



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 5.a

Title:

Recommendation to approve a Proposal for a C-1 Liquor License Application and 1 am Late Night Permit for SCMC Enterprises dba Rudy's Bar, Located at 214 W. Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee **Date:** June 19, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

SCMC Enterprises dba Rudy's, located at 214 W. Main St., is requesting approval of a C-1 liquor license application and a 1 am late night permit for their business.

This applicant operates two current restaurants and bars in St. Charles, The Beach Hut and the R-Bar. There have been no issues with either location or concerns with this application being approved for a license for this new establishment.

Before being presented to this Committee, this item was discussed at the Liquor Control Commission meeting at 4:30 pm on June 19, 2023. The City Council will take a final vote on this item at the next City Council Meeting.

Attachments *(please list):*

Liquor License Application, COI, Floor Plan, Site Plan, Articles of Incorporation, BASSET Training, Business Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a Proposal for a C-1 Liquor License Application and 1 am Late Night Permit for SCMC Enterprises dba Rudy's Bar, Located at 214 W. Main St., St. Charles.



Memo

Date: 6/14/2023

To: Mayor Lora Vitek – Liquor Commissioner

From: Erik Mahan, Deputy Chief of Police

Re: Background Investigation, Class C Liquor License, Rudy's 210 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 a new establishment. This Investigation was done based on the application by SCMC Enterprises, Inc. (dba Rudy's) for a City of St. Charles Class C Liquor License. This applicant proposes this business to be located at 210 W. Main Street. The applicant currently holds similar licenses for two other businesses (R House and The Beach Hut). No issues of note were discovered in the background investigation and the Police Department recommends approval.

EM

A handwritten signature in black ink, appearing to be "EM", written over the typed name "EM".



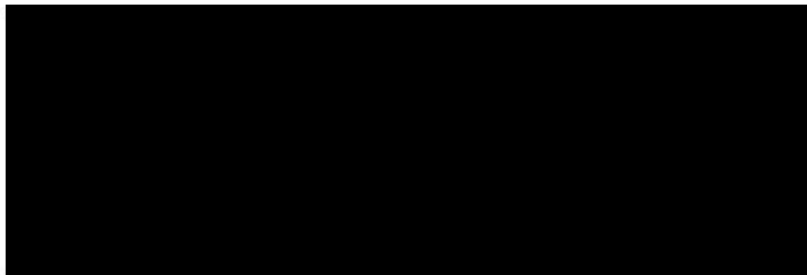
Memo

Date: 06/09/23
To: Chief Keegan #300 (via chain of command)
From: Sgt. Vicicondi #368 DL#340
Re: Liquor License- Tavern (C) Background, SCMC Enterprises, Inc (dba Rudy's)

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 a Tavern Class C liquor license for the business, SCMC Enterprises, Inc (dba Rudy's) - which is located at 210 West Main Street.

Applicants:

Rudowicz, Brian P. Allen, Justin A.



Application:

The application was received on 05/01/23. The application is complete to include: a lease (unsigned), a Certificate of Liability Insurance (\$2,000,000 in aggregate / \$1,000,000 for each occurrence), a business plan (floor plan), a menu, and hours of operation. Brian and Justin are owners of SCMC Enterprises, Inc. Rudy's will serve alcohol and no food; but free pretzels will be given out.

BASSET certificates were included for Brian as well as several employees. *Justin later emailed me his certificate (graduation date of 06/07/23).*

A check of the Illinois Liquor Control Commission website showed an active license status for both of Brian and Justin's other liquor businesses (R House and The Beach Hut).



A Business Report check of SCMC Enterprises Inc. in TLO did not reveal anything that would prohibit the acquisition of a liquor license.

A check in the IL Secretary of State website showed SCMC Enterprises Inc. as being listed as active.

Personal Interview:

In Summary:

On 06/06/23, I met with and interviewed Brian and Justin at their other business, St. Charles Motor Cars (4220 E. Main St.). This was due to the site of 210 W. Main St. (Rudy's) currently being under renovation. I learned that the renovations include building a wooden bar, putting in a second bathroom, and completing cosmetic upgrades. Brian and Justin each signed a waiver for this investigation. I was provided with photocopies of Brian and Justin's driver's licenses.

Justin has lived at his current address for approximately 6 years. Prior to that he lived at [REDACTED] (where he lived for 12 years). Justin is a U.S. Citizen.

Brian has lived at his current address for approximately 12-13 years. Brian is a U.S. Citizen.

Brian and Justin currently have three businesses in St. Charles (R-House, The Beach Hut, and St. Charles Motor Cars). They do not have any liquor inventory at this time for Rudy's. Brian and Justin are current liquor license holders for R-House and The Beach Hut and they advised they have no past liquor violations. They plan to sell liquor and open Rudy's on 09/01/23. They hope renovations will be done by the end of August and they plan on having 2 or 3 employees.

Tyler Rudowicz [REDACTED] will be the on-site manager. I received two photocopies of Tyler's Basset certificates. One certificate expired on 05/27/2022, and one certificate was completed on 04/27/2022. The latter does not have an expiration date.

A check of Tyler's BASSET card was conducted and it showed that it will expire on 04/27/2025.

Records Checks: Brian Rudowicz

Brian Rudowicz provided an address of [REDACTED]

A check in New World records, which includes the Geneva Police Department, revealed no negative contacts.

A check for Brian in TLO had no results for real-time incarcerations and arrests. I searched Criminal and Traffic Offenses and it had one result for a traffic offense (2006). TLO also disclosed that Brian had one result for a bankruptcy with a Filing Date of 10/14/2014.

A check in Clear revealed no negative contacts.

A check with the Kane County Portal website disclosed of one traffic case (2006), one CH-Real Estate Mortgage Foreclosure case (2011), and one L-Contract Money Damage case (2013).

Brian's fingerprints were submitted to the Illinois State Police Bureau of Identification and the FBI. Their results indicated no record of any arrest.

A check of Brian's BASSET card was conducted and it indicated that it will expire on 04/20/25.

-See the attached documents for further information.

Records Checks: Justin Allen

Justin Allen provided an address of 

A check in New World records, which includes the Geneva Police Department and the Batavia Police Department, revealed no negative contacts. A check in Aegis Link records, which includes the Kane County Sheriff's Office, had no records for Justin.

A check in Clear revealed no records for Justin.

A check for Justin in TLO had no results for real-time incarcerations and arrests. I searched Criminal and Traffic Offenses in TLO and it has the following results: there were four traffic offenses, with the latest being in 2012. There was one Criminal Misdemeanor result for: Minor Poss. Liquor in Public (1992CM002194). The listed Date is 04/27/1992 and the arresting agency is the St. Charles Police Dept.

A check with the Kane County Portal's website disclosed of several traffic cases (last one in 2012), an ordinance violation case (1998/Parking Violation), and one Criminal Misdemeanor case (1992-CM-002194 - File Date: 04/27/1992 - SCPD).

Justin's fingerprints were submitted to both the FBI and the Illinois State Police Illinois Bureau of Identification. Their reply indicated no records of any arrest.

A check of Justin's BASSET card was conducted and it had two results. One result expires on 05/02/24 and one result expires on 02/08/26 (Note: each result has a different license number).

-See the attached documents for further information.

Pending Items:

On 06/09/23, I called and spoke with Brian in regards to the unsigned lease. Brian indicated that the lease was signed on Wednesday (06/07/23).

On 06/09/23, through email communication, I advised Brian to send me and the city a copy of the signed lease. I also emailed Brian and advised him that Tyler would have to be fingerprinted, prior to Rudy's opening, due to him being a manager.

This concludes this background investigation.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sgt. Vicicondi 368".

Sgt. Vicicondi 368



Memo

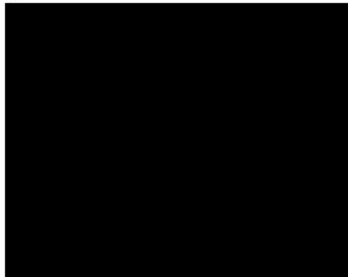
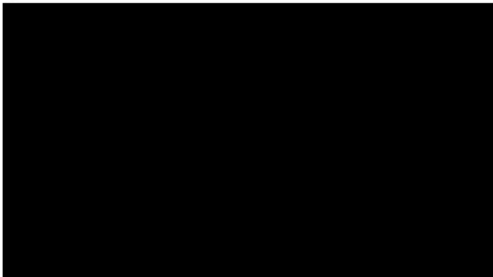
Date: 06/14/23
To: Chief Keegan #300 (via chain of command)
From: Sgt. Vicicondi #368
Re: Liquor License- Tavern (C) Background, SCMC Enterprises, Inc (dba Rudy's) - Supplemental Memo

The purpose of this supplemental 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 a Tavern Class C liquor license for the business, SCMC Enterprises, Inc (dba Rudy's) - which is located at 210 West Main Street.

Applicants:

Rudowicz, Brian P.

Allen, Justin A.



Signed Lease and Manager Fingerprints:

On 06/13/23, I received a copy of the signed lease via email from Justin Allen (see attached). On 06/13/23, I met with Manager Tyler J. Rudowicz [REDACTED] and fingerprinted him at the SCPD (for the purpose of a liquor applicant). The ISP Bureau of Identification and FBI results indicated there was no record of any arrest for Tyler.

This concludes this supplemental memo.

Respectfully submitted,

Sgt. Vicicondi 368



City of St. Charles, Illinois Liquor Control Commission
CITY RETAIL LIQUOR DEALER LICENSE APPLICATION



Incomplete applications will not be accepted.

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

Business Name

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) non-refundable <small>Non-refundable</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<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 only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects , such as pool tables, bar stools, vending/amusement machines; as well as all exits .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Copy of Menu <input checked="" type="checkbox"/> Whether or not live music will be played at this establishment <input checked="" type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input checked="" type="checkbox"/> Do not include a marketing or financial plan with this business plan 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

Signature of Investigating Officer

Badge Number & Rank

Approval Recommended* Approval NOT Recommended

Signature of Chief of Police

Date

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

Date Application Received: 5-1-2023

LICENSE INFORMATION:

- A Package \$3200-3600 A1 A2 A4 A5 A6
- B Restaurant \$2400-3600 B1 B2 B3
- C Tavern \$2400-3600 C1 C2 C1
- 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

Late Night Permit 1:00am \$800 (B/C only)

Late Night Permit 2:00am \$2300 (B/C only)

*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): S Corp

2. Business Name: SCMC Enterprises Inc.

3. Business Address: 214 W. Main Street St. Charles, IL 60174

4. Type of Business (5.08.070-3): Tavern	5. Length of Time in this Business (5.08.070-4): 12-2018	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 5000.00
7. Business Phone: 224-227-0073	8. Business E-mail: brudy45@gmail.com	9. Business Website: N/A
11. Applicant/Contact Person Name: Brian Rudowicz	12. Title: President	10. Illinois Tax ID Number: 83-2031006

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

18. If Corporation, Corporation Name: SCMC Enterprises Inc

19. Corporation Address (city, state, zip code): 214 W. Main Street St. Charles, IL 60174

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

Full Name, include middle initial: Brian P. Rudowicz Title: President

Birthdate: [REDACTED] Birthplace: [REDACTED]

Home Address, and all addresses for the last 10 years: [REDACTED] Email Address: [REDACTED]

Full Name, include middle initial: **Justin A. Allen** Title: **Vice-President**
 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: 210 W. Main Street	2. # Parking Spaces: 0	3. Outside Dining s.f. [17.20.020-R]: N/A	4. Total Building s.f.: 1200-1500 s.f.
5. Total # Seats: 40	6. Live Entertainment Area s.f. [5.08.010-H]: No		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): Country Bar			

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY
 Attach to this application a floorplan or layout of the proposed facility to include the following:

- Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
 - The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
 - The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);
 - The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.
- The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license.
- A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
- It shall be unlawful for any licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.

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

CORPORATION / PREMISES QUESTIONS

If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? Yes No

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

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

3. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: **JWm 2010, LLC** Phone Number:

Address of Building Owner: **P.O. Box 469** E-mail Address:

Geneva, IL 60134

Mailing Address of Building Owner (if different):

Name of Building Owner: **Martin Farm Holding, LLC** Phone Number:

Address of Building Owner: **P.O. Box 469** E-mail Address:

Geneva, IL 60134

Mailing Address of Building Owner (if different):

Name of Building Owner: Phone Number:

Address of Building Owner: E-mail Address:

Mailing Address of Building Owner (if different):

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

5. Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant?
 Yes No
If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued. (5.08.050)

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

7. Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? Yes No
 If yes, what was the disposition of the application? Explain as necessary:

8.	<p>Has applicant (and all persons listed on page 2 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="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: <u>R House</u> Location, City/State: <u>St. Charles, IL</u></p> <p>Date: _____ Special Explanations: _____</p> <p>Government Unit: <u>Beach Hut</u> Location, City/State: <u>St. Charles, IL</u></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): _____</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): 5-1-23

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): Shee Brown Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 3-22-2023 Place Course was Taken: 360training.com Certificate Granted? (Y/N) (Y) Expiration: 3-22-2026

Name (First, Middle, Last): Brian Rudowicz Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 4-20-2022 Place Course was Taken: American Safety Council Certificate Granted? (Y/N) (Y) Expiration: 4-20-2025

Name (First, Middle, Last): Jessica Horn Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 2-13-2023 Place Course was Taken: 360training.com Certificate Granted? (Y/N) (Y) Expiration:

Name (First, Middle, Last): Jacqueline Gorr Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 8-23-2022 Place Course was Taken: IL liquor Com. Commission Certificate Granted? (Y/N) (Y) Expiration: 8-23-2025

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: SCMG Enterprises Inc.

SIGNATURES

[Handwritten Signature]
Applicant's Signature

Subscribed and sworn before me this 1 day of May, 2023

(Seal)



[Handwritten Signature]
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 06/06/23 Name of Applicant: Brian Rudowicz + Justin Allen

Name of Business: Rudy's

Address of Business: 210 W. Main St., St. Charles, IL 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:
09/01/23
- 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.	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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: <i>SCPD</i> Date: <i>05/22/23</i>
14.	Other necessary data: <i>N/A</i>

80.2 FT

DRINK R.

← 36" →
REAR EXTERIOR EXIT WITH PUSH BAR

← 36" →
REAR INTERIOR EXIT

HOT WATER TANK
HEATER HVAC
SHELVES

STORAGE

← 36" →

← 36" →

LAV
SINK

LAV
SINK

BATHROOM

BATHROOM

NEW ADA

NEW ADA

CHAIR
TABLE
CHAIR
CHAIR
TABLE
CHAIR

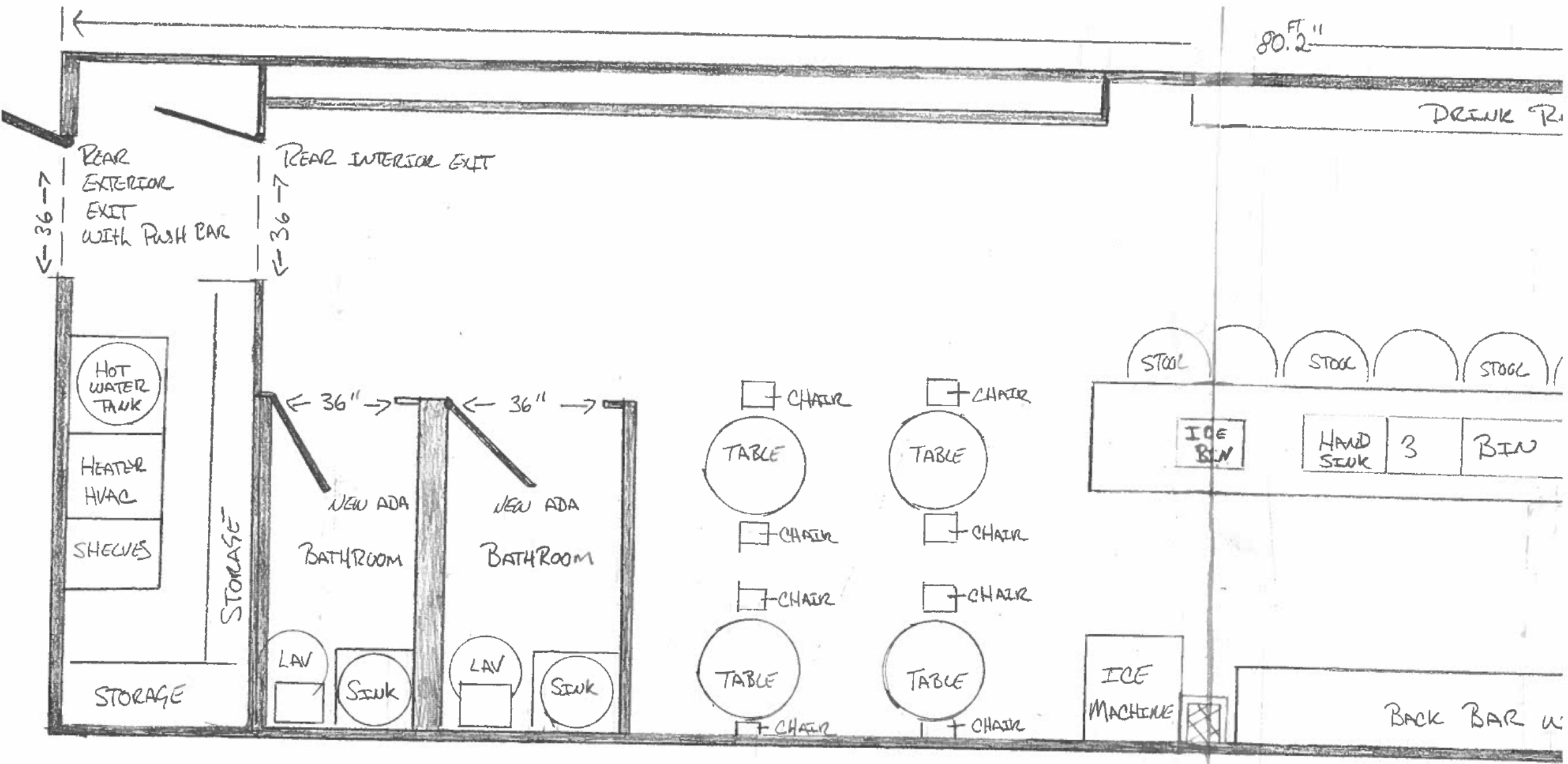
CHAIR
TABLE
CHAIR
CHAIR
TABLE
CHAIR

STOOL STOOL STOOL

ICE BIN HAND SINK 3 BIN

ICE MACHINE

BACK BAR w



RUDY'S BAR

210 WEST MAIN STREET

SAINT CHARLES, IL. 60174

GENERAL NOTES:

- All work shall comply with the Applicable Local, State, County and Federal Codes, Ordinances, Laws, Regulations and Protective Covenants governing the site of work.

BUILDING CODES

BUILDING CODE	2021 INTERNATIONAL BUILDING CODE (IBC)
MECHANICAL CODE	2021 INTERNATIONAL MECHANICAL CODE
ELECTRICAL CODE	2020 NATIONAL ELECTRICAL CODE (NEC)
FIRE CODE	2021 INTERNATIONAL FIRE CODE
FUEL GAS	2021 INTERNATIONAL FUEL GAS CODE
ENERGY CODE	2021 ILLINOIS ENERGY CONSERVATION CODE
PLUMBING CODE	2014 ILLINOIS STATE PLUMBING CODE
ACCESSIBILITY CODE	1997 ILLINOIS ACCESSIBILITY CODE
LOCAL AMENDMENTS	w/ LOCAL AMENDMENTS

Scope of Document:

These architectural plans and specifications indicate the general scope of the project in terms of architectural, design concept, building dimensions, type of structural, mechanical and utility systems, and an outline of major architectural elements of construction as such, these plans do not necessarily indicate or describe all work required for the full performance or completion of the work. However it is the intent of these drawings to provide for complete building and building systems. Omission of items reasonably required to achieve completion shall not relieve the contractor from the responsibility to provide these items at no additional cost to the owner. In addition to being in strict accordance with these plans and specifications it is also intended that the work be of sound and quality construction, performed by experienced and qualified tradesman in a timely manner. Contractor, subcontractors and suppliers shall be solely responsible for the inclusion of adequate amounts to cover the installation of all items indicated, described or implied. The architect is not responsible for protecting the owner against defects or deficiencies in the work.

Special Safety Note

All contractors, subcontractors and their representatives working on this project shall at all times prior to and during the course of their activity be responsible for the safety of their employees as well as others and in the care of the property each as represent their employees shall ascertain that the conditions under which they will be required to accomplish their work are safe and meet all regulations of the occupational safety and hazard act or other governing regulations, the beginning of work by a contractor or subcontractor shall indicate satisfaction concerning safety and full responsibility for accidents and or damage if unsatisfied. The contractor or subcontractor shall indicate the actions and or device necessary to render the job site safe. If the work of other parties, is upon inspection, found at any time to be unsafe, the contractor or subcontractor shall immediately stop all work and notify the general contractor, architect and owner. The beginning of work shall indicate acknowledgment and acceptance of these requirements.

Special Supervision Notice

The architect is not supervising the construction of this building. Therefore, the use of these drawings by the owner or his contractor, builder, subcontractors, or tradesman shall constitute a hold harmless agreement between the drawing user and the architect. The user shall in fact agree to hold the architect harmless for any responsibility in regard to the construction means, methods, techniques, sequences or procedures and for any safety programs or precautions in connection with the work. Further, the architect shall be held harmless for any responsibility in regard to any costs or problems arising from the negligence of the contractor, subcontractor, builder, tradesman or workman or for their failure to comply with and adhere to these plans and specifications. he shall fully coordinate his work with all other trades and make all necessary field adjustments to accommodate the work at no additional cost to the owner.

Limit of Liability

All work is to be performed in strict accordance with local codes and ordinances. Contractors shall inform the architect, in writing of these items which may conflict with local code requirements or accepted practice so that these items, if any may be resolved prior to execution of construction agreements. The architect shall not be responsible for the acts or omissions of the owner. The contract or subcontracts performing any of the work described in and or related to these plans and specifications, deviation in any form, fashion or manner without the prior written approval of the architect shall relieve the architect from any and all liability or responsibility arising out of conditions or circumstances both related and unrelated to such deviations. On site verification of all dimensions and conditions as well as exact fit proper completion of the work shall be the responsibility of the contractor.

ABBREVIATIONS

AB	ANCHOR BOLT	FP	FIRE FLEECE	FV3	FLY VAPOR BARRIER
ABV	ABOVE	FR	FROST PROOF HOSE BIB	FV4	FLY VAPOR BARRIER
ACT	AIR CONDITIONING	FT	FOOTING	FV5	FLY VAPOR BARRIER
AD	ADJUSTABLE	FUR	FURRED(ING)	FV6	FLY VAPOR BARRIER
ADJ	ADJUSTABLE	FURN	FURNITURE	FV7	FLY VAPOR BARRIER
ADP	AIR CONDITIONING	FX	FIXED	FV8	FLY VAPOR BARRIER
AF	ASBESTOS FLOOR	G	GALLON	FV9	FLY VAPOR BARRIER
ALT	ALTERNATE	GA	GARAGE	FV10	FLY VAPOR BARRIER
ALU	ALUMINUM	GC	GROUND CONTACT(GROUND)	FV11	FLY VAPOR BARRIER
AM	ARCHITECTURAL	GI	GIRDER	FV12	FLY VAPOR BARRIER
AN	ANNULUS	GL	GLASS	FV13	FLY VAPOR BARRIER
AO	AUTOMATIC	GLK	GLASS BLOCK	FV14	FLY VAPOR BARRIER
AP	APPLY	GLN	GLASS BLOCK	FV15	FLY VAPOR BARRIER
APC	APPLY TO CEILING	GLP	GLASS BLOCK	FV16	FLY VAPOR BARRIER
APD	APPLY TO DECK	GLR	GLASS BLOCK	FV17	FLY VAPOR BARRIER
APF	APPLY TO FLOOR	GLS	GLASS BLOCK	FV18	FLY VAPOR BARRIER
APG	APPLY TO GROUND	GLT	GLASS BLOCK	FV19	FLY VAPOR BARRIER
APH	APPLY TO HANGING	GLU	GLASS BLOCK	FV20	FLY VAPOR BARRIER
API	APPLY TO INTERIOR	GLV	GLASS BLOCK	FV21	FLY VAPOR BARRIER
APJ	APPLY TO JOINT	GLW	GLASS BLOCK	FV22	FLY VAPOR BARRIER
APK	APPLY TO KITCHEN	GLX	GLASS BLOCK	FV23	FLY VAPOR BARRIER
APL	APPLY TO LIVING	GLY	GLASS BLOCK	FV24	FLY VAPOR BARRIER
APM	APPLY TO MASTERS BATH	GLZ	GLASS BLOCK	FV25	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL1	GLASS BLOCK	FV26	FLY VAPOR BARRIER
APO	APPLY TO OFFICE	GL2	GLASS BLOCK	FV27	FLY VAPOR BARRIER
API	APPLY TO INTERIOR	GL3	GLASS BLOCK	FV28	FLY VAPOR BARRIER
APJ	APPLY TO JOINT	GL4	GLASS BLOCK	FV29	FLY VAPOR BARRIER
APK	APPLY TO KITCHEN	GL5	GLASS BLOCK	FV30	FLY VAPOR BARRIER
APL	APPLY TO LIVING	GL6	GLASS BLOCK	FV31	FLY VAPOR BARRIER
APM	APPLY TO MASTERS BATH	GL7	GLASS BLOCK	FV32	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL8	GLASS BLOCK	FV33	FLY VAPOR BARRIER
APO	APPLY TO OFFICE	GL9	GLASS BLOCK	FV34	FLY VAPOR BARRIER
API	APPLY TO INTERIOR	GL10	GLASS BLOCK	FV35	FLY VAPOR BARRIER
APJ	APPLY TO JOINT	GL11	GLASS BLOCK	FV36	FLY VAPOR BARRIER
APK	APPLY TO KITCHEN	GL12	GLASS BLOCK	FV37	FLY VAPOR BARRIER
APL	APPLY TO LIVING	GL13	GLASS BLOCK	FV38	FLY VAPOR BARRIER
APM	APPLY TO MASTERS BATH	GL14	GLASS BLOCK	FV39	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL15	GLASS BLOCK	FV40	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL16	GLASS BLOCK	FV41	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL17	GLASS BLOCK	FV42	FLY VAPOR BARRIER
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APN	APPLY TO NESTING	GL23	GLASS BLOCK	FV48	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL24	GLASS BLOCK	FV49	FLY VAPOR BARRIER
APN	APPLY TO NESTING	GL25	GLASS BLOCK	FV50	FLY VAPOR BARRIER

SYMBOL LEGEND

	EARTH		SECTION KEY
	SAND OR GROUT		SHEET NUMBER
	BRICK		DETAIL NUMBER
	CONCRETE BLOCK		SHEET NUMBER
	CONCRETE		ELEVATION NUMBER
	STONE		SHEET NUMBER
	STEEL		
	DIMENSIONAL LUMBER		ROUND OR DIAMETER
	BLOCKING		CENTERLINE
	FINISH GRADE HOOD		
	PLYWOOD		
	GRANULAR FILL		
	BATT INSULATION		
	RIGID INSULATION		
	INTERIOR PARTITION WALL		
	INTERIOR LOAD BEARING WALL		
	BALLOON FRAME WALL		
	DROPPED CEILINGS OR SOFFIT		

SHEET INDEX

- 1.1 COVER SHEET
- 1.2 NOTES AND DETAILS
- 3.1.1 NEW FLOOR PLAN
- 3.1.2 EXISTING FLOOR PLAN
- 3.1.3 EGRESS FLOOR PLAN
- 3.1.4 ROOM FINISH LAYOUT
- 5.1 RESTROOM ACCESSIBILITY PLAN
- 8.1.2 NEW & EXISTING FIRST FLOOR ELEC. PLAN
- 8.1.3 NEW & EXISTING FIRST FLOOR REFLECTED CEILING PLAN

Architects Declaration

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Kenneth Brandeis - Architect
IL. Lic. 001-010679
JAKL - Brandeis - Architects LTD
IL. Lic. 184-001832

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EXP 04-30-2024

JAKL BRANDEIS ARCHITECTS LTD
1800 HAWTHORNE LANE SUITE Q
WEST CHICAGO IL. 60185
pt: 630-562-3900 fax: 630-562-2570
Contact: Mike Anzakone ph: 847-417-8558
fac: 847-466-9330

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A INTERIOR REMODEL FOR
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210 WEST MAIN STREET
SAINT CHARLES, IL. 60174

project: -202318

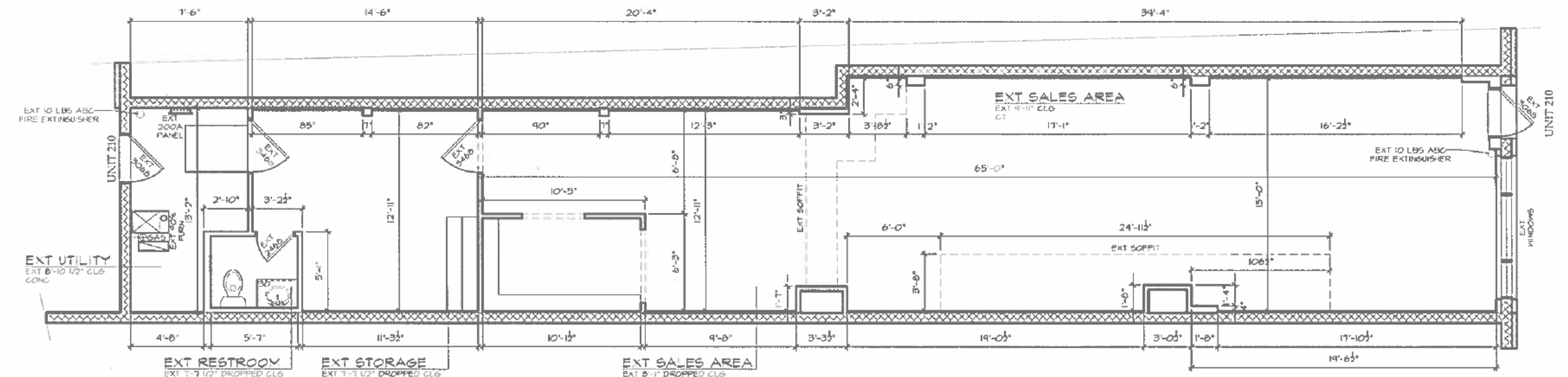
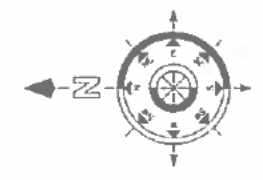
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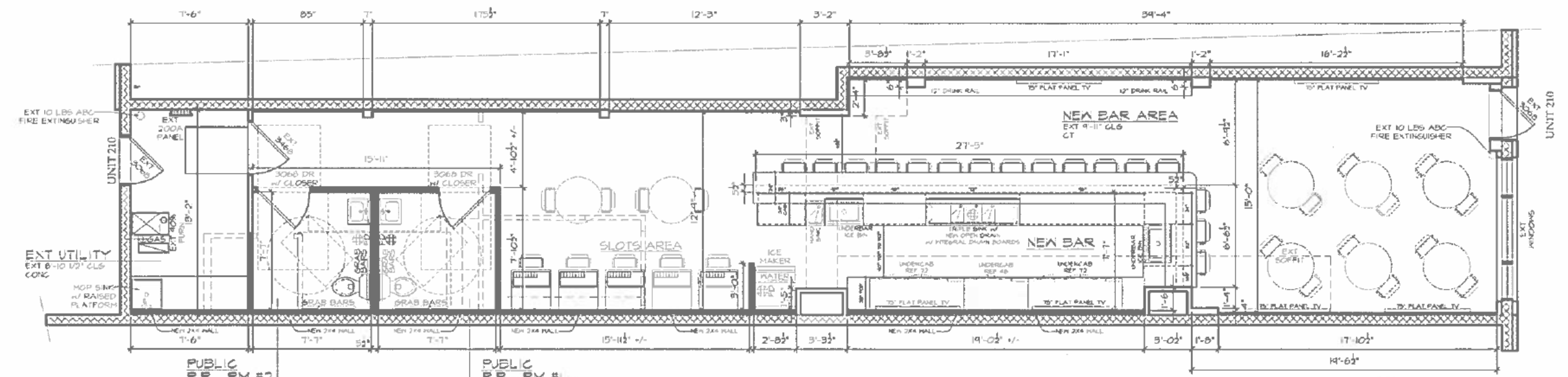
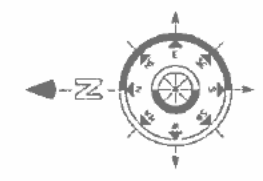
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EXISTING FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)
TOTAL 50. FT. 1824

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NEW FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)
TOTAL 50. FT. 1824

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1800 HAWTHORNE LANE SUITE C
WEST CHICAGO, IL 60185
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fax: 847-466-9330

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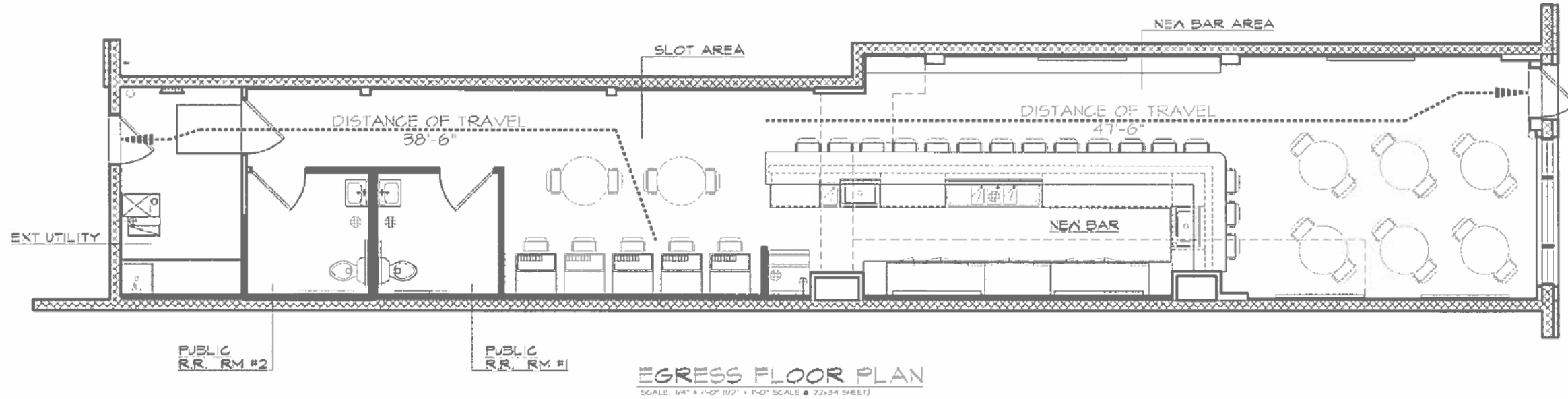
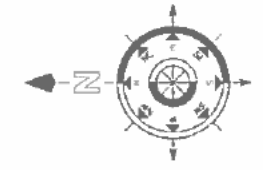
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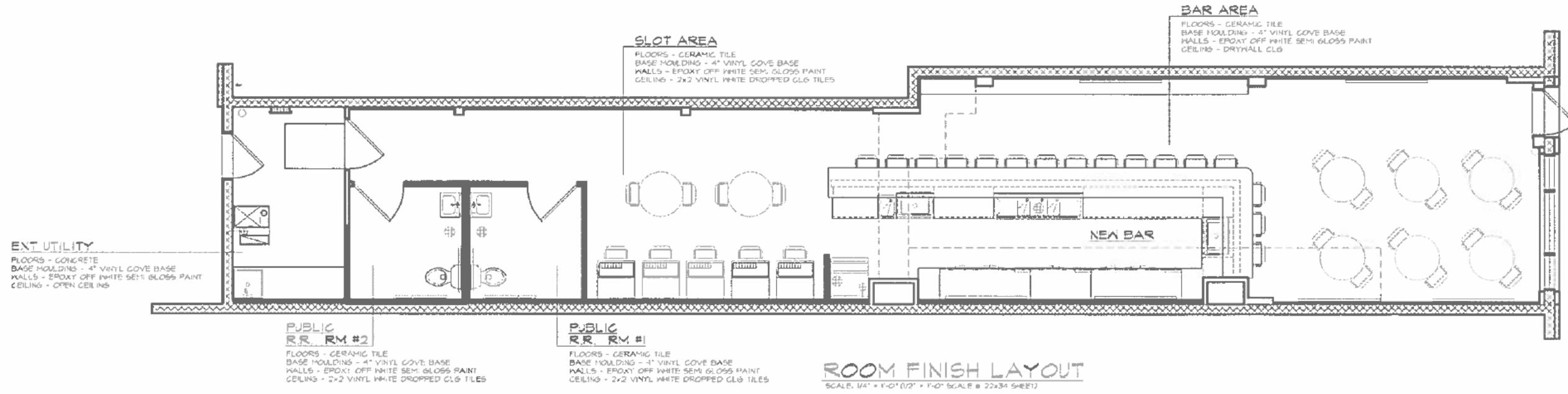
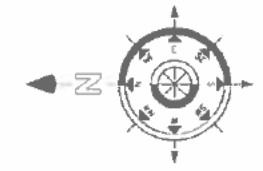
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 fax: 847-465-9330

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**EGRESS FLOOR PLAN
 ROOM FINISH LAYOUT**
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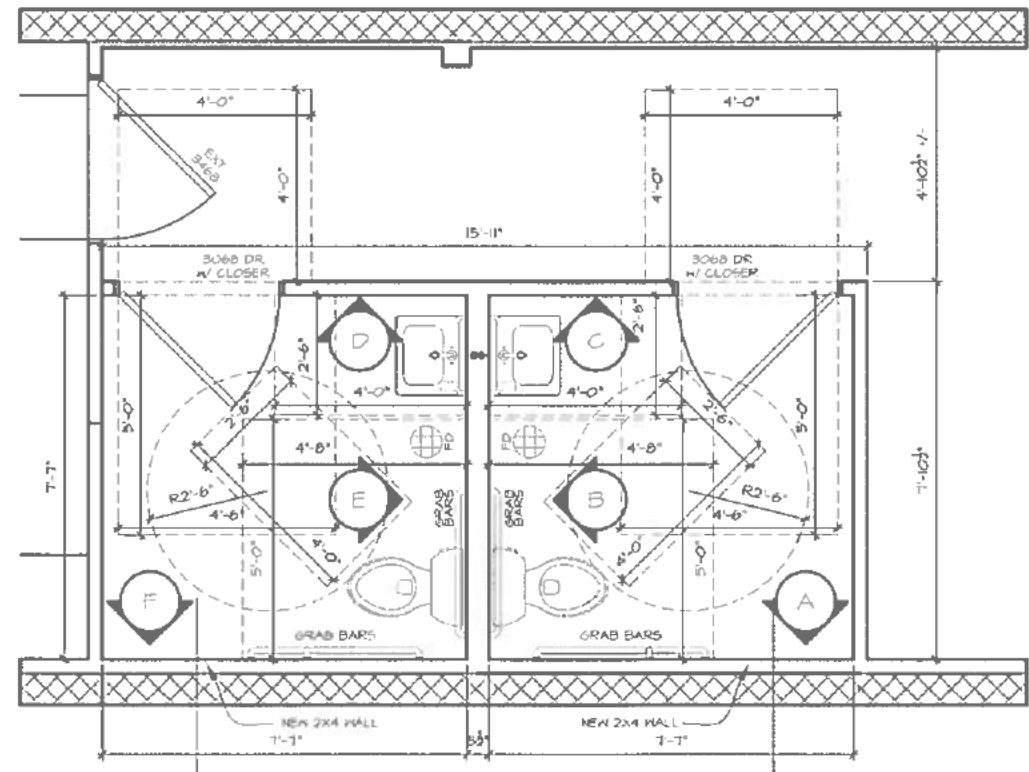
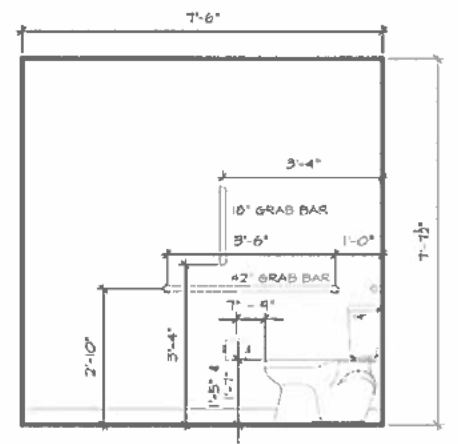
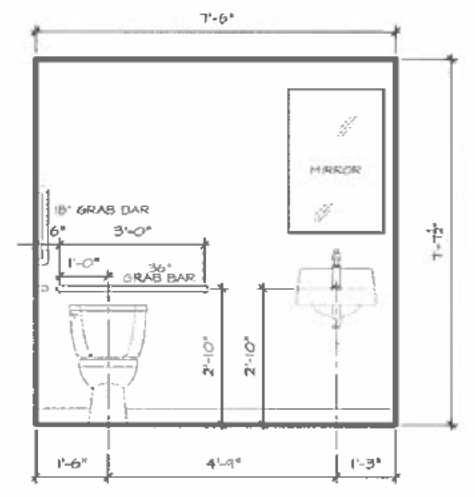
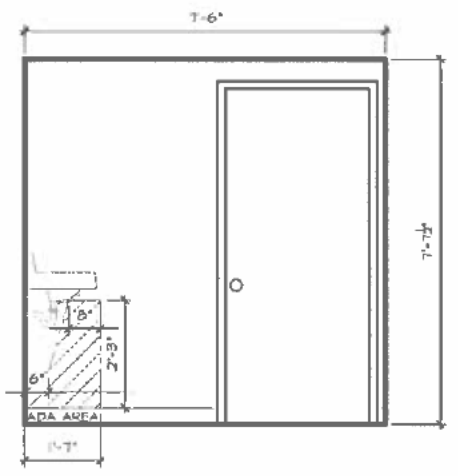
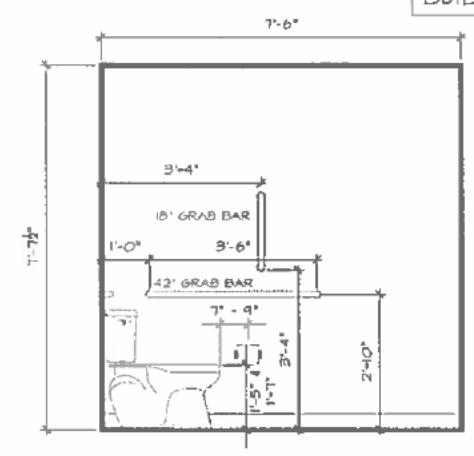
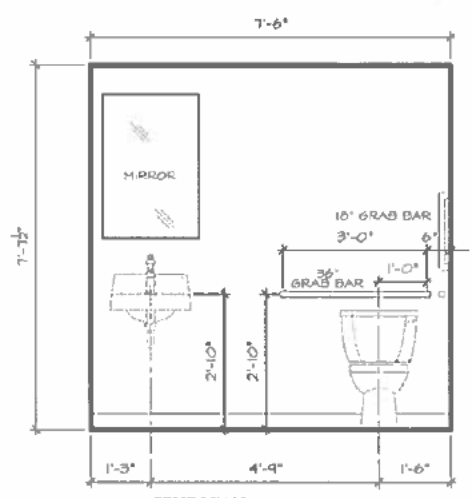
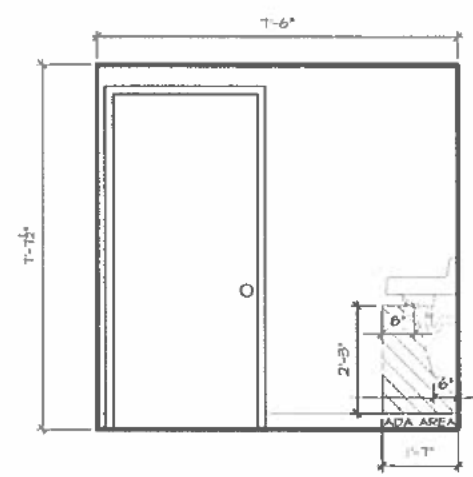
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INTERIOR ELEVATIONS

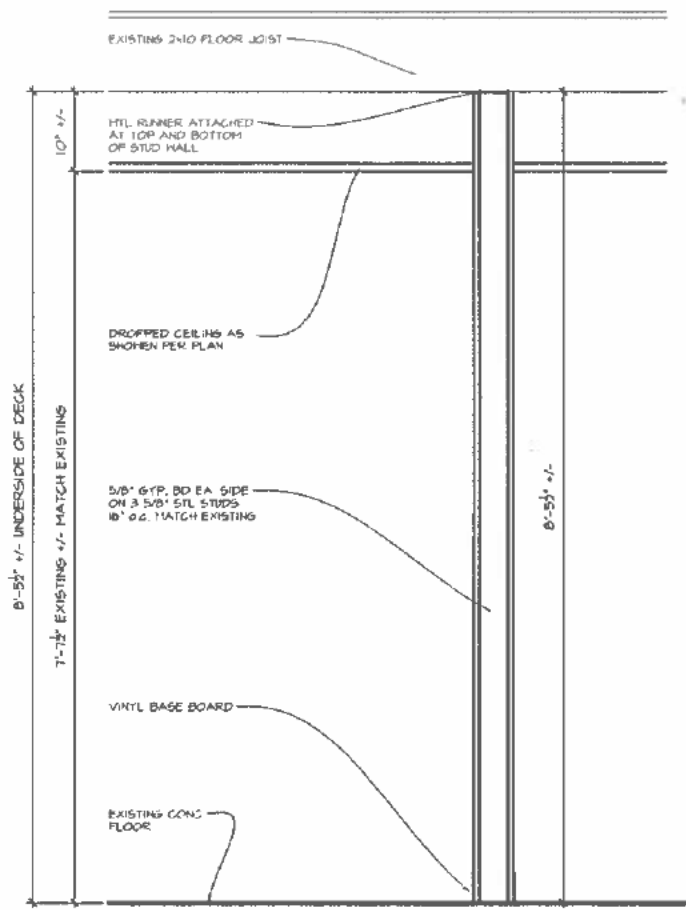
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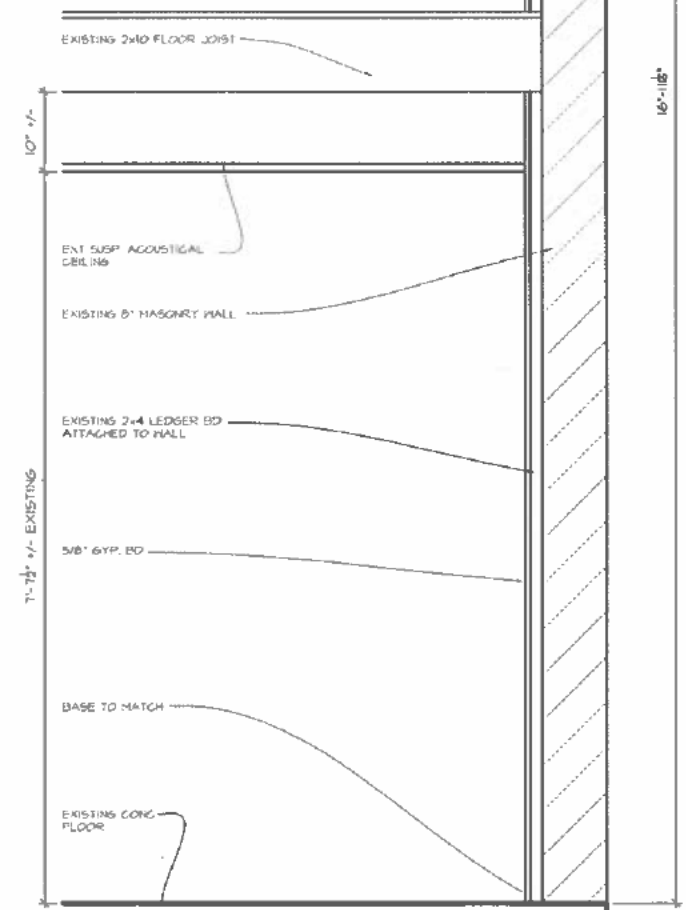
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TYPICAL NEW INTERIOR STUD WALL SECTION
 SCALE: 1/2" = 1'-0" (2x SCALE @ 23x34)



TYPICAL EXISTING MASONRY EXTERIOR WALL SECTION
 SCALE: 1/2" = 1'-0" (2x SCALE @ 23x34)

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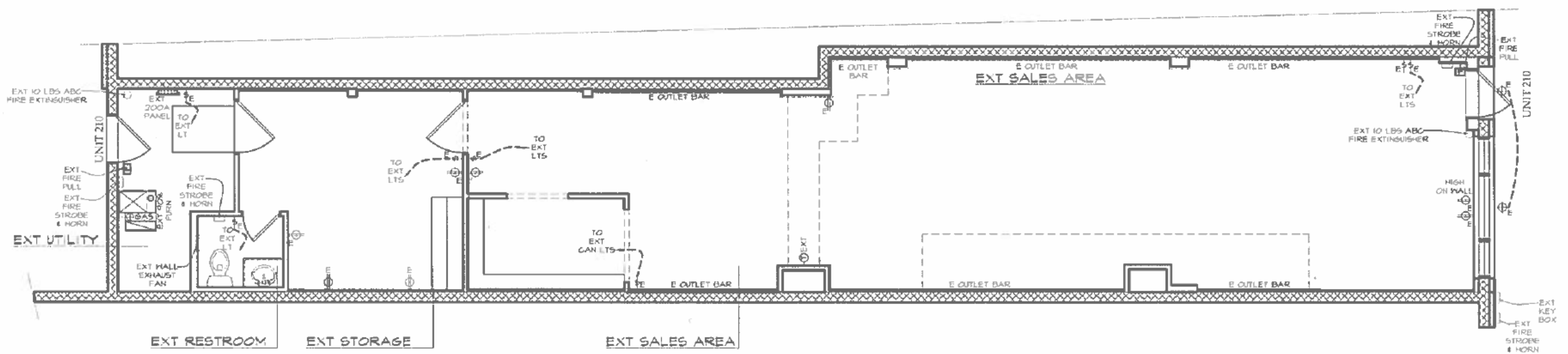
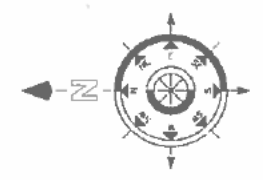
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LEGEND

EXIT ONLY	THERMOSTAT	EXHAUST FAN
FIRE PULL	DUPLEX OUTLET	FIRE STROKE / HORN
FIRE STROKE / HORN	FIRE EXTINGUISHER	

NOTE:
1. ALL LOCATIONS OF ALL EQUIPMENT OUTLETS TO BE REVIEWED IN THE FIELD PRIOR TO INSTALLATION.



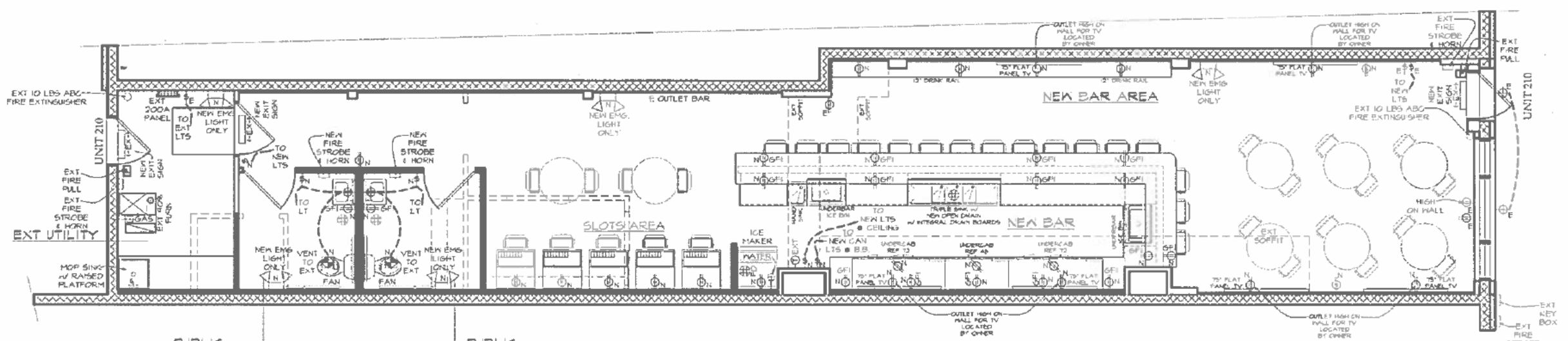
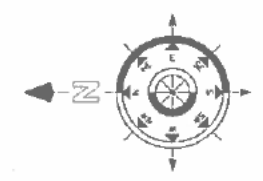
EXISTING FIRST FLOOR ELECTRICAL PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS

LEGEND

EXIT ONLY	THERMOSTAT	EXHAUST FAN
FIRE PULL	DUPLEX OUTLET	FIRE STROKE / HORN
FIRE STROKE / HORN	FIRE EXTINGUISHER	

NOTE:
1. ALL LOCATIONS OF ALL EQUIPMENT OUTLETS TO BE REVIEWED IN THE FIELD PRIOR TO INSTALLATION.



NEW FIRST FLOOR ELECTRICAL PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

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ph: 530-562-3900 fax: 530-562-2570
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NEW & EXISTING FIRST FLOOR ELEC. PLAN
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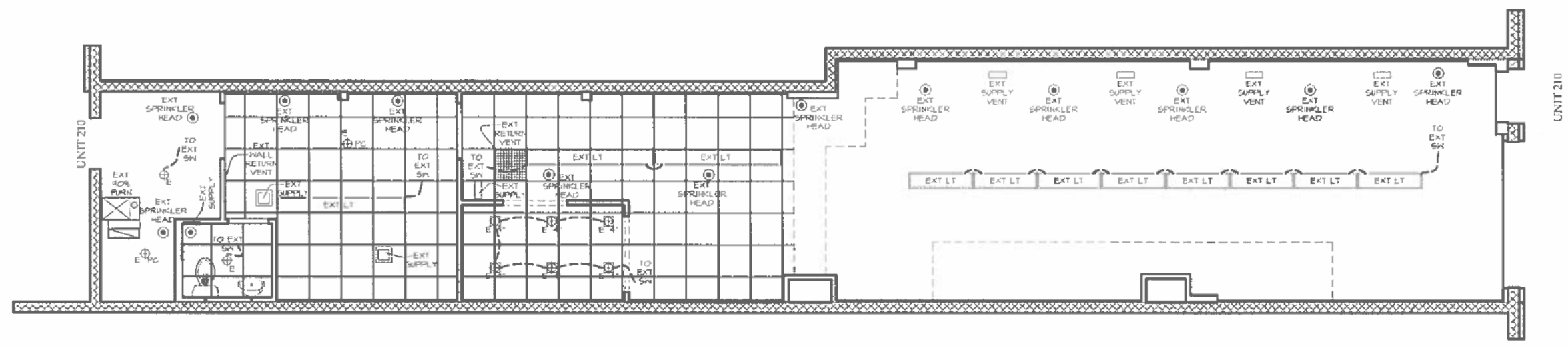
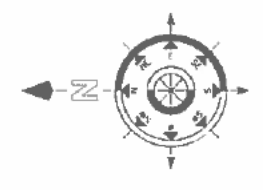
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LEGEND

	HVAC RETURN		HVAC RETURN		CAN LIGHT
	HVAC SUPPLY		2'x2' FLORESCENT LIGHT		CEILING FIXTURE
	HVAC RETURN		2'x4' FLORESCENT LIGHT		EXT SPRINKLER HEAD
	HVAC SUPPLY		2'x4' FLORESCENT LIGHT		2'x4' / 2'x8 FLORESCENT LIGHT

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS

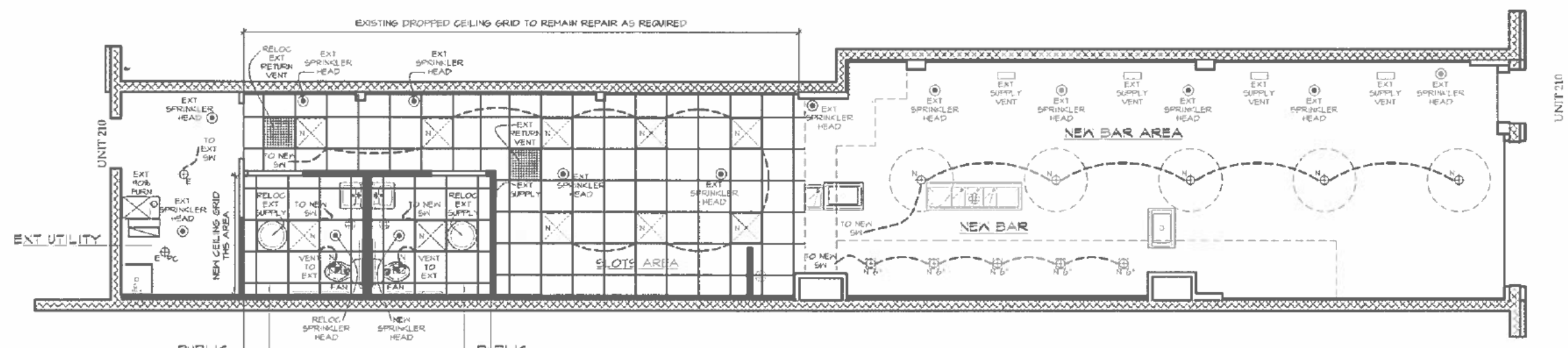
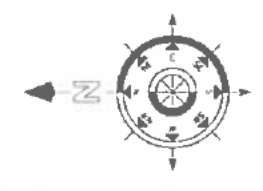


EXISTING FIRST FL REFLECTED CEILING PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

LEGEND

	HVAC RETURN		HVAC RETURN		CAN LIGHT
	HVAC SUPPLY		2'x2' FLORESCENT LIGHT		CEILING FIXTURE
	HVAC RETURN		2'x4' FLORESCENT LIGHT		EXT SPRINKLER HEAD
	HVAC SUPPLY		2'x4' FLORESCENT LIGHT		2'x4' / 2'x8 FLORESCENT LIGHT

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



NEW FIRST FL REFLECTED CEILING PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

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1065 Ash Road
Hoffman Estates, IL. 60169
ph: 847-417-8558

A INTERIOR REMODEL for
RUDY'S BAR
210 WEST MAIN STREET
SAINT CHARLES, IL. 60174

project: - 202318

NEW & EXT FIRST FLOOR REFLECTED CLG PLAN
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revisions:

date:	drawn by:

designed by: VAA
drawn by: VAA
checked by: VAA
date: 06/02/23

sheet:
8.1.3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2023

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 Valley Companies, Inc. 1823 Centre Point Circle Suite 101 Naperville IL 60563	CONTACT NAME: PHONE (A/C, No, Ext): 630-232-1640 FAX (A/C, No): 630-232-1687 E-MAIL ADDRESS: info@valley78.com
	INSURER(S) AFFORDING COVERAGE NAIC #
License# 3000101732 SCMCENT-01	INSURER A: Society Insurance 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:


COVERAGES **CERTIFICATE NUMBER:** 895359404 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP18034534	11/9/2022	11/9/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$
A	LIQUOR LIABILITY			BP18034534	11/9/2022	11/9/2023	AGGREGATE	\$1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

State of Illinois Liquor Control Commission 50 W Washington Suite 209 Chicago IL 60602	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 
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/1/2023

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

PRODUCER
Valley Companies, Inc.
1823 Centre Point Circle
Suite 101
Naperville IL 60563

CONTACT NAME:
PHONE (A/C, No, Ext): 630-232-1640 **FAX (A/C, No):** 630-232-1687
E-MAIL ADDRESS: info@valley78.com

INSURED
SCMC Enterprises Inc.
210 W Main St
St Charles IL 60174

License#: 3000101732
SCMCENT-01

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Society Insurance		15261
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES CERTIFICATE NUMBER: 917913599 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BP18034534	11/9/2022	11/9/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY		BP18034534	11/9/2022	11/9/2023	AGGREGATE \$1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

City of St. Charles
2 E Main St
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
Banka Holly



State of Illinois
Domestic/Foreign Corporation Annual Report

Year 2022 Corporation File No 71996573
FILED November 1, 2022
Jesse White, Secretary of State

1. Corporate Name SCMC ENTERPRISES, INC.
Registered Agent JOHN P. COONEY
Registered Office 1311 BUTTERFIELD RD STE 308
City, IL, Zip Code, County DOWNERS GROVE, IL 60515-5625 DU PAGE

2. Principal address of Corporation 214 W MAIN ST
ST CHARLES, IL 60174

3a. State or Country of Incorporation ILLINOIS 3b. Date Incorporated/Qualified 09-26-2018

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

Officers	
Title Name & Address	PRESIDENT BRIAN RUDOWICZ 4220 EAST MAIN ST ST CHARLES IL, 60174
Title Name & Address	SECRETARY BRIAN RUDOWICZ 4220 EAST MAIN ST ST CHARLES IL, 60174
Title Name & Address	DIRECTOR BRIAN RUDOWICZ 4220 E MAIN ST ST CHARLES, IL 60174

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	100.000

7. The amount of paid-in-capital as of 6-30-2022 is \$ 10000

8. The corporation elects to pay its annual franchise tax based upon 100% of its total paid-in capital.

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 BRIAN RUDOWICZ
Authorized Officer
PRESIDENT November 1, 2022
Title & Date

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



State of Illinois
Domestic/Foreign Corporation Annual Report

Year 2022 **Corporation File No** 71996573

FILED November 1, 2022

Jesse White, Secretary of State

1. **Corporate Name** SCMC ENTERPRISES, INC.
Registered Agent JOHN P. COONEY
Registered Office 1311 BUTTERFIELD RD STE 308
City, IL, Zip Code, County DOWNERS GROVE, IL 60515-5625 DU PAGE

Officers	
Title Name & Address	DIRECTOR JUSTIN ALLEN 4220 E MAIN ST ST CHARLES, IL 60174
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	

FORM BCA 2.10
ARTICLES OF INCORPORATION
 Business Corporation Act

Filing Fee: \$150
 Franchise Tax: \$ 25
Total: \$175

File #: 71996573

Approved By: JXR

FILED
SEP 26 2018
Jesse White
Secretary of State

1. Corporate Name: SCMC ENTERPRISES, INC.

2. Initial Registered Agent: JOHN P. COONEY

	First Name	Middle Initial	Last Name
Initial Registered Office:	<u>1311 BUTTERFIELD RD STE 308</u>		
	Number	Street	Suite No.
	<u>DOWNERS GROVE</u>	<u>IL</u>	<u>60515-5625</u>
	City	ZIP Code	County
			<u>DU PAGE</u>

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

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>COMMON</u>	<u>1000</u>	<u>100</u>	<u>\$ 10000</u>

NAME & ADDRESS OF INCORPORATOR

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

Dated	<u>SEPTEMBER 26</u>	,	<u>2018</u>		<u>1311 BUTTERFIELD RD STE 308</u>
	Month & Day		Year		Street
	<u>JOHN P. COONEY</u>		<u>DOWNERS GROVE</u>	<u>IL</u>	<u>60515</u>
	Name		City/Town	State	ZIP Code

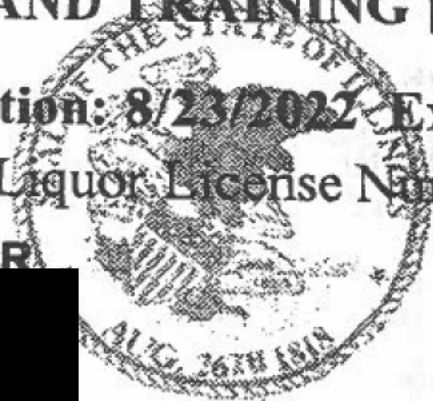
ILLINOIS LIQUOR CONTROL COMMISSION

50 W. Washington Street, Suite 209 - Chicago, IL 60601
**BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD**

Date of Certification: 8/23/2022 Expires: 8/23/2025

Trainer's IL Liquor License Number: 5A-0110606

JACQUELINE GORR

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

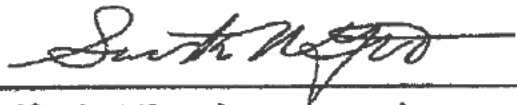
Trainee Name: Jessica Horn

Certificate #: 000027716417

Date of Completion: 02/13/2023

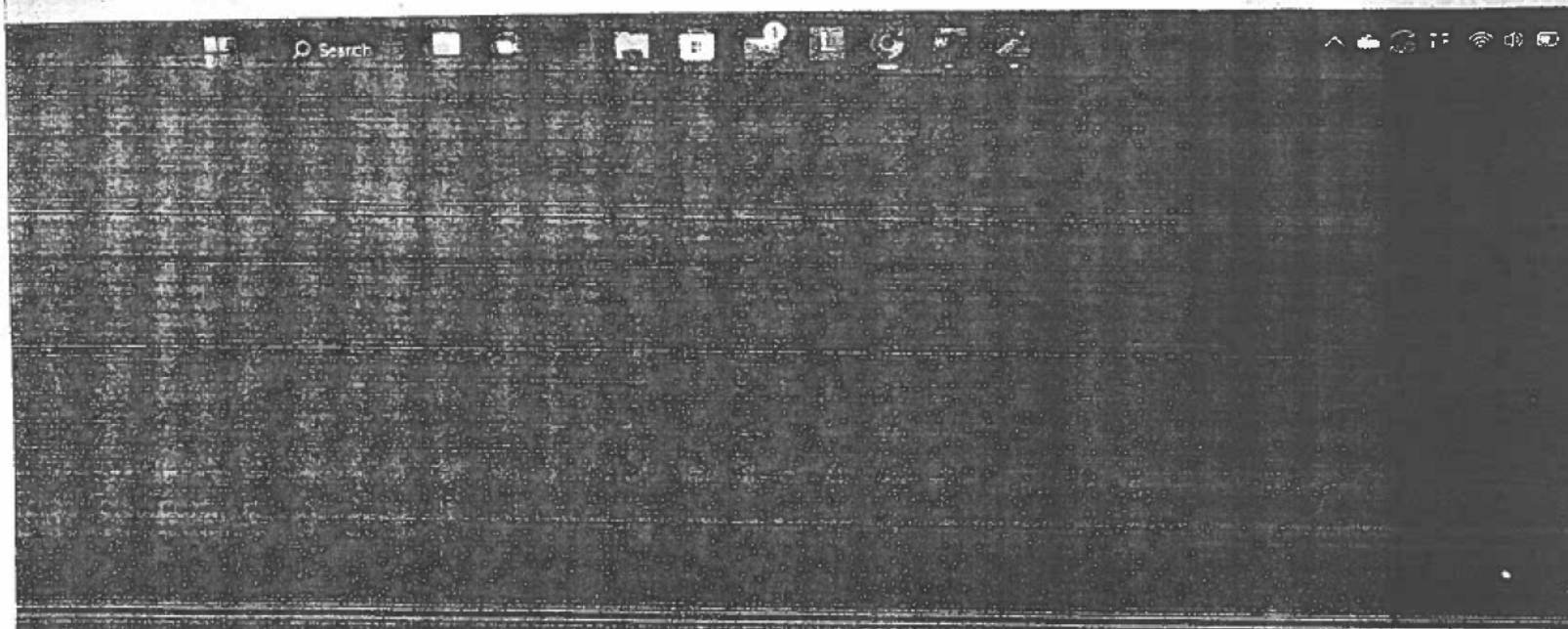
School Name:

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.



Certificate of Completion

**American
Safety Council**

BRIAN RUDOWICZ

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 4/20/2022

from the American Safety Council.



Jeff Pairan

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Shea Brown

Certificate #: 000028290881

Date of Completion: 03/22/2023

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

Illinois BASSET SELLER / SERVER CERTIFICATION

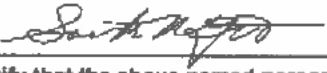
Trainee Name: Shea Brown

Certificate #: 000028290881

Date of Completion: 03/22/2023


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.

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	Corporate Headquarters 1000 Plaza on the Lake, Suite 105 Aurora, IL 60116 Phone: 677-881 2135
--	---

DARRIAN M KNOTTS

has successfully completed the **BASSET On The Fly**
ON-PREMISE BASSET certification course

CERTIFICATE #/STUDENT ID: 9682

ISSUE DATE: 06/12/2022



DUSTIN MEYERS

*PER ILCC RULES, THIS TEMPORARY BASSET CARD IS VALID FOR 30 DAYS

BASSET ON THE FLY

2626 Cole Ave, Suite 300 #512, Dallas, TX 75204 | 312-366-3383 | support@bassetonthe-fly.com
Licensed by the Illinois Liquor Control Commission (ILCC) License #5A-1141597

BASSET ON THE FLY

2626 Cole Ave, Suite 300 #512, Dallas, TX 75204

312-366-3383

support@bassetonthe-fly.com

www.bassetonthe-fly.com

Per ILCC rules, this temporary BASSET card is valid for 30 days only. Your official 3-year BASSET card will be mailed by the Illinois Liquor Control Commission (ILCC).

Within 10 days of issuance, this certification should appear in the Illinois Liquor Control Commission's online database at www.ilcc.illinois.gov. If not, please contact us.

Hours of Operation

Monday	CLOSED
Tuesday	CLOSED
Wednesday	2:00 PM – 1:00 AM
Thursday	2:00 PM – 1:00 AM
Friday	2:00 PM – 1:00 AM
Saturday	2:00 PM – 1:00 AM
Sunday	11:00 AM – 6:00 PM

RUDY'S

There will be no food served at Rudy's.

We will give out free pretzels.

RUDY'S ROAD HOUSE

Signature Drinks

Rudy's Mule – Vodka, Ginger beer and lime

Sun-Soaked Cherry – Vodka, Sprite, lime and grenadine

Summertime Peach – Peach & orange vodka, peach schnapps, Sprite, and lime juice

Whisky Sour – Whisky, sour mix, and simple syrup

Wildwood – Vodka, raspberry liqueur, Sprite and sour

Rudy's Lemonade – Jack Daniels, Southern Comfort, Sprite and sour

Passionfruit – Rum, Sprite, pineapple juice and passion fruit liqueur

Premium Selections

SCOTCH

Johnnie Walker Blue Label

Johnnie Walker Green Label

Glenlivet

WHISKEY

Jack Daniel's Single Barrel

Jack Daniel's Single Barrel Rye

Jack Daniel's Sinatra Select

TEQUILA

Don Julio 1942

1000 Milenio

ASSORTED SHOTS

ASSORTED DOMESTIC AND PREMIUM BEERS

ASSORTED OLD FASHION COCKTAILS

ASSORTED BOURBONS