



**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5a

Title: Recommendation to approve a Proposal for an A4 Liquor License Application for Pollyanna Brewing & Distilling Located at 106 S. Riverside Ave., St. Charles.

Presenter: Police Chief James Keegan

Meeting: Government Operations Committee Date: April 15, 2019

Proposed Cost: \$ Budgeted Amount: \$ Not Budgeted:

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

This is a new liquor license request for the southern half of the old Chord on Blues location. This will be the applicant's third location for this business. The other two locations are in Lemont and Roselle.

*Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on May 6, 2019 for final approval.*

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

Summary, Floor Plan, Liquor License, Insurance

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

Recommendation to approve a proposal for an A4 Liquor License application for Pollyanna Brewing & Distilling located at 106 S. Riverside Ave., St. Charles.



# Memo

Date: 4/8/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation- A4 Liquor License for Pollyanna Brewing & Distilling located at 106 S. Riverside Avenue

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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.

Pollyanna Brewing & Distilling, located at 106 S. Riverside Avenue intends to open and operate a brewery/distillery at the former Chord on Blues site (next to Flagship). We have been in discussions with the applicants for the better part of the last six months and they have completely vetted their concept and operations with other local breweries, the State of Illinois Liquor Control Commission and our Community Economic Development Department. The site location/floor plans and the corresponding application materials were reviewed by my staff. This business is joining three other small breweries already approved in addition to a wine making facility. Pollyanna owns and operates other breweries in both Lemont and Roselle.

We found nothing of a derogatory nature that would preclude either the site location or the applicant with from moving forward with operations, on-site consumption and packaged/novelty sales. They are applying for a class A-4 license (hours of operation 7:00 a.m.-Midnight).

Please see the attached material for further information.

Thank you in advance for your consideration in this matter.

# LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Ryan Weidner, Ed Malnar, Paul Ciciora, Don Ciciora, Brian Pawola

BUSINESS: Pollyanna Brewing & Distilling

ADDRESS: 106 S. Riverside Ave

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

\* COMMENTS: Initial site visit completed but the property is still under construction. Owners are aware a site inspection is needed when construction is complete.

INVESTIGATOR ASSIGNED: Detective Tim Ocasek #367 367

SUPERVISOR REVIEW: OIC Det. R. Vecicardi 368 368

# Police Department

# Memo

Date: 4/5/2019

To: Commander Charles Pierce #323

From: Detective Tim Ocasek #367

Re: Pollyanna Brewing Company / Class A-4 Liquor License Background Investigation

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The purpose of this memo is to document the background investigation of Pollyanna Brewing Company and the associated owners pursuant to the application for a Class A-4 Liquor License for Pollyanna Brewing Company.

## Applicants:

1.) Ryan M. Weidner - (CFO) [REDACTED]

Telephone: [REDACTED]

2.) Edward N. Malnar - (VP of Operations) [REDACTED]

Telephone: [REDACTED]

3.) Paul A. Ciciora - (CEO) [REDACTED]

Telephone: [REDACTED]

4.) Donald E. Ciciora - (Treasurer and GM) [REDACTED]

Telephone: [REDACTED]

5.) Brian K. Pawola - (VP of Brewing) [REDACTED]

Telephone: [REDACTED]

## Applicant Interview:

On 03/27/19 Weidner, Malnar, P. Ciciora, D. Ciciora, and Pawola came to the St. Charles Police Department and were fingerprinted for their liquor license. The release waiver was also signed by the applicants allowing me to start the background.

*Service, Courage, Professionalism, Dedication*



After the fingerprinting I met with the applicants to discuss their application and their business plan. The applicants confirmed that their application was true and accurate. They all advised that there was nothing in their background that would prevent them from obtaining a liquor license with the City of St. Charles. I was informed that this would be their third location in as many towns and have never had problems with the background process.

They informed me that Pollyanna Brewing is designed to be a high-end bar. They will be serving craft beer, hard cider, and spirits. They do not have a food menu. The property does not have a kitchen but plans to serve prepackaged finger foods. The building property was split between Pollyanna and another new business - Flagship. The Flagship took over the portion of the old property with the kitchen. Though partnerships are not official at this time, they plan to finalize agreements with Flagship and Blue Goose to develop a food delivery system for customers.

Pollyanna does not intend to seek a late night permit. They plan to open at 3pm Tuesday through Friday, at noon on Saturday and Sunday, while staying closed Monday. They plan to stay open until midnight on Friday and Saturday and 10pm on Sundays. They will be open until 10pm Tuesday through Thursday with some days being flexible depending on events at the Arcada Theater.

The atmosphere inside Pollyanna is described as laid back. They also stated that there would regularly have live music at their location. They expect to have around 15-18 employees at the location.

**Background Information:**

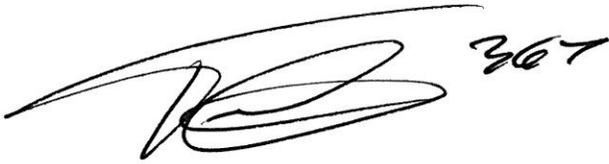
- All applicants are U.S. Citizens.
- There are no New World (Local) contacts with any applicant except for Weidner who has one warning for speeding in '13 from SCPD.
- There were no Aegis Link contacts for any applicant except for the above mentioned traffic warning.
- I contacted the police departments of the towns which the applicants have lived over the past 10 years.
  - Weidner: West Chicago returned only three traffic warnings, all for using a cell phone while driving. The most recent was in 2015
  - Malnar: Plainfield returned two traffic citations from '13 and '17. No other information was available from PPD on the citations, just that they were closed cases. Will County Court records did provide the details. See below:

- According to Will County Records, his '13 incident was for speeding (26-34 Over) but reduced in court to 21-25 over. He was fined \$650, with 12 months supervision, and 50 hours of public service.
    - According to Will County Records, his '17 incident was for speeding (15-20 Over). He was sentenced to 6 months supervision and fined \$120.
  - P. Ciciora: Lockport had no police contacts. He also lived in Greenwood, IN which returned advised they had one incident where he was a complainant on an alarm call in 2008. No other information was available with that record.
  - D. Ciciora: Mokena returned no police contacts.
  - Pawola: There are no police contacts with Chicago, Woodridge, Plainfield, Kansas City, MO.
- Pollyanna Brewing Company has two additional location; Lemont, IL and Roselle, IL.
  - Lemont PD advised no negative police contacts with their location.
  - The City of Lemont stated that that there were no recorded liquor license violations with the business.
  - Roselle PD returned a noise complaint from 06/09/18 at their location. There was no associated report but the complaint was relating to live music. The notes on the return stated that the facility had a permit which allowed the music. No discipline was noted.
  - The Village of Roselle stated that Pollyanna had no liquor license violations. The clerk who responded to my request went so far as to say that Pollyanna Brewing is a great addition to their village and that the company is very active in the community. She also stated that the business is very easy to work with.
- The only contact with any applicant through the Chicago Police Department's ICLEAR System was with Donald Ciciora. Donald's contact is a traffic stop from 08/17/09. There are no details for the stop and does not specify a warning or citation.
- Pollyanna Brewing's application states that they will maintain an inventory valued at \$20,000
- All applicants are BASSET certified. Their certificates are attached with their application.

- A copy of a Commercial Insurance form for Pollyanna Brewing. The insurance proposal is through Cincinnati Insurance Company. The insurance coverage is for \$1,000,000.00 for each occurrence and \$1,000,000.00 in aggregate. (See attached insurance proposal)
- A copy of the floor plan for Pollyanna Brewing is attached.
- A copy of the lease agreement between Riverside LLC and Pollyanna Brewing Company is attached with their application. The lease is for 10 years.
- I logged onto the Better Business Bureau web site, [www.BBB.org](http://www.BBB.org), and I ran Pollyanna Brewing Company in Lemont as well as in Roselle. There were no return results.
- The only new information discovered through a TLOxp search were police contacts for Paul Ciciora and Brian Pawola.
  - Ciciora's contact was for Careless Driving from 2006 in Orange, FL. Ciciora paid an unknown fine amount for the incident.
  - Regarding Pawola TLO returned an arrest for a Public Intoxication arrest in Iowa City, IA. I obtained a copy of the report from ICPD. A summary of the report says that the officer witness Pawola urinating in public and was subsequently arrested for Public Intoxication.
    - I contacted Pawola regarding this incident. He confirmed that the report was relating to him from when he was in college. He said that he had to pay a fine of a couple hundred dollars and that the case is closed.
- I logged onto the Illinois Liquor Control Commission web site, [www.illinois.gov/ilcc](http://www.illinois.gov/ilcc) and searched Pollyanna Brewing Company for any and all active and inactive State of Illinois Liquor Licenses and I located the following active licenses:
  - Pollyanna Brewing Co. of Roselle: License #1C-1136233
  - Pollyanna Brewing Co. of Lemont: License #1C-1129680
- On 04/03/19 all fingerprint results were returned. None of the applicants had a criminal record on file.
- On 04/04/19 I met with Ryan Weidner at the building location for an initial walkthrough. The property was in the process of being rehabbed. Weidner stated that the floor plan he submitted with the application has not changed. He explained that an aggressive open date would be in September of '19. However, they realistically expect to open in the winter. Weidner explained that they have not hired and employees, including a general manager, for their St. Charles location.

Weidner knows that the future GM will have to be fingerprinted at SCPD. Weidner also knows that the PD will have to do an inspection once the building is complete.

This concludes this background investigation.

A handwritten signature in black ink, consisting of stylized, overlapping loops and lines. To the right of the signature, the number "367" is written in a similar cursive style.

Detective Tim Ocasek #367

**City of St. Charles, Illinois Liquor Control Commissioner  
CITY RETAIL LIQUOR DEALER LICENSE APPLICATION  
APPLICATION FEE IS NON-REFUNDABLE**



Incomplete applications will not be accepted.  
**Completed applications may be submitted to:**  
Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: \_\_\_\_\_  New Application  Renewal Application License Class: \_\_\_\_\_  
Business Name: \_\_\_\_\_

**APPLICATION CHECKLIST**

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<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 <b>only</b> needed for <b>each manager</b> . 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<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"/> <b>Do not include a marketing or financial plan with this business plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact <b>Building &amp; Code Enforcement at 630.377.4406</b> and/or <b>Fire Prevention Bureau at 630.377.4458</b> to discuss whether or not a walk-thru and/or permit are necessary for this business.	<input 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 type="checkbox"/>	<input type="checkbox"/>

**OFFICIAL USE ONLY**

Approved\*  Denied Date Approved/Denied: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Signature of Mayor, Liquor Control Commissioner \_\_\_\_\_ Date Issued \_\_\_\_\_

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

**APPLICANT INFORMATION**

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

B. Business Name: **POLLYANNA BREWING & DISTILLING**

C. Business Address: **106 S RIVERSIDE AVE, ST. CHARLES, IL 60174**

D. IL Tax ID Number: [REDACTED] E. Business Phone: **630-914-5834** F. Business E-mail: **INFO@POLLYANNA BREWING.COM** G. Business Website: **WWW.POLLYANNA BREWING.COM**

H. Contact Person: **RYAN WEIDNER** I. Title: **CHIEF FINANCIAL OFFICER** J. Phone No.: **630-402-8212**

K. If Corporation, Corporation Name: **POLLYANNA BREWING COMPANY**

L. Corporation Address (city, state, zip code): **431 TALCOTT AVE, LEMONT, IL 60439**

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

A. License Class:  A Package  B Restaurant  C Tavern  D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club  
 Other: **A-4**

B. Address applying for liquor license (exact street address): **106 S. RIVERSIDE AVE** C. Number of Parking Spaces: **PUBLIC STREET PARKING** D. Outside Dining s.f. [17.20.020-R]: **0** E. Holding Bar s.f. [5.08.010-F]: **266**

F. Total Building s.f.: **12,074** G. Total Number of Seats: **112** H. Number of Bar Seats: **11** I. Sale Counter s.f.: **173** J. Live Entertainment Area s.f. [5.08.010-H]: **270**

K. Kitchen s.f.: **0** L. Cooler s.f.: **266** M. Dry Storage s.f.: **424** N. Seating Area s.f.: **2224** O. Retail/public Area s.f.: **4,408** P. Service Bar s.f. [5.08.010-O]: **266**

Q. Brief Business Plan description based on type of establishment listed above:

**\* SEE ATTACHMENTS**

**MANAGER INFORMATION**

Full Name, include middle initial: **RYAN M. WEIDNER** Title: **CHIEF FINANCIAL OFFICER**

B [REDACTED]  
H [REDACTED]

Full Name, include middle initial: **EDWARD N. MAZUR** Title: **VP OF OPERATIONS**

[REDACTED]

Full Name, include middle initial: **PAUL A. CICIORA** Title: **CHIEF EXECUTIVE OFFICER**

Bi [REDACTED]  
Ho [REDACTED]

**DONALD E. CICIORA, TREASURER & GENERAL MANAGER**

[REDACTED]

**BRIAN K. PANOLA, VP OF BREWING**

[REDACTED]

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

**Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:**

- |    |  |
|----|--|
| 1. | Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following ( <b>check off once complete</b> ): <ul style="list-style-type: none"><li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li><li>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);</li><li>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.**</li></ul> |
| 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 Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.  |

- |    |  |
|----|--|
| 1. | Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following ( <b>check off once complete</b> ): <ul style="list-style-type: none"><li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li><li>b. The designated use of each room or segregated area (e.g. 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);</li><li>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.**</li></ul> |
| 2. | The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee 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 Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.  |

**\*\*THE FIRE PREVENTION BUREAU WILL FURNISH ALL FINAL, PERMITTED OCCUPANCY NUMBERS FOR THIS LICENSE.**

**CORPORATION / PREMISES QUESTIONS**

1. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)?  Yes  No  
 Is any individual a naturalized citizen?  Yes  No  
 If yes, print name(s), date(s), and place(s) of naturalization:

2. List the type of business of the applicant (5.08.070-3): **CRAFT BREWERY & DISTILLERY**

3. Number of years of experience for the above listed type of business (5.08.070-4): **5 YEARS**

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): **\$ 20,000**

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):  
**106 S. RIVERSIDE AVE. ST. CHARLES. ONSITE BREWING AND DISTILLING WITH TAPROOM FOR ONSITE CONSUMPTION. VARIOUS ENTERTAINMENT INCLUDING LIVE MUSIC, TRIVIA, AND BEER/SPIRITS TASTING EVENTS. FOOD PURCHASING TO BE MADE READILY AVAILABLE FROM AREA RESTAURANTS.**

6. Is the premises owned or leased (5.08.070-6A)?  Owned  Leased

7. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):  
**Name of Building Owner: STC RIVERSIDE, LLC**  
**Address of Building Owner: FRONTIER DEVELOPMENT LLC AS AGENT, 4N316 RT. 31 ST. CHARLES, IL 60174**  
 Mailing Address of Building Owner (if different):  
 Phone Number: **630-461-7075** E-mail Address: **CONRAD@FRONTIERDEVELOPMENTGROUP.COM**  
**630-330-7215** **CURT@FRONTIERDEVELOPMENTGROUP.COM**  
**Name of Building Owner:**  
 Address of Building Owner:  
 Mailing Address of Building Owner (if different):  
 Phone Number: E-mail Address:  
**Name of Building Owner:**  
 Address of Building Owner:  
 Mailing Address of Building Owner (if different):  
 Phone Number: E-mail Address:

8. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license?  Yes  No  
 If yes, please list the business name(s) and address(es):

9.	<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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>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.</b></p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, has a building permit been applied for?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, date building permit was applied for with Building &amp; Code Enforcement:</b></p>
11.	<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><b>If yes, what was the disposition of the application? Explain as necessary:</b></p>
12.	<p>Has applicant (and all persons listed on page 1 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 1 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>
13.	<p><b>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</b></p> <p><b>Government Unit:</b> VILLAGE OF LEMONT</p> <p>Date: 4/30/2019      Location, City/State: LEMONT, IL</p> <p>Special Explanations:</p> <p><b>Government Unit:</b> VILLAGE OF ROSELLE</p> <p>Date: 4/30/2019      Location, City/State: ROSELLE, IL</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, list all reasons on a separate, signed letter accompanying this application.</b></p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</b></p>

15.	<p><b>Complete ONLY if yes was answered to the questions above (14):</b></p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <u>11/12/2013</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor 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)?</p> <p><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?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p><b>Mandatory:</b> 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 1 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p><b>Mandatory:</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p><b>NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.</b></p>

20. **Mandatory:** 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

**COMMENTS/ADDITIONAL INFORMATION**

**APPLICATION FOR LATE NIGHT PERMIT**

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

To: **St. Charles Liquor Control Commission** Date:

I now possess or have applied for a liquor license Class

Applicant's Name:

Name of Business:

Business Address:

Business Phone:

**SUPPLEMENTAL PERMIT APPLIED FOR**

Payment of Late Night Permit fee is required at the time the permit is issued.

- 1:00 a.m. Late Night Permit – fee of \$800.00
- 2:00 a.m. Late Night Permit – fee of \$2,300.00

**NOTE:** Other permits that may be available upon request include:

- Class E – Special Event License (1 to 3-day event @ \$100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

**SIGNATURES**

 3-20-2019  
 Applicant Signature Date

**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: **RYAN** (First) **WEIÖNER** (Last) **M** (Middle) **PARTNER** Manager

Home Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Date of Course: **8/2/2017** Place Course was Taken: **ONLINE**

Birthdate: [REDACTED] Certificate Granted: **LEARN2SERVE** Expiration: **8/1/2020**

Name: **ED** (First) **MAZUAR** (Last) **N** (Middle) **PARTNER** Manager

Home Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Date of Course: **8/13/2017** Place Course was Taken: **ONLINE**

Birthdate: [REDACTED] Certificate Granted: **PSCC10600 294663** Expiration: **8/12/2020**

Name: **PAUL** (First) **CICIORA** (Last) **A** (Middle) **PARTNER** Manager

Home Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Date of Course: **1/12/2017** Place Course was Taken: **ONLINE**

Birthdate: [REDACTED] Certificate Granted: **LEARN2SERVE** Expiration: **1/11/2020**

Name: **DON** (First) **CICIORA** (Last) **E** (Middle) **PARTNER** Manager

Home Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Date of Course: **4/26/2017** Place Course was Taken: **ONLINE**

Birthdate: [REDACTED] Certificate Granted: **PSCC10600 280800** Expiration: **4/25/2020**

**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.

**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: BRIAN (First) PAWOLA (Last) K (Middle) PARTNER Manager  
Home Street Address: [REDACTED]  
City, State, Zip: [REDACTED]  
Date of Course: 5/4/2017 Place Course was Taken: ONLINE  
Birthdate: [REDACTED] Certificate Granted: Expiration: 5/3/2020

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

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

Name: (First) (Last) (Middle) Manager  
Home Street Address:  
City, State, Zip:  
Date of Course: Place Course was Taken:  
Birthdate: Certificate Granted: 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.**

Business Name:

POLLANNA BREWING & DISTILLING

**SIGNATURES**

  
Applicant's Signature

 3/21/19  
Notary & Date

Seal:



Liquor Commissioner hereby directs City Clerk to issue permit indicated above.

\_\_\_\_\_  
Liquor Commissioner's Signature

\_\_\_\_\_  
Date

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION****To be completed by the City of St. Charles Police Department**

Date:	Name of Applicant:
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Name of Business:
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Address of Business:	Ward Number:
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**To Liquor Control Commissioner, City of St. Charles, Illinois**

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

1.	Date on which applicant will begin selling retail alcoholic liquors at this location:
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input 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  <b>If yes, answer a, b and c:</b> 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
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  <b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input type="checkbox"/> No

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: _____ Date: _____
14.	Other necessary data:

**SIGNATURES  
ENDORSEMENTS AND APPROVALS  
INVESTIGATING OFFICER**

\_\_\_\_\_

Investigating Officer Signature Badge Number & Rank

**ENDORSEMENT OF THE CHIEF OF POLICE**

Recommend Issuing Liquor License:  Yes  No

\_\_\_\_\_

Signature Of Chief of Police Date

**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Liquor Commissioner

**ENDORSEMENT OF THE FIRE CHIEF**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fire Chief

**ENDORSEMENT OF THE BUILDING COMMISSIONER**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Classification: \_\_\_\_\_

\_\_\_\_\_  
Building Commissioner

**ENDORSEMENT OF THE FINANCE DIRECTOR**

Recommend Issuing:  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Finance Director

**APPROVAL OF THE CITY COUNCIL**

Approved for Issuing:  Yes  No Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

\_\_\_\_\_  
Attested to by City Clerk Date: \_\_\_\_\_





