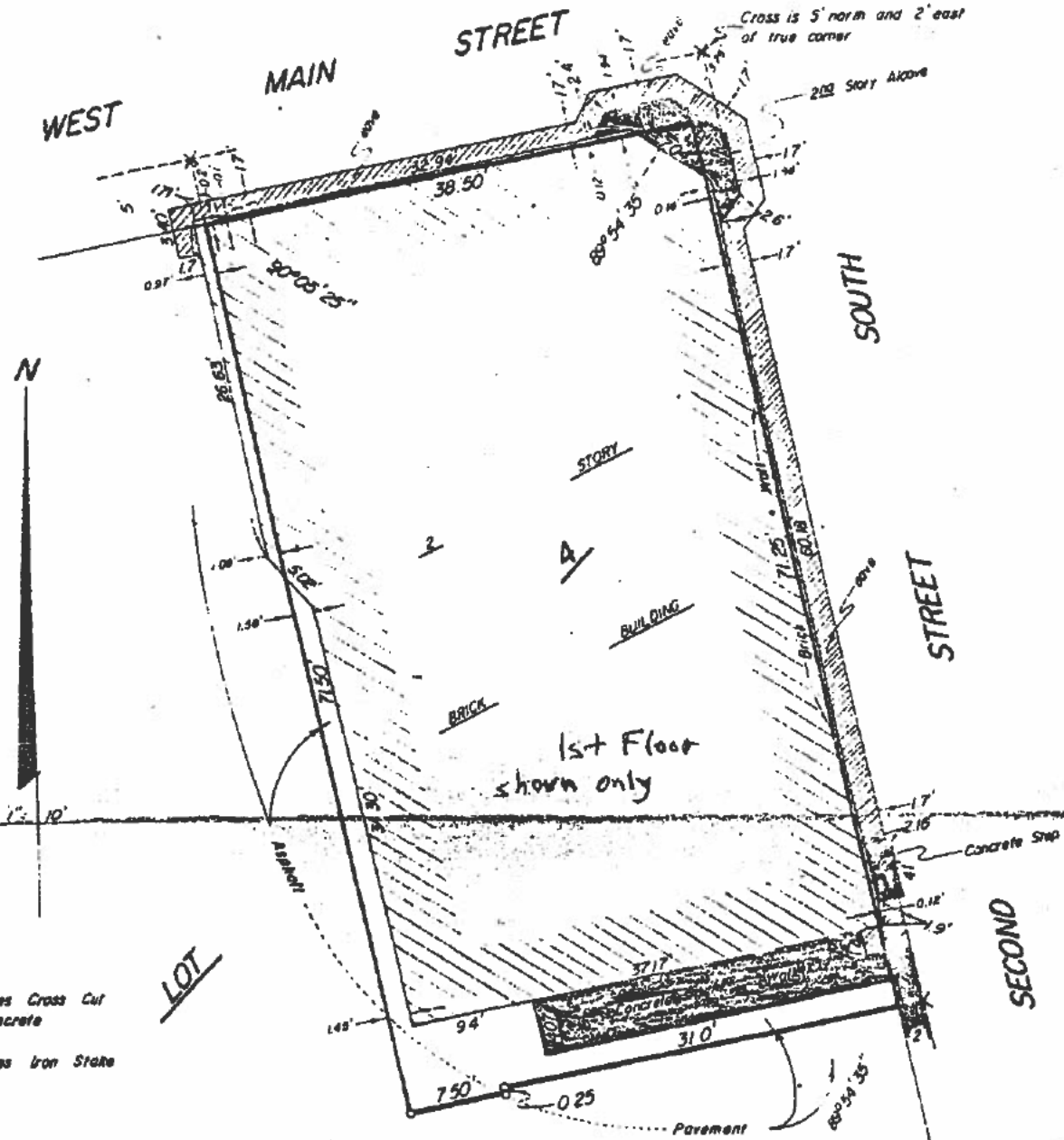
59'8"

38'2"

PARKING

EXHIBIT "A"

Leased Premises

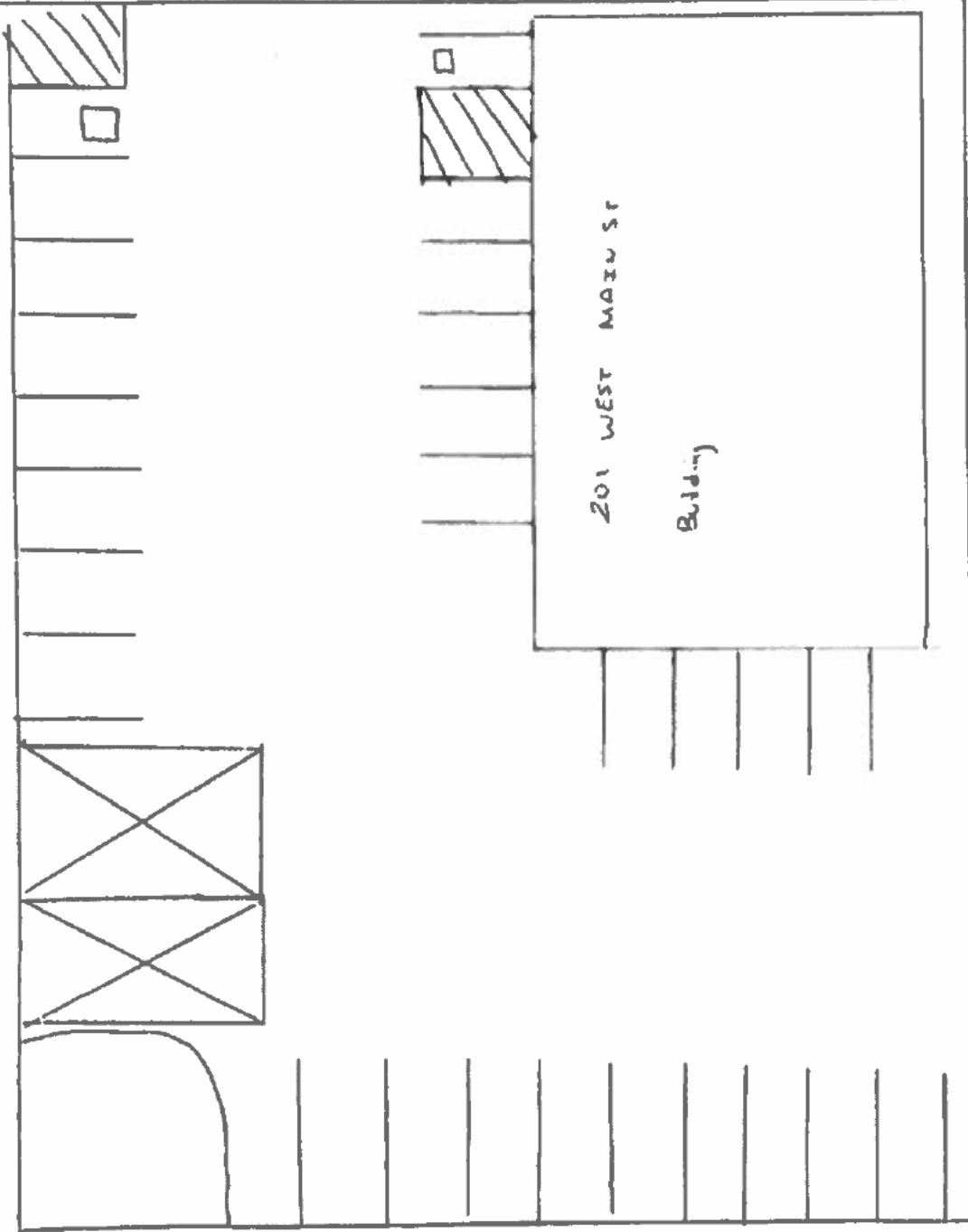


Leased Premises are
Approx. 2,500 sf

Initials JP. / [Signature]

MAIN ST (64)

2nd St / Route 31



**MAIN ST LIQUOR LLC
BUSINESS PLAN**

Prepared By: Serena Patel

1. Hours of Operation

- a. Sunday 8:00 am – 11:00 pm
- b. Monday 8:00 am – 11:00 pm
- c. Tuesday 8:00 am – 11:00 pm
- d. Wednesday 8:00 am – 11:00 pm
- e. Thursday 8:00 am – 12:00 am
- f. Friday 8:00 am – 12:00 am
- g. Saturday 8:00 am – 12:00 am
- h. Open all major holidays

2. Menu

- a. Domestic Beer
- b. Craft Beer
- c. Wine
- d. Seltzers
- e. Pre-Mixed Liquor
- f. Mixers
- g. Water
- h. Liqueur
- i. Vodka
- j. Gin
- k. Rum
- l. Whiskey
- m. Brandy
- n. Cognac
- o. Tequila
- p. Cigars
- q. Cigarettes

- 3. There will not be live music played at this establishment.
- 4. There is no outdoor seating or outdoor designated smoking area.

For any additional questions please contact
Serena Patel

.com

Form **LLC-5.5**

**Illinois
Limited Liability Company Act
Articles of Organization**

FILE # 13571112

Secretary of State **Alexi Giannoulias**
Department of Business Services Limited
Liability Division
www.ilsos.gov

Filing Fee: \$150

Approved By: MJH

FILED

AUG 03 2023

**Alexi Giannoulias
Secretary of State**

1. Limited Liability Company Name: MAIN ST LIQUOR LLC

2. Address of Principal Place of Business where records of the company will be kept:

[REDACTED]

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

SERENA PATEL

[REDACTED]

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

PATEL, SERENA

[REDACTED]

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: AUGUST 03, 2023

SERENA PATEL

[REDACTED]

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Serena Patel

Certificate #: 000027100482

Date of Completion: 12/02/2022

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

5000 Plaza on the Lake, Suite 305

Austin, TX 78746

Phone: 877.881.2235



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2023

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).

PRODUCER		CONTACT NAME: Jorge Bravo	
MFS Insurance Services Inc		PHONE (A/C, No, Ext): (847) 985-0062	FAX (A/C, No): 8479850063
1704 W Foster Avenue		E-MAIL ADDRESS: jorgeb@mfsloans.com	
Chicago IL 60640		INSURER(S) AFFORDING COVERAGE	
		INSURER A: The Hartford	NAIC # 30104
INSURED		INSURER B:	
Main St Liquor LLC		INSURER C:	
DBA Puffs & Pours		INSURER D:	
203 W Main St.		INSURER E:	
St Charles, IL 60174.		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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	ADDCSBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	83SBAAY20D1	08/15/2023	08/15/2024	EACH OCCURRENCE \$ 100000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input type="checkbox"/> MED EXP (Any one person) \$ 10000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 1000000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2000000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X	83SBAAY20D1	08/15/2023	08/15/2024	Liquor Liability 1000000
	Business Personal Property					RPP 200000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: City of St. Charles

CERTIFICATE HOLDER CANCELLATION

City of St. Charles 874 Main Street St. Charles, IL 60174	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 