

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5b

Title:

Recommendation to approve a proposal for a new Class A6 liquor license for ABHY, Inc., dba Shell St. Charles located at 307 W Main Street St. Charles.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee Date: August 21, 2017

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted: ☐**Executive Summary** *(if not budgeted please explain):*

This is a request for a new Class A6 liquor license for ABHY, Inc., dba Shell St. Charles located at 2400 E Main Street, St. Charles. ABHY, Inc. is a gas station/convenience store currently operating in St. Charles.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., August 21 (same day) to process and move it forward before this committee. Final approval will be sought at the September 5, 2017 City Council meeting.

Attachments *(please list):*

Liquor License Application

Background Check

Site Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a new Class A6 liquor license for ABHY, Inc., dba Shell St. Charles located at 307 W Main Street St. Charles.



Memo

Date: 8/10/2017
To: The Honorable Ray Rogina, Mayor - Liquor Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation – Sushi Diva

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

As you're aware, this site has operated as a longstanding restaurant in St. Charles. Recently, this site went through an asset sale and the new ownership group is seeking a liquor license while operating under a new LLC/dba. The business plan will ultimately remain the same; a sushi restaurant.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with an on-site consumption license, subject to City Council approval.

Thank you in advance for your consideration in this matter.



Memo

Date: 8/9/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Shell Gas Station/307 W. Main Street (Class A-6)

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

As you are aware, City Council recently modified our city code allowing alcohol sales inside gas station mini-marts as follows (*A-6 Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage*). Sales can only occur between 7:00am and 10:00pm daily.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan, Dram Shop insurance and their articles of incorporation paperwork through the Illinois Secretary of State. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with alcohol sales, subject to City Council approval.

Please note, retail alcohol sales make up only a small percentage of the overall floor space of the mini-mart and the owners have installed locking mechanisms on beer coolers. They will be locked daily at 10:00pm.

Thank you in advance for your consideration in this matter.



Memo

Date: 08/09/17
To: Chief Keegan
From: Commander Mahan *Em 346*
Re: Liquor License Background, ABHY, Inc. DBA St. Charles Shell

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 an A-6 license at St. Charles Shell, 307 W. Main St.

APPLICANTS:

Patel, Heena S.



Hanover Park, IL. 60133

Patel, Shailesh H.



Hanover Park, IL. 60133

The applicants are the current owners and managers of ABHY Inc, DBA St. Charles Shell, 307 W. Main St. They are making application to add package alcohol sales to their current retail business.

SITE VISIT:

On 072017 I visited the Shell station at 307 W. Main St. I met with Shailesh Patel in person and spoke with Heena Patel via telephone while in the store. There is a row of coolers that line the south interior wall of that business. Heena explained to me that only a portion of the coolers will be used for alcohol. A small portion of shelving near those coolers may be utilized as well. Heena was advised that the area where alcohol is displayed for sale cannot exceed 10% of the total sales area. I requested that Heena provide a more detailed floor plan than the one originally included with the application packet.

INTERVIEW WITH APPLICANT:

On 072117 at approximately 0900 I met with Heena Patel at the police department front desk. She provided an updated floor plan showing the portion of coolers and retail space that will be used for alcohol. She provided proof of citizenship for both she and Shailesh. Heena was advised that alcohol sales at that location would be restricted to the hours of 7:00 AM to 10:00 PM. She indicated that she will be installing locks on the cooler doors



so that they can be locked during hours where alcohol sales are not permitted. She indicated that they have no liquor inventory at this time.

Heena stated that their business plan will be to operate the gas station and convenience store as they already do. They are seeking to add alcohol sales service for their customers. Heena indicated she understood the importance of responsible alcohol sales. I provide her with the City of St. Charles Liquor Code.

RECORDS CHECKS:

Both Heena and Shailesh were fingerprinted. Responses from both the FBI and Illinois Bureau of Identification showed there were no criminal records on file for these individuals.

A check of St. Charles and Kane County records showed only previous police contacts that were related to the business at 307 W. Main Street. Heena and/or Shailesh were only listed as witnesses or complainants in those incidents. There were no incidents of concern.

A request was sent to their town of residency, Hanover Park. A response indicated that there were only calls of a service nature involving them. No criminal complaints.

A check of the Illinois Liquor Control Commission showed no current license in either of their names and no history of revocation.

A check of TLO (law enforcement database) showed the information concerning their identities to be accurate and no areas of concern were noted.

Heena and Shailesh hold current BASSET certifications.

This concludes this background investigation

LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Heena S. Patel; Shailesh H. Patel

BUSINESS: ABHY Inc. DBA St. Charles Shell

ADDRESS: 307 W. Main St.

	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)	_____	See below _____
TLO	_____	X _____
I-CLEAR	_____	N/A _____
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	_____	X _____
POLICE RECORDS CHECK	_____	X _____
APPLICANT'S HOMETOWN RESIDENCY LETTER	_____	X _____
ILLINOIS LIQUOR COMMISSION	_____	X _____
SITE VISIT	_____	X _____

* COMMENTS: Quote for Dram Shop Insurance attached.

INVESTIGATOR ASSIGNED: Cmdr. E. Mahan #346

SUPERVISOR REVIEW: Cmdr. E. Mahan #346

30-550-4412

Heena

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: ABHY INC

APPLICATION CHECKLIST

Check items to confirm all are attached to this application

Application Fee	Applicant	Office Use Only
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: Hours of Operation Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area Do not include a marketing or financial plan with this business plan	<input 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 for this business.	<input type="checkbox"/> N/A	<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"/>

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 INFORMATIONA. Type of Business: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (explain):

B. Business Name:

ABHY INC, D/B/A ST CHARLES SHELL

C. Business Address:

307 W MAIN ST ST CHARLES, IL 60174

D. IL Tax ID Number:

E. Business Phone:

630 584-2266

F. Business E-mail:

ABHY116@GMAIL.COM

G. Business Website:

- N/A -

H. Contact Person: HEENA PATEL

I. Title:

MANAGER

J. Phone No.:

K. If Corporation, Corporation Name:

ABHY INC

L. Corporation Address (city, state, zip code):

307 W MAIN ST ST CHARLES, IL 60174

BUSINESS ESTABLISHMENT LOCATION INFORMATIONA. License Class: ☒ A Package ☐ B Restaurant ☐ C Tavern ☐ D Hotel/Banquet/Arcade/Q-Center/Entertainment/Club☐ Other:

B. Address applying for liquor license (exact street address):

307 W MAIN ST

C. Number of Parking Spaces:

20

D. Outside Dining s.f. [17.20.020-R]:

N/A

E. Holding Bar s.f. [5.08.010-F]:

N/A

F. Total Building s.f.:

2400

G. Total Number of Seats:

0

H. Number of Bar Seats:

0

I. Sale Counter s.f.:

27

J. Live Entertainment Area s.f. [5.08.010-H]:

0

K. Kitchen s.f.:

N/A

L. Cooler s.f.:

180

M. Dry Storage s.f.:

150

N. Seating Area s.f.:

0

O. Retail/public Area s.f.:

1800

P. Service Bar s.f. [5.08.010-O]:

0

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

ADD LIQUOR TO EXISTING CONVENIENT STORE

MANAGER INFORMATION

Full Name, include middle initial: HEENA S. PATEL

Title: MANAGER

Birthdate:

Birthplace:

INDIA

Driver's License#:

Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:****CLASS B LICENSES**

- | | |
|----|--|
| 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 (check off once complete): <ul style="list-style-type: none">a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.** |
| 2. | The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license. |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license. |
| 4. | It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing. |

CLASS C LICENSES

- | | |
|----|--|
| 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 (check off once complete): <ul style="list-style-type: none">a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;b. The designated use of each room or segregated area (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);c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.** |
| 2. | The site drawing is subject to the approval of the Local Liquor 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.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p> <p>HEENA SHAILESH PATEL, [REDACTED]</p> <p>SHAIKESH HARIBHAI PATEL, [REDACTED]</p>
2.	<p>List the type of business of the applicant (5.08.070-3):</p> <p>GAS STATION & CONVENIENCE STORE</p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4):</p> <p>10 YEARS</p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$</p> <p>\$25000/-</p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):</p> <p>307 W. MAIN ST, ST CHARLES, IL 60174</p> <p>CURRENTLY GAS STATION CONVENIENCE STORE TO ADD LIQUOR IF PERMITTED</p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
7.	<p>If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>

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>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.</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 checked="" type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement:</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>If yes, what was the disposition of the application? Explain as necessary:</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>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p style="text-align: center;">N/A</p> <p>Government Unit:</p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p> <p>Government Unit:</p> <p>Date: _____ Location, City/State: _____</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>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</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>3/17/15</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <u>3/17/15</u></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>Mandatory: 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 checked="" type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p>Mandatory: 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>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.</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:

7/7/17

I now possess or have applied for a liquor license Class

A

Applicant's Name:

ABAY INC

Name of Business:

ST CHARLES SHELL

Business Address:

307 W MAIN ST, ST CHARLES IL 60174

Business Phone:

630 544-2266

SUPPLEMENTAL PERMIT APPLIED FOR

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

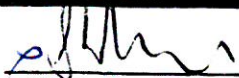
☐ 1:00 a.m. Late Night Permit – fee of \$800.00

☒ 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



Applicant Signature

7/7/17
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: Shailesh Patel H
(First) (Last) (Middle) Manager

Home Street Address: [REDACTED]

City, State, Zip: Hanover Park IL 60133

Date of Course: 7/12/2017 Place Course was Taken: Online.

Birthdate: 11/11/1968 Certificate Granted: 360training.com dba Learn2serve Expiration:

Name: Heena Patel S
(First) (Last) (Middle) Manager

Home Street Address: [REDACTED]

City, State, Zip: Hanover Park IL 60133

Date of Course: 7/16/2017 Place Course was Taken: on line

Birthdate: 11/20/1970 Certificate Granted: 360training.com dba Learn2serve 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: _____

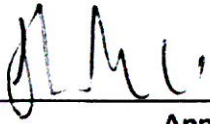
NEW MANAGEMENT REQUIREMENTS

Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

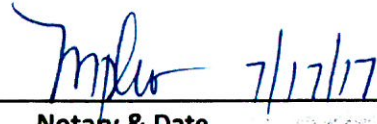
It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.

Business Name:

SIGNATURES

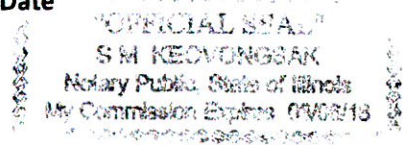


Applicant's Signature



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: <u>AUGUST 09, 2017</u>	Name of Applicant: <u>HEENA PATEL</u>
Name of Business: <u>ABHY, INC DBA ST. CHARLES SHELL</u>	
Address of Business: <u>307 W. MAIN ST.</u>	Ward Number: <u>4</u>

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: <u>AS SOON AS PERMITTED BY CITY OF ST. CHARLES AND STATE OF ILLINOIS</u>
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	<p>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</p> <p>If yes, answer a, b and c:</p> <p>a. State the kind of such business:</p> <p>b. Give date on which applicant began the kind of business named at this location:</p> <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>N/A</u></p>
4.	<p>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</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>N/A</u></p>
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.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Gas station and</u></p> <p><u>Convenience store</u></p>

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: <u>off. Caryeall</u> Date: <u>07/17/17</u>
14.	Other necessary data: <u>N/A</u>

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

[Signature] 346 / COMMANDER
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 COMMISSIONERRecommend 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 __________
Date: _____

Attested to by City Clerk

Business Plan

St. Charles Shell

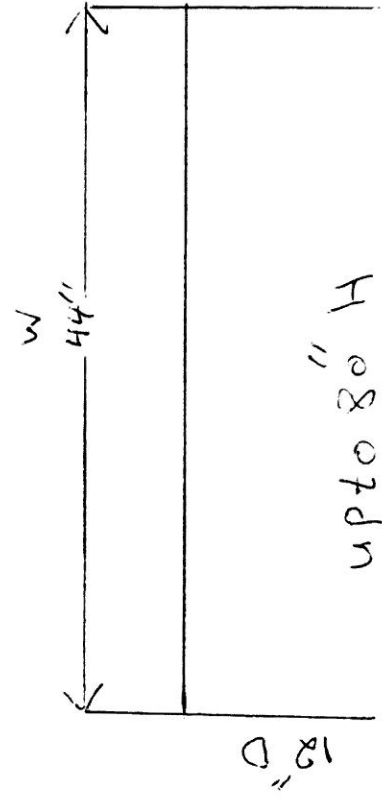
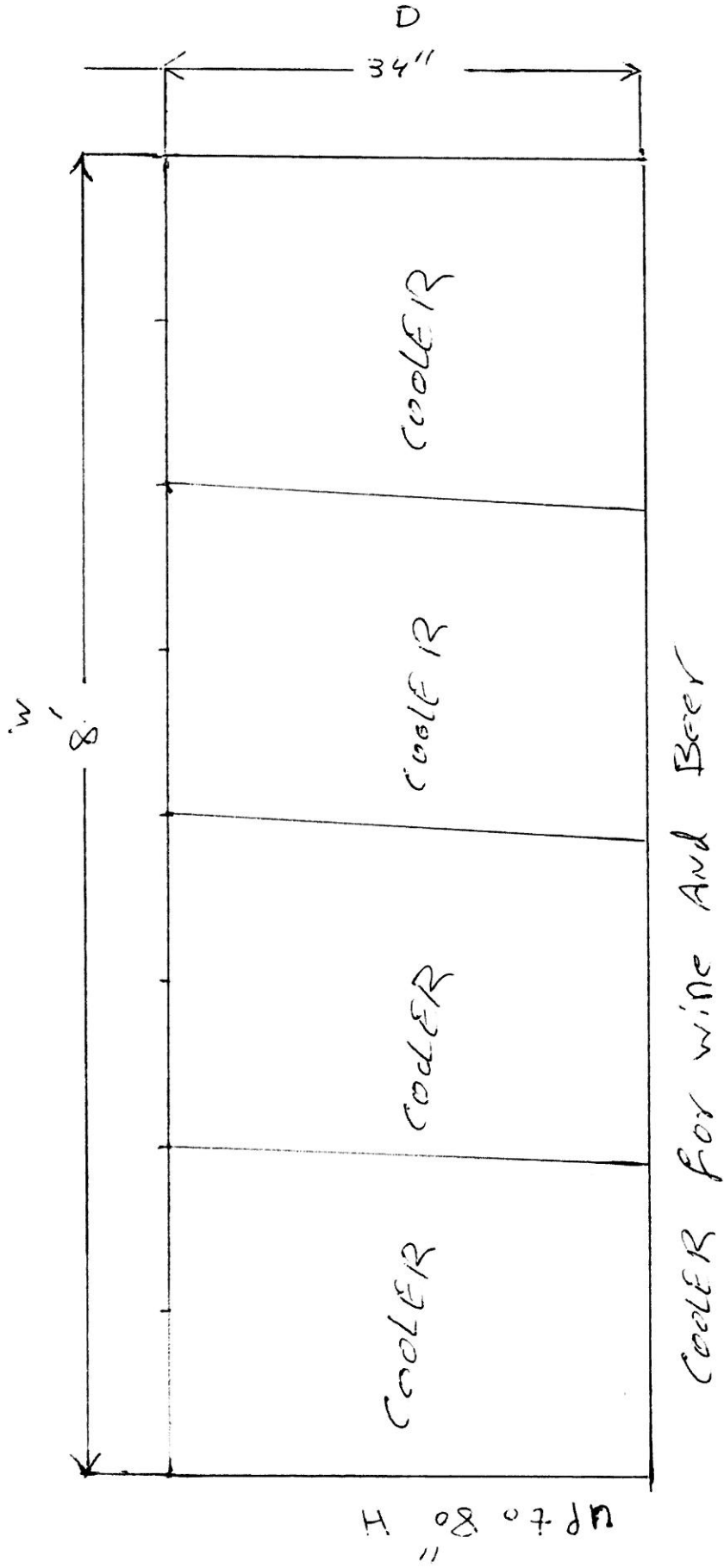
307 West Main St.

St. Charles

IL-60174

24 Hours Station

Gas and convenience Store



up to 5 SHELF for
Hard liquor
by cash register

FIELD WORK DATE: 3/28/2015

REVISION DATES: (REV 1 3/30/2015)

LOT 1, 2 AND 3 IN BLOCK 49 OF THE ORIGINAL TOWN OF ST. CHARLES, ILLINOIS

1503.3207

ALTA/ACSM LAND TITLE SURVEY
KANE COUNTY

1503.3207

307 W MAIN STREET ST. CHARLES, ILLINOIS 60174



CLIENT ORDER NUMBER:

DATE: 3/30/2015

BUYER: JOHN M. GERVAISE, LIVING TRUST, AND/OR HOLDER OF THE NOTE

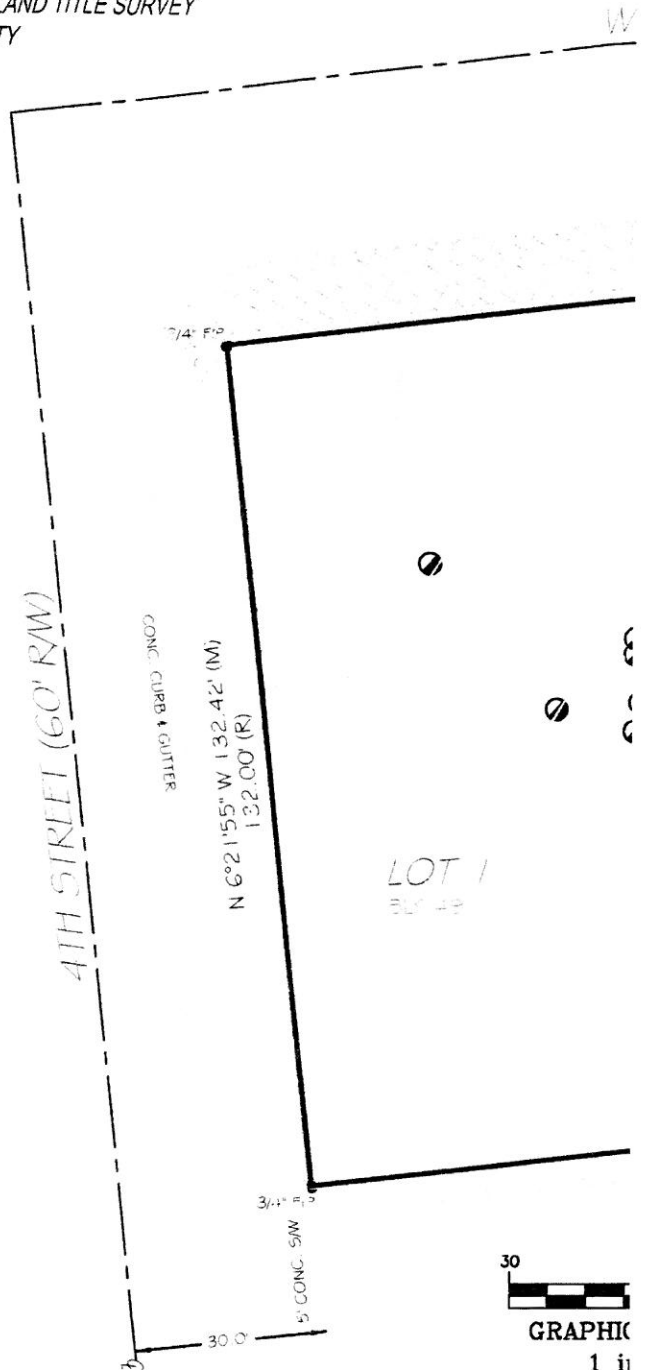
SELLER: JOHN M. GERVAISE

CERTIFIED TO:

JOHN M. GERVAISE, LIVING TRUST, AND/OR HOLDER OF THE NOTE

LOT 1, 2 AND 3 IN BLOCK 49 OF THE ORIGINAL TOWN OF ST. CHARLES, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.

NONE VISIBLE



NOTE: THIS SURVEY WAS PREPARED USING INFORMATION PROVIDED ON CHICAGO CITGO ORDER NUMBER: 50001498 WITH AN EFFECTIVE DATE OF FEBRUARY 26, 2015.

Use of this Survey other than Intended, without Written Verification, will be

1. The Legal Description used to perform this survey was supplied by others. This survey does not detect.
2. This survey only shows improvements found above ground. Underground footings, utilities and encroachments are not shown.
3. If there is a septic tank, well or drain field on this survey, the location of such items was showed to the parties to whom it is certified.
4. This survey is exclusively for the use of the parties to whom it is certified.
5. Any alterations or deletions to this survey document are strictly prohibited.
6. Dimensions are in feet and decimals thereof.
7. Due to varying construction standards, house dimensions are approximate.
8. Any FEMA flood zone data contained on this survey is for informational purposes only. research to be conducted by the owner.
9. All pins marked as set 5/8 diameter, 18" iron rebar.
10. An examination of the abstract of title was not performed by the signing surveyor to determine whether the survey is correct.

Exacta Illinois Surveyors, Inc. is a full service, bonded land survey firm registered with the state of Illinois.

FIELD WORK DATE: 3/28/2015
 REVISION DATES: REV 1 3/30/2015
 1503 3207
 LOT 1, 2 AND 3 IN BLOCK 49 OF THE ORIGINAL TOWN OF ST. CHARLES, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.
 ALTA MACHIN LAND TITLE SURVEY
 KANE COUNTY

307 W MAIN STREET ST. CHARLES, ILLINOIS 60174
 1503 3207

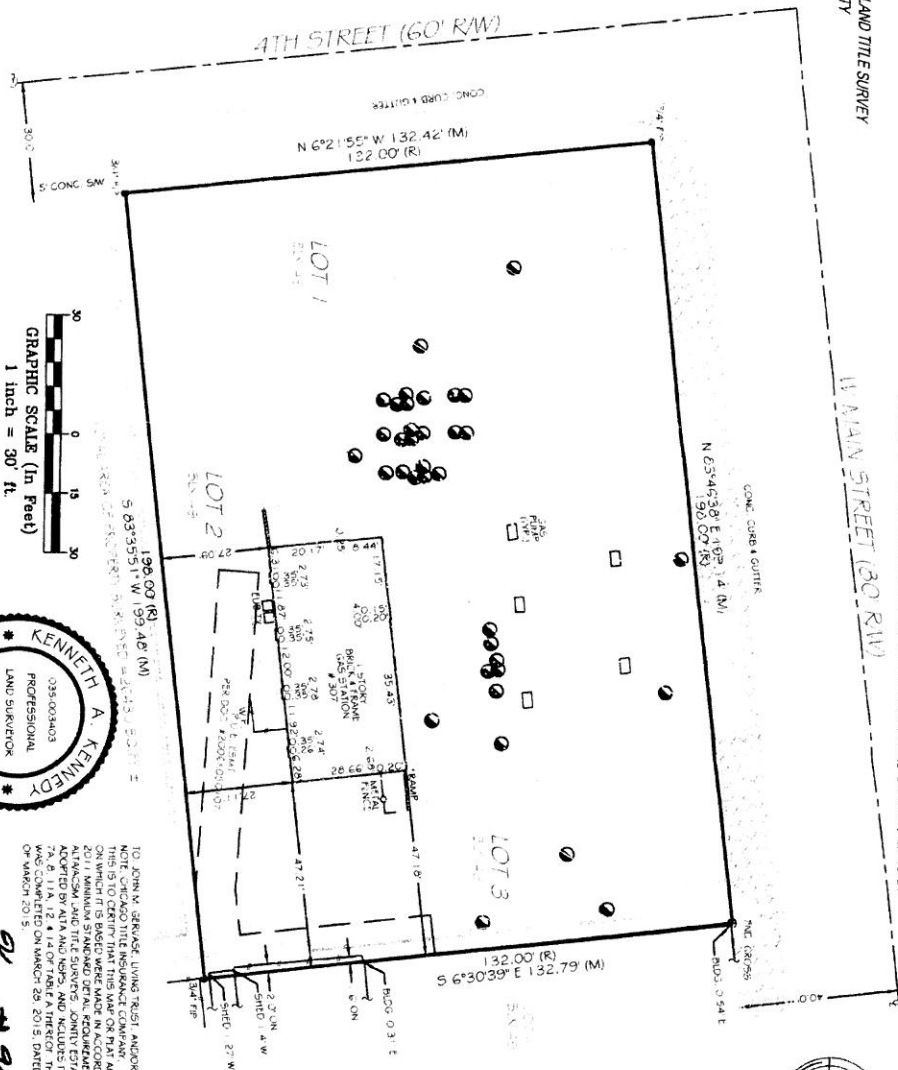


CLIENT ORDER NUMBER: DATE: 3/30/2015
 BUYER: JOHN M. GERVASE, LIVING TRUST, AND/OR HOLDER OF THE NOTE
 CERTIFIED TO:
 SELLER: JOHN M. GERVASE
 JOHN M. GERVASE, LIVING TRUST, AND/OR HOLDER OF THE NOTE

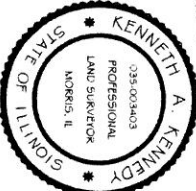
LOT 1, 2 AND 3 IN BLOCK 49 OF THE ORIGINAL TOWN OF ST. CHARLES, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.

NONE VISIBLE

Exacta Illinois Surveyors, Inc. is a full service, bonded land survey firm registered with the state of Illinois.



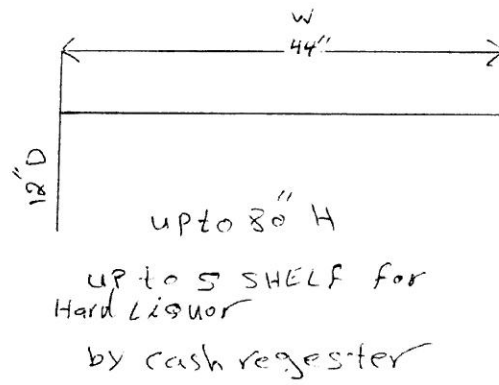
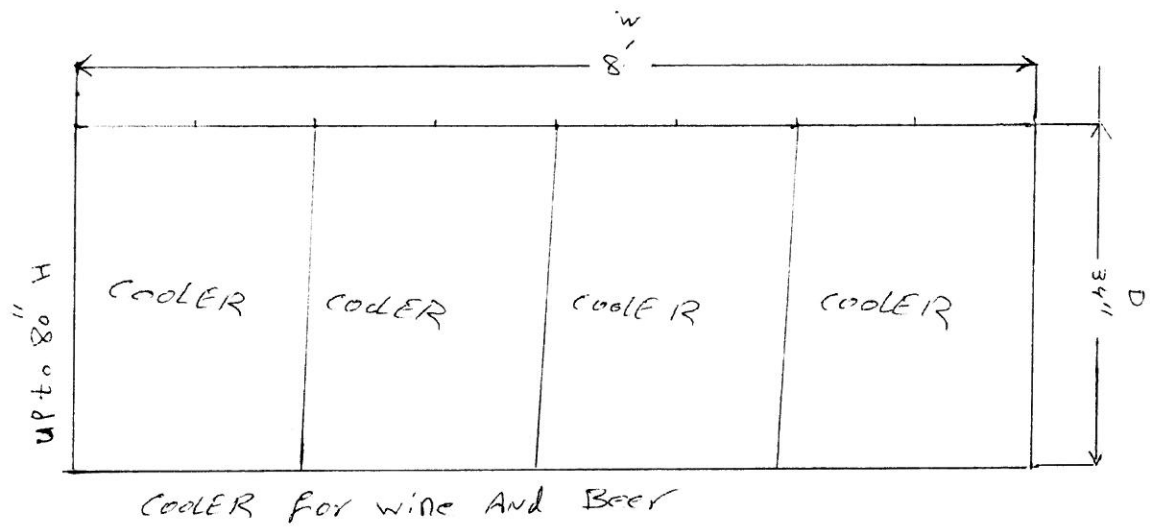
NOTE: THIS SURVEY WAS PREPARED AS NO INFORMATION PROVIDED ON CHICAGO TITLE INSURANCE COMPANY SITE ORDER NUMBER: 350001456 WITH AN EFFECTIVE DATE OF FEBRUARY 26, 2015.

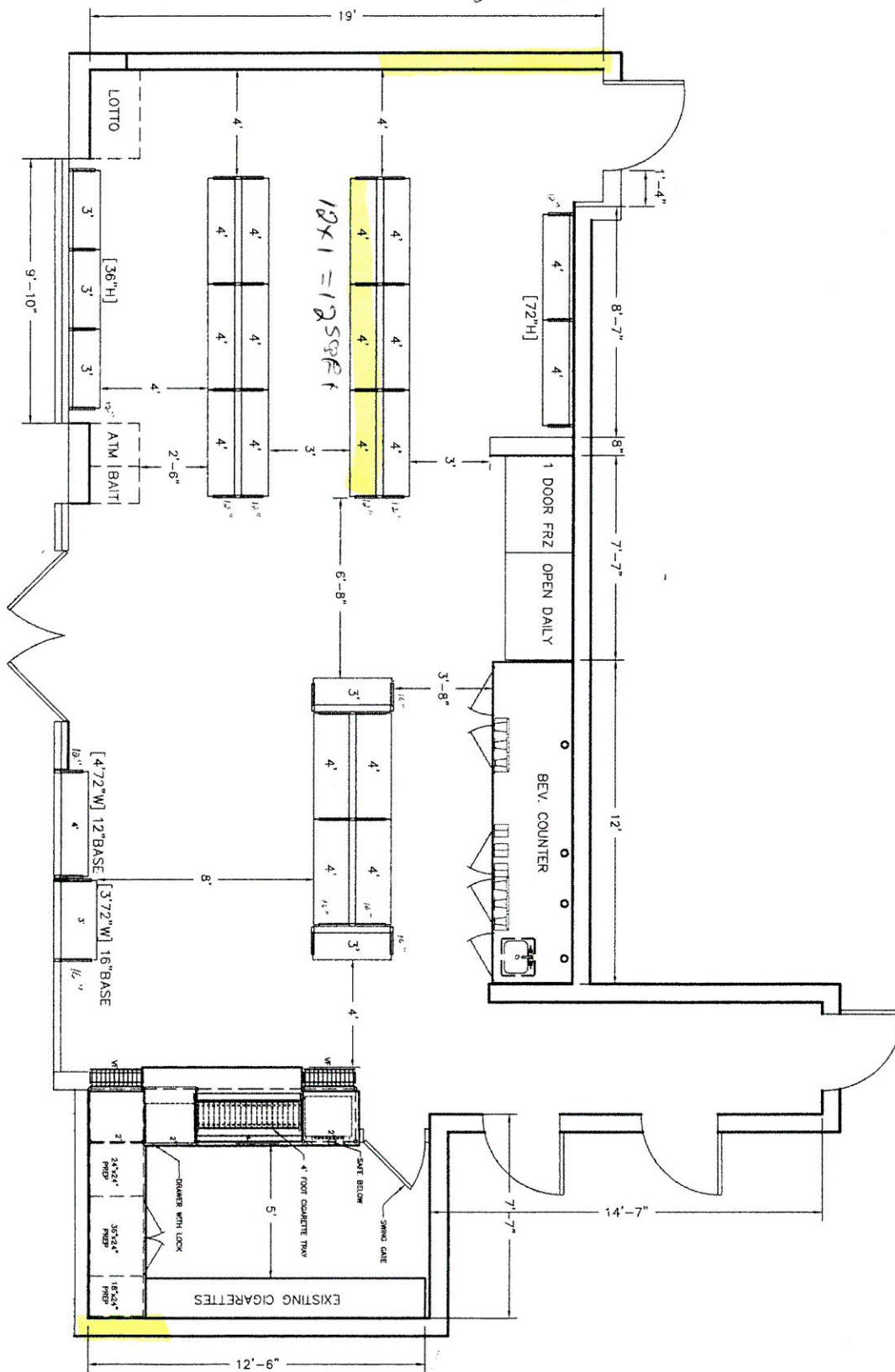


TO: JOHN M. GERVASE, LIVING TRUST, AND/OR HOLDER OF THE NOTE
 CHICAGO TITLE INSURANCE COMPANY
 2011 MINNAH STANFORD DETAIL REQUIREMENTS FOR ALTA MACHIN LAND TITLE SURVEYS, JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NEPS, AND INCLUDES ITEMS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
 WAS COMPLETED ON MARCH 28, 2015, DATED THE 30TH DAY OF MARCH 2015.
 KENNETH A. KENNEDY
 ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 3403
 LICENSE EXPIRES 1/1/2020
 EXACTA ILLINOIS SURVEYORS, INC.

1. The Local Description used to perform this survey was supplied by John M. Gervase, Living Trust, and/or holder of the note.
2. This survey only shows the portion of the land above ground. Underground features are shown as they are known to the surveyor.
3. If there is a septic tank, well, or other feature on this survey, the location of such items was shown to us by others and are not verified.
4. Any survey is exclusively for the use of the parties to whom it is certified.
5. Any survey is not to be used for any other purpose without the written consent of the surveyor.
6. Dimensions are in feet and decimal inches.
7. Date of survey: 3/28/2015. Survey was performed by Exacta Illinois Surveyors, Inc.
8. Any FEMA flood zone data contained on this survey is for informational purposes only. Research to obtain such data was performed at www.fema.gov.
9. An examination of the plat and map was not performed by the signing surveyor to determine whether the plat, map, or any other information affecting the property.
10. An examination of the plat and map was not performed by the signing surveyor to determine whether the plat, map, or any other information affecting the property.

Use of this survey other than intended, without written verification, will be at the user's sole risk and without liability to the surveyor. Nothing herein shall be construed to give any rights or benefits to anyone other than intended.
 Phone 866.735.1916
 Fax 866.744.2882
 www.exactaillinois.com
 316 East Jackson Street • Morris, IL 60450




$$C_1 \times C_2$$