	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 5c
	Title:	Recommendation to approve a Proposal for a C1 Liquor License Application, as well as a 1 a.m. Late Night Permit for Ed's Basement, Located at 219 W. Main St., St. Charles.	
	Presenter:	Police Chief James Keegan	
Meeting: Government Operations Committee		Date: February 18, 2020	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>Ed's Basement intends to operate a craft beer bar/restaurant focusing on local St. Charles breweries.</p> <p>The applicants own and operate similar businesses in two locations, Addison and Rolling Meadows, with over ten years of experience.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee Meeting on February 18, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 3:00 pm, 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 March 2, 2020 for final approval.</i></p>			
Attachments <i>(please list):</i> Summary, Floor Plan, Liquor License Application, Insurance Quote, Menu			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to approve a proposal for a C1 Liquor License application and 1 a.m. Late Night permit for Ed's Basement, located at 219 W. Main St., St. Charles.			

Police Department



Memo

Date: 2/7/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation- C-1 Liquor License for Ed's Basement (EL Elle Sea LLC)
located at 219 W. Main Street (1am Permit)

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.

Ed' Basement, located at 219 W. Main Street intends to open and operate a small bar/restaurant featuring locally brewed beer across Main Street from several of our other bars/restaurants.

The applicants own and operate other establishments in both Addison and Rolling Meadows. Furthermore, both intend to live above Ed's Basement. This is a 1:00 a.m. late night permit request with a very limited menu and business plan. The ownership group intends to install a commercial kitchen at a later date and is evolving with their business plans once they move farther along with remodeling and code related mandates.

The applicants appeared at the January LCC and asked to advance this concept forward as they continue with their buildout. They are working with our Community and economic Development Department and their build-out continues, with a March 2020 target date. The floor plan, brief business plan and menu information from one of their other ventures is included in this packet. All of the other corresponding application materials were found to be acceptable and accurate.

We found nothing of a derogatory nature that would preclude either the site location or the applicants with from moving forward with operations and on-site consumption; subject to City Council approval.

I would suggest that the issuance of a liquor license be contingent on the issuance of an occupancy permit and the approval of all permitting issues with the City.

Please see the attached material for further information.

Thank you in advance for your consideration in this matter.



Memo

Date: 02/07/20
To: Chief Keegan (via chain of command)
From: Commander Majewski
Re: Liquor License Background, El Elle Sea LLC (Ed's Basement)

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for a Class C-1 license for the business, El Elle Sea LLC (DBA Ed's Basement). This business is to be located at 219 W. Main St.

Applicants:

Simbol, Edward T

Andriola, Brandon P



Application:

The application was received on or around 12/26/19. The application is complete to include a signed lease, a menu, floor plan and a quote for Certificate of Insurance (dram shop). Edward and Brandon are listed as President and Vice President, respectively, of El Elle Sea LLC.

Records Checks:

Edward Simbol provided 2 residences in the past 10 plus years;

Current address of



Previous address of



A check with Hoffman Estates Police, Glendale Heights Police records and TLO showed nothing that would prohibit obtaining a liquor license. I CLEAR showed no contacts for Simbol. SCPD also showed no contacts for Simbol.

A check of the Kane and DuPage County Circuit Court Clerk database revealed nothing that would prohibit Simbol from obtaining a liquor license.

Service, Courage, Professionalism, Dedication



Mr. Simbol also advised he operates 2 similar businesses;

Bigby's Pour House 1700 W Lake St Addison IL, 60101

Bigby's Pour House 1649 W Algonquin RD Rolling Meadows IL, 60008

Contact was made with both Addison and Rolling Meadows PD and the respective city administrations. After reviewing the reports, it appeared that Simbol and the establishment were cooperative with police in the few encounters they had and Simbol was not involved in any manner other than assisting a battery victim obtain medical attention. Nothing in any of the Addison Police reports indicated Simbol should be denied a Liquor License. Addison city administration advised the business was current and in good standing.

Nothing in the information provided by Rolling Meadows Police indicated that Simbol should be denied a Liquor License. Rolling Meadows city administration advised that the business was current and in good standing.

Simbol has a current BASSET certification. Simbol's fingerprints were submitted to the FBI and Illinois Bureau of Identification; their reply indicated nothing that would deny the issuance of a Liquor License.

Illinois Secretary of State LLC check on EL ELLE SEA, LLC DBA Ed's Basement showed nothing preventing it from being issued a Liquor License.

Brandon Andriola provided one address of residency on the application;

90 Rodenburg Rd Roselle IL, 60172

A check with Roselle Police records and TLO showed nothing that would prohibit obtaining a liquor license.

A search of I CLEAR showed no contacts for Andriola. SCPD records also showed no contacts for Andriola.

A check of the Kane and DuPage County Circuit Court Clerk database revealed nothing that would prohibit Simbol from obtaining a liquor license.

Andriola has a current BASSET certification. Andriola's fingerprints were submitted to the FBI and Illinois Bureau of Identification; their reply indicated nothing that would deny the issuance of a Liquor License.

SITE VISIT and INTERVIEW WITH APPLICANTS:

On 02/06/20 I met with Ed Simbol and Brandon Andriola at the location for Ed's Basement. The interior of the business was still in the process being constructed and they had various contractors scheduled for the next few weeks. Ed sated they hope to opened by February 27th but added that was optimistic. Ed has two other businesses and I asked if

the menu would be similar to the other establishments. He stated, to start, Ed's Basement would not have a robust menu and would start out using local food vendors for appetizers like chips and salsa. In the future, more food options would be available when the kitchen is open. I asked what brought Ed to St. Charles and he stated a patron from his other business has a law office in St. Charles and bought the building. The original plan was to use the location for Ed's Basement for their law office but Ed walked the building and fell in love with the location. They agreed that Ed could use it instead. Ed added that they planned to work with local breweries to create specialty brews that would be available to the local brewery and at Ed's Basement only.

Brandon has recently started working with Ed after spending the last four years with Alter Brewing Company as their Tap Room Manager. Brandon left on good terms and they look forward to working with Alter Brewing's new location in St. Charles on specialty brews. Overall, Brandon has been in the bar business for 15 years. Brandon explained the overall vibe of Ed's Basement is a quaint hang out and they want their patrons to relax. He added they prefer an older crowd which is one of the reasons they chose the 1am permit. Brandon stated they are interested in selling good quality brewed beer, not \$4 pitchers.

Notes in the application on the business plan indicate the hours of operation will be 4pm-1am Monday thru Friday and noon to 1am on Saturday and Sunday. There will be no live music and no outdoor seating. Smoking area will be in front of the building.

This concludes this background investigation.

EM #317

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: C1
Business Name: El Estre Sea, LLC dba Ed's Basement

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input type="checkbox"/>	<input checked="" type="checkbox"/> quote provided <input type="checkbox"/> pending
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>
Copy of Business Plan, to include: <input checked="" type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Copy of Menu <input checked="" type="checkbox"/> Whether or not live music will be played at this establishment <input checked="" type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input checked="" type="checkbox"/> Do not include a marketing or financial plan with this business plan	<input checked="" type="checkbox"/>	<input checked="" 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"/> No
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 checked="" 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): (11c)

B. Business Name: EL ELLE SEA, LLC DBA Ed's Basement

C. Business Address: 219 W. MAIN ST.

D. IL Tax ID Number:

E. Business Phone:

F. Business E-mail:

G. Business Website:

H. Contact Person: Ed Simbol

Email: ed@highsoph.com

I. Title: PRES

J. Phone No.: [REDACTED]

K. If Corporation, Corporation Name: El Elle Sea, LLC

L. Corporation Address (city, state, zip code): 219 W Main St.

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): 219 W MAIN ST

C. Number of Parking Spaces: 0

D. Outside Dining s.f. [17.20.020-R]: 0

E. Holding Bar s.f. [5.08.010-F]: 700 sf.

F. Total Building s.f.: 2685

G. Total Number of Seats: 65

H. Number of Bar Seats: 25

I. Sale Counter s.f.: n/a

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

K. Kitchen s.f.: 217

L. Cooler s.f.: 24

M. Dry Storage s.f.: 200

N. Seating Area s.f.: 2400 s.f.

O. Retail/public Area s.f.:

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

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

Basic long layout w/ 25 bar seats and tables & chairs

MANAGER INFORMATION

Full Name, include middle initial: Edward T Simbol

Title: PRESIDENT

Birthdate: [REDACTED]

Birthplace: [REDACTED]

Driver's License#: [REDACTED]

Home Phone: [REDACTED]

Home Address: [REDACTED]

Full Name, include middle initial: Brandon Paul ADRIANO

Title: VICE PRESIDENT

Birthdate: [REDACTED]

Birthplace: [REDACTED]

Driver's License#: [REDACTED]

Home Address: [REDACTED]

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.	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 Is any individual a naturalized citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, print name(s), date(s), and place(s) of naturalization:
2.	List the type of business of the applicant (5.08.070-3): BAR / RESTAURANT
3.	Number of years of experience for the above listed type of business (5.08.070-4): + 10 YEARS (2 LOCATIONS) <i>Bigby's Pourhouse</i>
4.	Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 10,000
5.	Location/address and description of business to be operated under this applied for license (5.08.070-6): 219 W Main St. To operate 2 craft beer bar/restaurant focusing on local st. Charles breweries (Pollyanna, Alter, Riverbends) and featuring local farms for produce
6.	Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased
7.	If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B): Name of Building Owner: JOHN BUSH Address of Building Owner: 4N624 MOUNTAIN ASH DR. Wayne IL 60184 Mailing Address of Building Owner (if different): n/a Phone Number: 630-642 0457 E-mail Address: jlbushlaw@yahoo.com Name of Building Owner: Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address: Name of Building Owner: Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address:
8.	Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Village of Addison (DuPage)</p> <p>Date: 11/1/10 Location, City/State: 1700 W. Lake St Addison IL 60101</p> <p>Special Explanations: liquor license granted</p> <p>Government Unit: City of Rolling Meadows (Cook Co)</p> <p>Date: 8/8/15 Location, City/State: 1649 W. Algonquin Rd. Rolling Meadows 60008</p> <p>Special Explanations: liquor license granted</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

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: <i>n/a</i></p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <i>12/9/19</i></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 <i>In process</i></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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>quote pending</i></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: 12/26/19

I now possess or have applied for a liquor license Class

C-1

Applicant's Name: El Elle Sea, LLC

Name of Business: Ed's Basement

Business Address: 219 W. Main St.

Business Phone: 331 826 7982

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

Date

12/26/19

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

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

Name:

(First) EDWARD

(Last) SIMBOL

(Middle) T

Manager ☒

Home Street Address:

City, State, Zip:

Date of Course: 8/2/19

Place Course was Taken: ONLINE

Birthdate:

Certificate Granted: ☒

Expiration: 8/2/22

Name:

(First) Brandon

(Last) Andriola

(Middle) Paul

Manager ☐

Home Street Address:

City, State, Zip:

Date of Course:

Place Course was Taken:

Birthdate:

Certificate Granted: ☒

Expiration: 5/16/22

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: El Elle Sea, LLC

SIGNATURES



Applicant's Signature

Sharon Bringelson 12-26-2019

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: 02/07/20 Name of Applicant: EL ELE Sea LLC

Name of Business: Ed's Basement

Address of Business: 219 W. Main St Ward Number: 4

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: possibly 02/27/20 or soon after

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 DNA

If yes, answer a, b and c:

- State the kind of such business:
 - Give date on which applicant began the kind of business named at this location:
 - 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 DNA

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

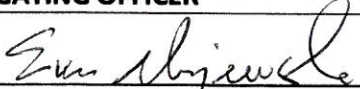
7. If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: ☐ Yes ☒ No

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 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>St. Charles Police Dept.</u> Date: <u>01/08/20</u>
14.	Other necessary data:

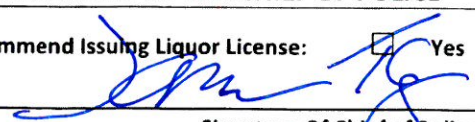
SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

<u></u>	<u>3171 Commander</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></u>	<u>2.7.20</u>
Signature Of Chief of Police	Date

Eds Basement Business Plan

We are establishing a craft beer bar/restaurant focused on local. We will carry 14 drafts of all Illinois breweries, featuring all 4 St Charles breweries (Pollyanna, Riverlands, Alter, and D&G). We will brew collaboration beers (at their facility) that will be exclusive to Ed's Basement, the brewery taproom, and both Bigby's Pour House locations (my other two bars). Ed's Basement will offer a small cocktail list, mostly coming from breweries that distill and other Illinois distilleries. Around 6 wines (3 red, 3 white) will be offered, two of them being on draft. The kitchen is projected to open Q4 of 2020 and will focus on Will County farm sourced produce and poultry from Reams Meat Market in Elburn, IL. In the meantime, we will support local downtown restaurants like Blue Goose Market, Pueblo Modern Mexican, etc. Food menu is submitted in a separate document. Amusement licenses will be applied for one golden tee machine, two dartboards, and three pinball machines. Ed's Basement will be a comfortable and homey bar with a relaxed ambiance

Submitted by Ed Simbol, President and Founder of El Elle Sea, LLC d/b/a Ed's Basement



Local food menu:

Puebla Modern Mexican

-Chips and Salsa (roja or verde)

Blue Goose Market

-Beer Cheese

-Pretzels

Reams Meat Market

-Meat Sticks

Jay's

-Assorted Potato Chips

eat local

Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: brandon andriola

Certificate #: 000015758313

Date of Completion: 05/16/2019

School Name

360training.com dba Learn2Serve

I, Smith Rogers

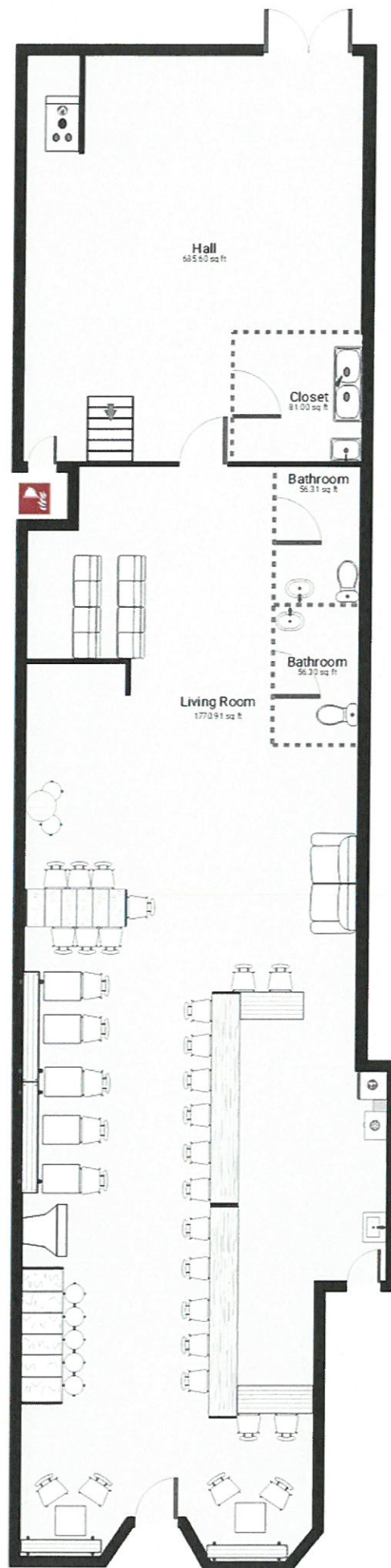
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

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.



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



1:40

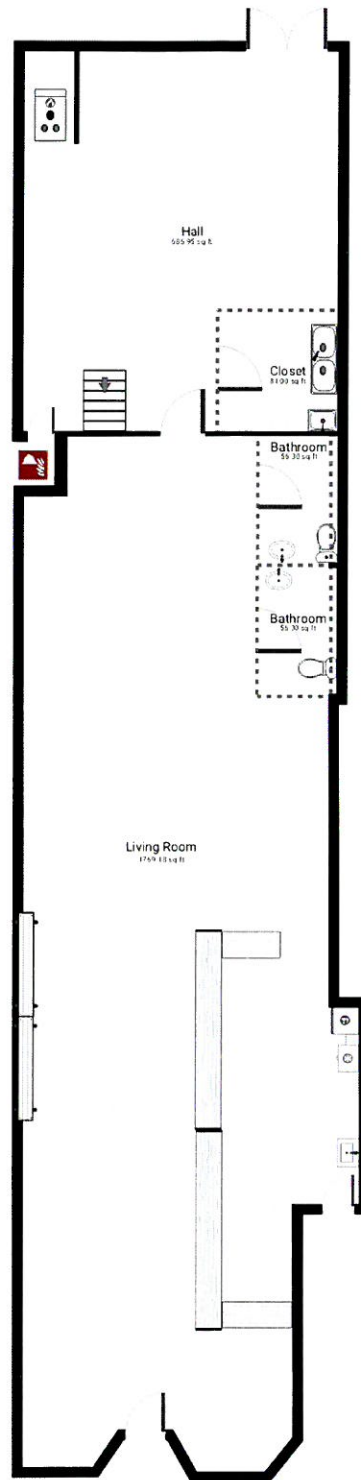


51%

< EXIT FLOOR



UNDO



GROUND FLOOR



3D VIEW



DETAILS



Add Room



Add object



Rotate
Floor



Bringelson, Sharon

From: Ed Simbol <edsbasementbar@gmail.com>
Sent: Thursday, December 26, 2019 2:50 PM
To: Bringelson, Sharon
Subject: Fwd: El Elle Sea LLC

Sharon, here is the insurance comoany quote for dram shop

On Thu, Dec 26, 2019, 2:11 PM Frank Conroyd <frank@dukanefinancial.com> wrote:

Ed,

The offer for \$1,000,000.00 liquor liability from Illinois Casualty is \$750.00 for the year. This is for the new location at 219 W. Main St. St. Charles, Il, 60174.

Please advise if you have any questions.

Regards

Frank

Frank W. Conroyd CIC, LUTCF
Conroyd Insurance Agency

