

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5b

Title:

Recommendation to approve a Proposal for a B1 Liquor License Application, as well as a 2 a.m. Late Night Permit for Paradisio Restaurant & Bar, Located at 2049-51 Lincoln Highway, St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

Paradisio Restaurant & Bar will provide Italian cuisine and plans to have live music and a DJ on weekends at events. The owners are planning to provide outdoor seating in 2020.

The applicants have 11 years of similar business experience with the establishments they owned and operated in Italy.

*Pursuant to this item being presented at the Government Operations Committee meeting on October 21, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on November 4, 2019 for final approval.*

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

Summary, Floor Plan, Liquor License

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

Recommendation to approve a proposal for a B1 Liquor License application and 2 a.m. Late Night permit for Paradisio Restaurant, located at 2049-51 Lincoln Highway, St. Charles.

Police Department



# Memo

Date: 10/2/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

EW 346

Re: Background Investigation-Paradisio Restaurant & Bar located at 2049-2051 Lincoln Highway (B-1) and 2 a.m. Late Night Permit

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

Mr. and Mrs. Acetta intend to open and operate a restaurant and bar at the above location. The site location/floor plans and the corresponding application materials were reviewed by my staff.

We also found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with this business and on-site consumption, subject to City Council approval. They are applying for a class B-1 license, as well as a 2 a.m. late night permit.

Thank you in advance for your consideration in this matter.

## Police Department

# Memo

Date: 10/1/2019  
To: Commander Majewski #317 *CM 317*  
From: Detective Ketelsen #328 *DK #328*  
Re: Paradiso Restaurant & Bar / Class B Liquor License Background Investigation

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The purpose of this memo is to document the background investigation for Izabela Accetta and her husband, Salvatore Accetta, pursuant to the application for a Class B Liquor License for Paradiso Restaurant & Bar.

Applicant:

Accetta, Izabela



- On 09/25/19 I was assigned to conduct this background. After reading the application and speaking to Izabela Accetta at the restaurant location I essentially learned the following information.
- Both Isabela and Salvatore are planning on being at the restaurant for the day to day business operations. No other employees have been hired yet.
- Isabela said that they were hoping to have the restaurant construction completed and be open by the first week of November, 2019. Isabela had an old floor plan of the last restaurant that was at this location, but did not have a completed one on how this new location would be laid out. I asked her to forward this to the city when she has it.
- No alcohol has been purchased yet for this establishment.
- This establishment will be serving beer, wine, and spirits.

*Service, Courage, Professionalism, Dedication*



- Both Isabela and Salvatore are BASSET certified. (See attached copy of BASSET certificates.)
- Isabela provided a very minimal menu with no prices, and a business plan that was only 5 lines in length. The menu is made up of Italian & Mediterranean food items. See attached Menu and Business Plan.
- Isabela stated that she has prior experience in the customer service area when she worked at 2 restaurants her husband owned in Italy, until they moved back to the United States approximately 5 years ago.
- Isabela advised that the hours of operations would be: Tuesday through Sunday from 11am to 2am. They plan on having live music and DJ's on weekends and for any special events. They possibly might have outside dining in 2020.
- Isabela previously had her fingerprints taken at the SCPD on 09/12/19 for this application and sent to the Illinois State Police Bureau of Identification. A search of the fingerprints on her showed she has no prior arrests.
- A search of New World and Kane County records showed no police contacts for her.
- A check of her residences in the United States where she has lived within the last 10 years showed no negative police contacts with the St Charles Police Department, Hoffman Estates Police Department or the Carol Stream Police Department.
- A check of the Illinois Liquor Control Commission website showed no current license for the Paradiso Restaurant & Bar in St Charles and no record of revocation for Isabela or Salvatore.
- A check of TLOxp (a database used by law enforcement) showed no contacts for Isabela.
- In reviewing the application for this license it appears to be minimal in details but meets all application criteria except a detailed floor plan. This includes a copy of the lease, and the pending insurance plan documents. (See attached documents)



**Applicant:**

Accetta, Salvatore



- I spoke with Salvatore by phone on 09/25/2019 and he essentially advised me the same information as was provided by Isabella about the opening of their restaurant.
- Salvatore previously had his fingerprints taken at the SCPD on 09/12/19 for this application and sent to the Illinois State Police Bureau of Identification. A search of the fingerprints showed he had no prior arrests.
- He confirmed that he previously owned and ran 2 restaurants in Italy, but no longer has any ownership in these.
- A check of his residences in the United States where she has lived within the last 10 years showed no negative police contacts with the St Charles Police Department, Hoffman Estates Police Department or the Carol Stream Police Department.
- A check of TLOxp (a database used by law enforcement) showed no contacts for Salvatore.

**This concludes this background investigation.**

Detective David Ketelsen #328

*DK #328*

**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: 9-5-2019 ☒ New Application ☐ Renewal Application License Class: \_\_\_\_\_

Business Name: Paradiso Restaurant & Bar

**APPLICATION CHECKLIST**

Check items to confirm all are attached to this application

	Applicant	Office Use Only
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is <b>only</b> needed for <b>each</b> 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"/> <i>in process</i>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input type="checkbox"/>	<input 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: <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <i>yes</i> <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input type="checkbox"/> Do not include a marketing or financial plan with this business plan	<input checked="" type="checkbox"/> <i>to be provided</i>	<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 checked="" type="checkbox"/> <i>none</i>	<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"/> <i>in process</i>	<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.**



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

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

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

**APPLICANT INFORMATION**A. Type of Business: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (explain):

B. Business Name: PARADISO RESTAURANT &amp; BAR

C. Business Address: 2049/2051 LINCOLN HWY. ST. CHARLES, IL 60174

D. IL Tax ID Number: [REDACTED] E. Business Phone: [REDACTED] F. Business E-mail: [REDACTED] G. Business Website:

H. Contact Person: IZABELA ACQUETTA  
Email: [REDACTED]

I. Title: owner

J. Phone No.: [REDACTED]

K. If Corporation, Corporation Name: Same as above

L. Corporation Address (city, state, zip code): 1315 Howard St. St. Charles IL 60174

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. 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):

2049/2051 LINCOLN HWY

C. Number of Parking Spaces:

Shared w/ plaza

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

1200 sqft

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

1000 s.f.

F. Total Building s.f.:

5238 sqft

G. Total Number of Seats:

103

H. Number of Bar Seats:

27

I. Sale Counter s.f.:

NA

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

120 s.f.

K. Kitchen s.f.:

790 sqft

L. Cooler s.f.:

150

M. Dry Storage s.f.:

N. Seating Area s.f.:

O. Retail/public Area s.f.:

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

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

**MANAGER INFORMATION**

Full Name, include middle initial: IZABELA ACQUETTA Title:

Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]

Home Address: [REDACTED]

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:



**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 type="checkbox"/> Yes <input checked="" 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: <i>March 11 '2008</i>  <i>IZABELA ACUETTA</i>  <i>Chicago</i></p>
2.	<p>List the type of business of the applicant (5.08.070-3):  <i>RESTAURANT &amp; BAR</i></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4):  <i>12 yrs.</i></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ <i>30K</i></p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):  <i>2049/2051 LINCOLN HWY</i>  <i>St. Charles, IL 60174</i></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: <i>TRI-CITY center Associates / Shodeen Group</i>          Address of Building Owner: <i>77 N. 4th St. Geneva, IL 60134</i>          Mailing Address of Building Owner (if different):          Phone Number: <i>630-774-8553</i> E-mail Address: <i>dan-masinger@shodeen.com</i></p> <p>Name of Building Owner:          Address of Building Owner:          Mailing Address of Building Owner (if different):          Phone Number: E-mail Address:</p> <p>Name of Building Owner:          Address of Building Owner:          Mailing Address of Building Owner (if different):          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>



15.	<p><b>Complete ONLY if yes was answered to the questions above (14):</b></p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p><b>Date of Incorporation (Illinois Corporations) (5.08.070-10):</b>  <u>8-26-2019</u></p> <p><b>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):</b></p>
17.	<p><b>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)?</b>  <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></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"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></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"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>Have you ever been convicted of a gambling offense?   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b> (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"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
18.	<p><b>Mandatory:</b> All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done?   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>If yes, date(s): _____</p>
19.	<p><b>Mandatory:</b> Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)?   <input checked="" type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>If already furnished, date of delivery: _____</p> <p><b>NOTE:</b> 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:

I now possess or have applied for a liquor license Class

Applicant's Name:

Name of Business:

Business Address:

Business Phone:

**SUPPLEMENTAL PERMIT APPLIED FOR**

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

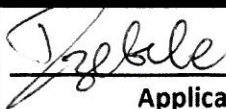
☐ 1:00 a.m. Late Night Permit – fee of \$800.00

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

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

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

**SIGNATURES**

  9-2-19  
Applicant Signature Date



**B.A.S.S.E.T. TRAINING**

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.

Name:	IZABELA	ACCEITA		
	(First)	(Last)	(Middle)	Manager
Home Street Address:				
City, State, Zip:	St. Charles, IL 60174			
Date of Course:	8/26/19	Place Course was Taken:	ON LINE IN PROCESS	
Birthdate:		Certificate Granted:	Expiration:	

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

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

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.

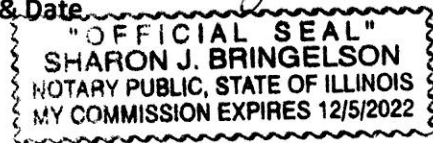
Business Name:

**SIGNATURES**

Debbie Accetto  
Applicant's Signature

Sharon J. Bringelson 9-5-2019  
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: 10/01/19	Name of Applicant: Salvatore + Isabella Accetta
Name of Business: Paradiso Restaurant + Bar	
Address of Business: 2049/2051 Lincoln Hwy	Ward Number:

## 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: 11/2019
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 DNA</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 DNA</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 DNA</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>
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 type="checkbox"/> No DNA



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: SCPL Date: 9/12/19
14.	Other necessary data:

# SIGNATURES

## ENDORSEMENTS AND APPROVALS

### INVESTIGATING OFFICER

<u>J. Johnson</u>	<u>328 / Detective</u>
Investigating Officer Signature	Badge Number & Rank

### ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>E. H. (acting det)</u>	<u>10/2/19</u>
Signature Of Chief of Police	Date

## Business Plan

- Italian Restaurant & Bar
- Hours of operation - from 11am to 2am  
( Tuesday to Sunday )
- Live Music & DJ on weekends and events
- Outdoor seating ( summer 2020 )

## Menu

### Antipasto

- Antipasto Paradiso- Prosciutto Crudo, Ham, Olives Cheese Plater
- Bruschette
- Fried Calamari
- Antipasto Di Mare
- Arancini - Fried Rice Balls

### Salads

- Mediterranea
- Tricolore
- Caprese

### Pasta

- Pasta Alla Norma
- Pasta Carbonara
- Cannelloni Al Forno
- Lasagna Paradiso

### Meat

- Grigliata Mista ( Grilled Sausage, steak, lamb, chicken)
- Grigliata Mista Di Pesce ( Octopus, Calamari, Fish).

Pork Scaloppine w/ Mushroom and mashed potatoes  
Involtini Di Pollo ( prosciutto, formaggio, pancetta )

### Dessert

- Tiramisu
- Gelato
- Cannoli

# Illinois BASSET


## SELLER / SERVER CERTIFICATION

**Trainee Name:** Izabela Accetta

**Certificate #:** 000016237670

**Date of Completion:** 09/05/2019

**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](mailto:support@360training.com).



**Corporate Headquarters**  
6801 N. Capital of Texas Hwy, Bldg 1,  
Suite 250, Austin, TX 78731  
Phone: 877.881.2235

PROPOSED FLOOR PLAN  
SCALE: 1/4" = 1'-0"



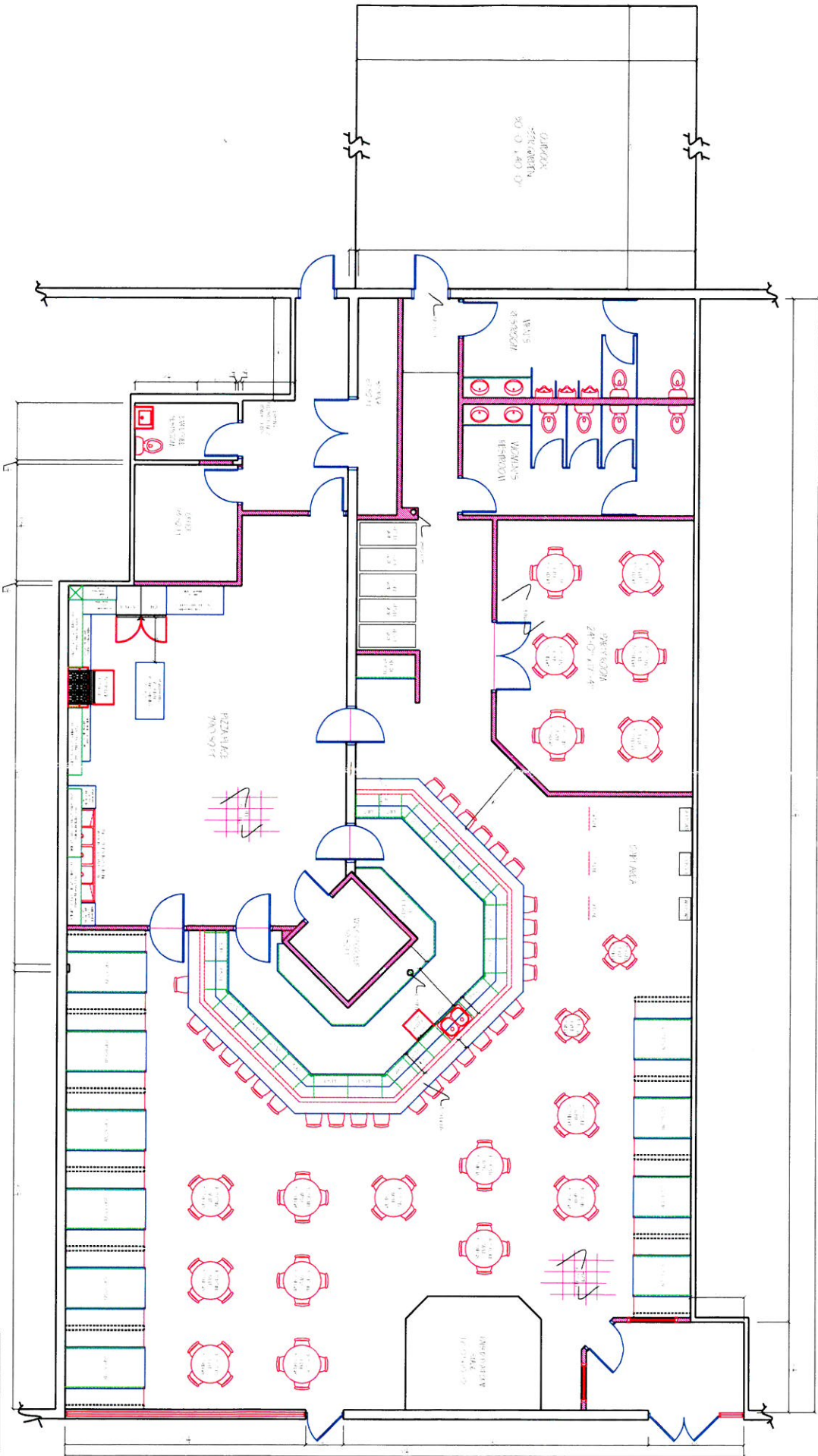
MEASUREMENTS  
92.55' x 125.00' (APPROX.)  
101.00' x 125.00' (APPROX.)  
101.00' x 125.00' (APPROX.)  
101.00' x 125.00' (APPROX.)

PROPOSED  
4000 S.W. 11TH  
TALLAHASSEE, FL 32310

### WALL LEGEND

- EXISTING WALL
- NEW WALL
- GLASS WALL
- GLASS WALL
- GLASS WALL

DATE: 10/1/11  
DRAWN BY: J. DOWLING  
CHECKED BY: J. DOWLING  
APPROVED BY: J. DOWLING



### FLOOR PLAN FOR SPORTSTERS INN

205 LINCOLN HIGHWAY - ST. CLOUD, FL 34761

Dowling Designs, Inc.

1025 COLUMBIA RD., SUITE #6 - ST. CLOUD, FL 34761  
PHONE: 850.445.1699 FAX: 850.445.1698  
WWW.DOWLINGDESIGNS.COM





## QUOTE SUMMARY

QUOTE NUMBER: 495457

FOR	Paradiso Restaurant & Bar LLC	CONTROL DATE	08/29/2019
MAILING ADDRESS	2049/2051 Lincoln Hwy Saint Charles IL, 60174	AGENT NUMBER	13423
AGENCY	Weer Ins & Fin Serv Inc		

### PROPERTY

**Location 1: Tavern**

Location Address: 2049/2051 Lincoln Hwy Saint Charles IL, 60174

Construction: Masonry Joisted

Central Station Alarm: Fire, Theft

**Building: 1 - Taverns - with cooking**

Coverage	Limit	Valuation	Perils	Deductible	Coinsurance	Premium	Additional Cov
Personal Property	125,000	RC	B	1,000	80	786	Utility Interrupt
Income ALS 12 Months			S			88	Utility Interrupt
Sign	5,000			1,000		91	
Equipment Breakdown						150	
Restaurant Extension - Silver						INCL	
Terrorism						INCL	

Property Total: \$ 1,115



UNDERWRITER: Mary Baranowski

## GENERAL LIABILITY

QUOTE NUMBER: 495457

LIMITS	COVERAGE	COVERAGE FORM	
\$ 2,000,000	General Aggregate Limit	<input type="checkbox"/> GL 600 - Premise Liability Only <input checked="" type="checkbox"/> GL 100 - Premise/Ops Liability and Products/Completed Ops <input type="checkbox"/> GL 300 - Owners and Contractors Protective	
\$ 1,000,000	BI/PD Occurrence Limit And (if applicable) Products Aggregate Limit		
\$ 5,000	Medical Payments		
\$ 50,000	Fire Legal Liability		
\$	Personal/Advertising Injury	GL Total	\$ 2,751
\$ 1,000,000	Hired/Nonowned Auto		
\$ <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Insured Charges		Package Premium
\$	PD Deductible Per Claim		\$ 3,866

## ADDITIONAL COVERAGES

AUTOMOBILE LIMITS	AUTOMOBILE COVERAGE		
	CSL		
\$	Bodily Injury		
\$	Property Damage		
\$	Medical Payment		
\$	Uninsured Motorist		
\$	Underinsured Motorist		Premium
\$ Per Submission	Physical Damage		\$

### LIQUOR LIABILITY

Limits: 1,000,000		\$ 1,642
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### CYBER LIABILITY

Limits: 50,000		\$ 67
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### EMPLOYMENT PRACTICES LIABILITY

Limits: 25,000	DED: 5,000	Third Party <input type="checkbox"/>	\$ 416
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### WORKERS COMPENSATION

Employer's Liability at Standard Limits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Subjected to Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	At %	
Limits:	WC 1000 DED: <input type="checkbox"/>		\$

### UMBRELLA

SIR <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000		
Limits: 0		\$
<input checked="" type="checkbox"/> Coverage may be bound as of 8/29/2019 01:00 PM <input type="checkbox"/> Coverage may be bound only with authorization prior to the effective date.		
<b>ACCOUNT PREMIUM</b>		\$ 5,991
<b>W/1000 WORK COMP DED</b>		\$ 5,991

## THIS QUOTE IS VALID FOR 60 DAYS

Coverages not quoted may not be bound without prior approval

Comments:



Badger Mutual's Restaurant and Tavern Programs include our Silver Extension at no charge. If you have chosen to upgrade to our Gold Extension, a \$150 charge has been applied. If you have chosen to upgrade to our Platinum Extension, a \$250 charge has been applied. Please see below for a coverage comparison.

<b>Extensions</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
Antennas, Satellite Dishes, Awnings/Canopies, Fences & Signs	\$ 2,500	\$ 5,000	\$ 20,000
Property Off Premises	\$ 10,000	\$ 20,000	\$ 20,000
Increased Cost - Ordinance or Law	\$ 10,000	\$ 20,000	\$ 30,000
Personal Effects	\$ 1,000	\$ 5,000	\$ 5,000
Personal Property of Others	\$ 10,000	\$ 20,000	\$ 20,000
Property in Transit	\$ 5,000	\$ 10,000	\$ 10,000
Valuable Papers	\$ 10,000	\$ 20,000	\$ 20,000
Newly Acquired Buildings	\$ 250,000	\$ 300,000	\$ 300,000
Personal Property - Acquired Locations	\$ 100,000	\$ 150,000	\$ 150,000
Trees, Shrubs, and Plants	\$ 1,000	\$ 2,500	\$ 2,500

<b>Special Coverage</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
Accounts Receivable	\$ 10,000	\$ 20,000	\$ 20,000
Food Spoilage	\$ 2,500	\$ 5,000	\$ 20,000
Money & Securities	\$ 2,500	\$ 5,000	\$ 5,000
Employee Dishonesty	-	\$ 10,000	\$ 25,000
Backup of Sewers and Drains	\$ 2,500	\$ 5,000	\$ 20,000
Recharging of Extinguishing Systems	\$ 250	\$ 5,000	\$ 5,000
Foundations, Retaining Walls, Pilings, Piers, Wharves, or Docks	-	\$ 5,000	\$ 5,000
Fine Arts	-	\$ 5,000	\$ 20,000
Food Contamination	-	-	\$ 20,000

The coverage descriptions in this proposal are abbreviated. You will need to refer to the policy(ies) for all terms, conditions, and exclusions. The policy provisions will prevail if there is any conflict between the coverage statements within this proposal and the actual policy.

## AUTHORIZATION AGREEMENT

### Badger Mutual Monthly EFT Plan

**THIS FORM MUST BE SIGNED BELOW BY THE INSURED.**

#### POLICYHOLDER/AGENCY INFORMATION:

Name <b>PARADISO RESTAURANT &amp; BAR, LLC</b>		
Address <b>2049 LINCOLN HWY</b>		
City <b>ST CHARLES</b>	State <b>IL</b>	Zip <b>60174</b>
Agency Name <b>WEER &amp; WOELLERT INSURANCE</b>		Agency #: <b>13423</b>

#### POLICY INFORMATION

Policy Type	Policy # (if existing)

#### EFT INFORMATION

<p>EFT Withdrawal Date (any date between 1 and 31)</p> <p><u>29</u></p> <p><i>This date cannot be changed.</i></p>	<p style="text-align: center;">Deposit Amount</p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><i>Annual Policy</i></td> <td style="text-align: center;"><i>10% of policy premium</i></td> </tr> <tr> <td style="text-align: center;"><i>Semi-Annual Policy</i></td> <td style="text-align: center;"><i>33% or 2 months of policy premium</i></td> </tr> </table> <p style="text-align: right;">\$ <u>1198.20</u></p>	<i>Annual Policy</i>	<i>10% of policy premium</i>	<i>Semi-Annual Policy</i>	<i>33% or 2 months of policy premium</i>
<i>Annual Policy</i>	<i>10% of policy premium</i>				
<i>Semi-Annual Policy</i>	<i>33% or 2 months of policy premium</i>				

#### FINANCIAL INFORMATION:

Financial Institution Name <b>BMO HARRIS</b>		
Address <b>111 W MONROE ST</b>		
City <b>CHICAGO</b>	State <b>60603</b>	Zip <b>IL</b>
Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>IMPORTANT: Please attach a voided check if using a checking account.</b>		
Routing #: <b>071025661</b>		Account #: <b>4822266532</b>

- A. I authorize Badger Mutual Insurance Company to electronically transfer my insurance premium payments from my checking or savings account. To cancel this authorization, please contact Badger Mutual directly.
- B. I understand that premium payments are applied on the withdrawal date shown above. If my account has insufficient funds at the time of the transfer:
1. the policy will be treated as though no premium payment was made when due, and
  2. the EFT option will be revoked and we will change the policy to Direct Bill.
- C. I understand that withdrawal notification will only be sent if the amount to be withdrawn changes by more than \$15 from the prior payment.
- D. I understand that if my EFT payment is returned NSF, there will be a \$45 fee to resume EFT.
- E. I understand that if I remove myself from the EFT plan, there will be a \$25 fee to resume EFT.

**POLICYHOLDER SIGNATURE:** 

uS42845-195-426-6386-44601300e3

**Date:** 8/29/2019