

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5c

Title:

Recommendation to approve a proposal for a new Class B license, and 1:00 am late night permit for Eden on the River Mediterranean restaurant to be located at 1 Illinois Street, St. Charles (former Charleston on the River location).

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 B liquor license, and 1:00 am late night permit for Eden on the River to be located at 1 W Illinois Street, Suite 170 (former Charleston on the River location). Their business venue is an upscale Mediterranean restaurant specializing in Middle Eastern and Greek Cuisine. The applicant has been vetted by the Police Department and all documents are in order.

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
Menu

Recommendation/Suggested Action (*briefly explain*):

Recommendation to approve a proposal for a new Class B license, and 1:00 am late night permit for Eden on the River Mediterranean restaurant to be located at 1 Illinois Street, St. Charles (former Charleston on the River location).



Memo

Date: 08/18/17
To: Chief Keegan
From: Commander Mahan
Re: Liquor License Background, Eden on the River

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 Class B Restaurant license and late night permit (01:00) for, Eden on the River. This business is to be located at 1 W. Illinois Street Suite 170. The space formerly known as Charleston on the Fox.

Applicant:

Alhalibi, Rawan



Application:

The application was received on 08/15/17. The application appears to be complete, Including a floor plan, menu, and detailed business plan.

A copy of the lease and certificate of insurance was also included. The applicant is currently working on obtaining Basset Certification online. This certification is to be completed prior to 08/21/17.

Records Checks:

Rawan was fingerprinted. Responses from both the FBI and Illinois Bureau of Identification are pending.

A check of St. Charles and Kane County records showed no police contacts.

A check with her town of residency, Sycamore, Illinois revealed no negative police contacts.



A check with the City of DeKalb, where Rawan previously owned and operated a restaurant revealed no previous problems or issues with liquor licenses held in that city. The latest license held was a BYOB license, however a license for wine and beer had previously been held as well.

A check of the Illinois Liquor Control Commission showed no current license and no record of license revocation.

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

SITE VISIT:

On 081517 I visited the location. No one was present at the business however I could see clearly in to the business and observed the outdoor dining area. This business plans to use the same floor plan as Charleston on the Fox had used with some changes to the décor. Rawan advised that a clear view in to the business will be maintained and that the fenced off outdoor dining area will remain in use as well. Access to the outdoor dining area will be through the business only. I advised Rawan that I would revisit the business to ensure that they have installed the proper signage, etc.

INTERVIEW WITH APPLICANT:

On 08/18/17 at approximately 0930 I met with Rawan and her husband at the police department front desk. They indicated that they have no liquor inventory at this time. They plan to be open for dinner initially with hopes to expand to lunch as well. They plan to have live music on Friday and Saturday nights until 11:30 PM. They were still considering whether they will use the late night permit or not. Rawan has been a U.S. Citizen for 7 years and her husband teaches at NIU. They previously operated Mediterraneo Grill in DeKalb, IL. Rawan indicated that all information in the application was correct.

This concludes this background investigation. Recommend approval.

EM

LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Rawan Alhalibi

BUSINESS: Eden On The River

ADDRESS: 1 W. Illinois St. Suite 170

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

* COMMENTS: Basset training in progress.
Certificate of Naturalization to be provided.

INVESTIGATOR ASSIGNED: E. Mahan #346

SUPERVISOR REVIEW: E. Mahan #346

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: EDEN ON THE RIVER I

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 type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input 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 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 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 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 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"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

☐ Approved* ☐ Denied Date Approved/Denied: _____ Customer Number: _____

Signature of Mayor, Liquor Control Commissioner

Date Issued

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

APPLICANT INFORMATION

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

B. Business Name: **EDEN ON THE RIVER I**

C. Business Address: **82-246867 1W ILLINOIS ST 170 ST CHARLES IL 60174**

D. IL Tax ID Number: **82-246867** E. Business Phone: **773-877-4561** F. Business E-mail: **[REDACTED]** G. Business Website: **EDENONTHERIVER.COM**

H. Contact Person: **RAWAN ALHALIBI** I. Title: **MANAGER** J. Phone No.: **[REDACTED]**

K. If Corporation, Corporation Name: **EDEN ON THE RIVER I LLC**

L. Corporation Address (city, state, zip code): **1 ILLINOIS 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):		C. Number of Parking Spaces: 50	D. Outside Dining s.f. [17.20.020-R]: 3800	E. Holding Bar s.f. [5.08.010-F]: 24
F. Total Building s.f.: 4200	G. Total Number of Seats: 112	H. Number of Bar Seats: 24	I. Sale Counter s.f.: NONE	J. Live Entertainment Area s.f. [5.08.010-H]:
K. Kitchen s.f.: 1400	L. Cooler s.f.: 70	M. Dry Storage s.f.: 69	N. Seating Area s.f.: 2300	O. Retail/public Area s.f.: 0
P. Service Bar s.f. [5.08.010-O]: 0				

Q. Brief Business Plan description based on type of establishment listed above:
UPSCALE MEDITERRANEAN RESTAURANT SPECIALIZING IN MIDDLE EASTERN & GREEK CUISINE.

MANAGER INFORMATION

Full Name, include middle initial: **RAWAN AL HALABI** Title: **MANAGER**

Birthdate: **[REDACTED]** Birthplace: **SURIA** 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: _____

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 (<i>check off once complete</i>): <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 (<i>check off once complete</i>): <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

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

Is any individual a naturalized citizen? ☒ Yes ☐ No

If yes, print name(s), date(s), and place(s) of naturalization:

RAWAN AL HALABI, CHICAGO,
MARCH 31, 2015

List the type of business of the applicant (5.08.070-3):

RESTAURANT

Number of years of experience for the above listed type of business (5.08.070-4):

8 years

Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$

\$4000

Location/address and description of business to be operated under this applied for license (5.08.070-6):

1 ILLINOIS, ST CHARLES, IL 60174

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

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: SHODEEN PROPERTIES

Address of Building Owner: 77 N. FIRST STREET GENEVA IL 60134

Mailing Address of Building Owner (if different): SAME.

Phone Number: 630 - 232 - 7883 E-mail Address: JUSTIN - HEINZ @ SHODEEN .com

Name of Building Owner:

Address of Building Owner:

Mailing Address of Building Owner (if different):

Phone Number: E-mail Address:

Name of Building Owner:

Address of Building Owner:

Mailing Address of Building Owner (if different):

Phone Number: E-mail Address:

Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? ☐ Yes ☒ No

If yes, please list the business name(s) and address(es):

9.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No</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>Government Unit: CITY OF DEKALB.</p> <p>Date: 2014 Location, City/State: 122 E. LINCOLN HWY. DEKALB IL 60115</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>08-11-2017</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business(5.08.070-11)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p>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:

I now possess or have applied for a liquor license Class

Applicant's Name:

RAWAN AL HALABI

Name of Business:

EDEN ON THE RIVER

Business Address:

1 W ILLINOIS ST ST CHARLES IL 60174

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

X Rawan Al Halabi

Applicant Signature

8-14-17

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: RAWAN (First) AL HALABI (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:

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

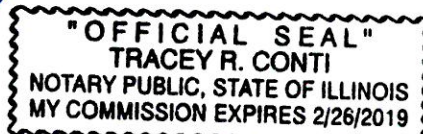
X Rawan Alhalabi

Applicant's Signature

Tracey R. Conti 8-15-17

Notary & Date

Seal:



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

Liquor Commissioner's Signature

Date

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

Date:

Name of Applicant:

Name of Business:

Address of Business:

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:
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? ☐ Yes ☐ No
3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? ☐ 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
4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? ☐ 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?
☐ Yes ☐ 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.)
☐ Yes ☐ 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: ☐ Yes ☐ No

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

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

Investigating Officer Signature

Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☐ Yes ☐ No

Signature Of Chief of Police

Date

ENDORSEMENT OF THE LIQUOR CONTROL 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

Eden on the River Proposal

Eden on the River will be an indoor and outdoor Mediterranean bar and grill in St. Charles, IL.

Rawan Alhalabi

Rawan grew up with a big family that had a background owning and running successful restaurants with an appreciation for food and music. Rawan was a successful attorney with a law degree from Damascus University in Syria. She moved to the City of DeKalb in 2009 and opened Mediterraneo, a casual dine in Mediterranean restaurant serving Syrian/Lebanese cuisine from 2009 to 2017. The restaurant maintained large and loyal following of patrons and fans both online and in person. The restaurant maintained a 4-star rating on Yelp and a 4.8 rating.

Unfortunately, Mediterraneo was forced to close because of the following. Firstly, the night club located next door to our restaurant had several infrastructure issues which inadvertently affected our restaurant and created a health hazard. Secondly, the building the restaurant was located in was planned to be redeveloped into a residential and retail community. However, the City of DeKalb offered Rawan up to 35% in tiff money to reopen the restaurant in downtown DeKalb. However, she strongly felt that it was time to transform Mediterraneo into a high-end establishment and the City of St. Charles specifically the downtown retail and entertainment district.

Market Overview

Eden on the River will be the only high-end family-owned Mediterranean restaurant in St. Charles. The City of St. Charles is only 35 miles west of downtown Chicago and is home a number of leading local and national employers. In addition, households in the area have an average income of around \$111,000. Furthermore, the St. Charles Park District, and annual festivals that are enjoyed by 200,000+ people annually creates added value for all St. Charles residents, businesses, and visitors. These demographic and market factors, will allow Eden on the River to become one of the "hot spots" in St. Charles, and a "must go to" restaurant for visitors and residents alike.

Competition

There are no upscale Mediterranean restaurants in St. Charles or in nearby areas like Batavia, Geneva, South Elgin, North Aurora, and Naperville. There are, however, many indirect competitors in the form of Mediterranean quick service restaurants. That being said, our direct competitors of upscale Mediterranean restaurants are 35 miles in the city of Chicago.

Location and Hours

Eden on the River will be located at 1 Illinois St, St Charles, IL 60174.

Tuesday to Thursday 4:00 pm to 11:00 pm

Friday and Saturday 4:00 pm to 1:00 am

Sunday 12:00 pm to 8:00 pm

Menu

The menu will offer a variety of classic and fusion Mediterranean dishes. The meat selection will be all grilled over real charcoal. Also, there will be a specialty oven to serve fresh pita bread. In addition to having the traditional American bar, there will be a focus on serving alcoholic beverages imported from countries from the Mediterranean region like Israel, Jordan, Lebanon, Turkey, and Spain.

Ethnic Ingredients and Recipes

The culinary team will produce authentic food from the Israeli, Greek, Lebanese, Syrian, and Turkish cuisines. Procuring all the traditional, authentic ingredients necessary to hold true to these varied and interesting cultural recipes.

Entertainment

Local bands, state, and international musical talent to entertain restaurant guests on International Night every Friday and Saturday night from 930 pm to 1130 pm. We will have different musical themes like Jazz, Arabic, Spanish, Flamingo and American music.

Conclusion

Rawan's success in the restaurant industry, and her close ties to the community, will ensure that Eden on the River will become one of the "hot spots" for Mediterranean cuisine in St. Charles, and a "must go to" restaurant for visitors and residents alike.

Thank you for your time and consideration!

Sincerely,

Food Menu



APPETIZERS

Humus
Humus with ground
beef
Babaghanuj
Mtabal
Muhamara
Tzaziki
Cajun Potato
Kebbea
Burak
Feta cheese with dates
Dawali
Chicken Liver
Nakanek
Falafel
Spanakopita
Sagganaki

FRESH FROM THE- OVEN

Zaatar Pie
Cheese Pie
Beef Pie
Spinach Pie

SOUPS

Lentil
Mushroom

DESSERTS

Baklava
Date Cake
Halawat Jeben
Cheese Cake
Cream Caramel Flan
Traditional Plate

SALADS

Fatush
Taboleh
Rocca
Caesar
Traditional

ENTREES

All entrees come with
rice, pita, and soup

Chicken Kabob
Kafta Kabob
Steak Kabob
Ground Chicken
Kabob
Shrimp Kabob
Fillet Mignon
Kabob Platter
Grilled Salmon
Lamb Shanks
Lamb Shops
Grilled Chicken
Veggie Kabob

SANDWICHES

Chicken Kabob
Kafta Kabob
Steak Kabob
Veggie Kabob
Eggplant
Shawarma
Gyro Quesadilla

