

 CITY OF ST. CHARLES <small>ILLINOIS • 1834</small>	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item Number: 5d
	Title:	Recommendation to Approve a Proposal for a New C-1 Liquor License and 2 am Late Night Permit for Trilogy Lounge, located at 2051 Lincoln Highway, St. Charles.	
	Presenter:	Police Chief James Keegan	
Meeting: Government Operations Committee		Date: March 15, 2021	
Proposed Cost: \$	Budgeted Amount: \$	Not Budgeted:	<input type="checkbox"/>
Executive Summary (if not budgeted please explain):			
<p>Trilogy Lounge, located at 2051 Lincoln Hwy., is requesting approval for a C1 liquor license. This is the location of the former Paradisio Restaurant. In addition, they are requesting a 2 am Late Night Permit.</p> <p>Please see the attached documents supporting this request.</p>			
<p><i>Pursuant to this item being presented at the Government Operations Committee Meeting on March 15, 2021 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 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 April 5, 2021, for final approval.</i></p>			
Attachments (please list):			
Memo, Background, Liquor License Application, BASSET, Business Plan, Certificate of Insurance			
Recommendation/Suggested Action (briefly explain):			
Recommendation to Approve a Proposal for a New C-1 Liquor License and 2 am Late Night Permit for Trilogy Lounge, located at 2051 Lincoln Highway, St. Charles.			

Police Department



Memo

Date: March 11, 2021

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Trilogy Entertainment LLC/2051 Lincoln Highway (Trilogy C-1/LNP 2AM)

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

As is customary procedure, a detective was assigned this investigation and reviewed the site location/floor plans, the business plan and the corresponding application materials. The ownership group consists of two owners who are former professional athletes that operate small businesses. David Brown owns and operates Power Athletics in St. Charles, while Cherman Wilson owns a small medical business in the south suburbs and is a train conductor. Neither owner has any night-club/restaurant experience but they plan on hiring managers that do.

Although both of their backgrounds were free of any concerns from a law enforcement perspective, I did ask for a meeting with both gentlemen on March 10, 2021 concerning their business model. I reviewed their Dram Shop Insurance, their articles of incorporation paperwork, their Basset training and both their application materials and our liquor code in great detail. The meeting lasted well over an hour in length and pursuant to the aforementioned meeting, I have several recommendations moving forward:

The applicants are seeking a Class C-1/Late Night Permit Request (2am) with hours of operation being 2:00 pm to 1:00 am (Monday-Thursday), 2:00 pm to 2:00 am (Friday-Saturday) and 10:00 am to 2:00 am on Sundays. They are seeking approval to operate a dance club with on-site security and either karaoke, a live DJ, or live music with varying crowds and events ranging from age 30 and over events to comedy shows and private galas. They will not be seeking an outdoor patio space at this time or potential use of the on-site commercial kitchen.

Pursuant to their business plan and application materials, I had the following input at our March 10th meeting:

- No re-entry. Initially, the petitioners were looking to complement their business with food-trucks. I stressed the importance of safety, liability, and security when allowing patrons to exit and re-enter. The petitioners agreed and will be partnering with local restaurants to encourage food delivery, pop-up kitchens, catering and walk-in food to avoid patrons from leaving the licensed premises and attempting re-entry. They will be offering light snacks as well.
- I have asked the petitioners to ban glassware. All drinks will be served in plastic cups. All beer will be served via taps.
- Security, dress-code, and vetting/screening. The owners were asked to verify the type of security and their experience and entry practices. They explained they will be hiring off-duty police personnel from agencies outside of St. Charles.
- I followed up with our City attorney and the Director of Community/Economic Development to ensure code compliance with both our liquor code, zoning code, and any PUD concerns. Both Nick Peppers and Rita Tungare indicated the submitted plan, on its face, appears to be compliant with the City's existing codes and the legacy PUD.
- Additionally, I spoke with Dave Patzelt from Sho-Deen Construction and their leasing department-commercial. We reviewed the lease, the liquor application material and discussed the petitioner's business plan. We have a mutual understanding that we both will monitor the business accordingly and communicate as needed. I additionally shared contact information with representatives of Sho-Deen. I was also allowed into the space and toured the site with other city staff members.
- I stressed the importance of screening, ID checks, lighting, re-entry, over-service, and hours of operation during our meeting. Deputy Chief Chuck Pierce was also present. I found the applicants to be both forthcoming and conscientious, but I stressed that their business model concerns me and if approved, our police department will monitor this location very closely to ensure a safe and welcoming environment. I also discussed zero-tolerance type concerns we have as both a city, and a police department. The applicants understood and acknowledged my concerns. We exchanged mutual contact information and in fact, have communicated several times over the course of their police background.
- By way of a recommendation, I offer the following guidelines to the Liquor Control Commission/City Council in terms of the late-Night Permit request for 2:00 am and the other associated recommendations I've outlined above:

5.08.085 – Issuance of Licenses and Restrictions-LCC/City Council

The Local Liquor Control Commissioner may, with the advice and consent of the City Council, and as designated in any license, impose such other and further conditions, as the Local Liquor Control Commissioner and City Council deem necessary. The Local Liquor Control Commissioner may, with the advice and consent of the City Council, permit entertainment as specifically authorized with the issuance of any license.

5.08.095/Late-Night Permits:

The City Council may, but is not limited to, consider the following criteria in reviewing and recommending the issuance of the late-night permit to the Liquor Control Commissioner.

The surrounding land uses,

The business concept,

The proximity to other liquor establishments,

The applicant's prior business experience,

The public's health, safety and welfare,

Public Safety resources,

Market conditions,

Any other criteria that is relevant to the issuance, establishment, and administration of a retail liquor license.

Recommendation

Notwithstanding the diligence of the applicants and their forthcoming and accommodating efforts, I asked the owners to restrict their late-night permit request to three (3) night per week - Friday, Saturday, and Sunday nights - with the understanding that permitted hours of sale are exclusively granted by the Liquor Control Commission and City Council at the onset of approval and renewals occur on yearly basis per the terms outlined above. Their initial request, as outlined in their application material was 7-days per week; their business plan was updated to reflect our conversation. Perhaps a 6-month probationary period can be used to reevaluate this business in greater detail in terms of expanded late-night hours at the November 1st, 2021, City Council Meeting.

Thank you in advance for your consideration in this matter.

Police Department



Memo

Date: 03/08/21

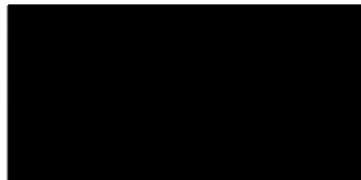
To: Commander E. Majewski #317
From: Detective J. Dony #376
Re: Liquor License Background, Trilogy Entertainment.

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 C to include a late-night permit to 0200 hours for the business, Trilogy Entertainment LLC. This business is to be located at 2051 Lincoln Highway.

Applicant:

Brown, David

Wilson, Cherman



Application:

The application was received on or around 03/03/2021. The application appears to be complete including a signed lease, Certificate of Insurance, a floor plan, and business plan.

Brown and Wilson hold valid BASSET Certifications which is included in the application.

Records Checks:

Brown and Wilson were both fingerprinted. Responses from both the FBI and Illinois Bureau of Identification show nothing that would cause the license to be denied.

A check of St. Charles and Kane County records showed no contacts that would preclude them from obtaining a liquor license from the city.

Brown is from and currently resides in Elgin, IL. Records from Elgin Police Department showed no contacts that would preclude him from obtaining a liquor license from the city.

Service, Courage, Professionalism, Dedication



An address history check on Brown indicated that he has previously lived in McHenry, IL and Goose Creek, SC. Records from McHenry Co. Sheriff's office and the Gosse Creek Police Department showed no contacts that would preclude him from obtaining a liquor license from the city.

Wilson is from and currently resides in Olympia Fields, IL. Records from the Olympia Fields Police Department showed no contacts that would preclude him from obtaining a liquor license from the city.

A check of the Illinois Liquor Control Commission showed (0) active license for Trilogy Entertainment LLC. Trilogy Entertainment LLC had no records of license revocations.

A check of TLO and I-Clear (law enforcement databases) showed the information concerning identity of Brown and Wilson to be accurate and no areas of concern were noted.

A check of the Illinois Secretary of State showed Trilogy Entertainment to be in good standing.

INTERVIEW WITH APPLICANT:

On 03/05/2020 at approximately 9:30 am, I met with Wilson and Brown at 2051 Lincoln Highway, the prospective location for Trilogy Entertainment. Their identification was verified by their Illinois Driver's Licenses which all contained their current home addresses listed in the application.

I asked them why they decided to open a business in St. Charles. Brown stated that St. Charles offers them a great opportunity to serve a diverse community with an unique entertainment experience. Brown stated that he currently owns a gym (Power Athletics) in town. Brown loves the St. Charles community and is looking forward to being part of the entertainment that St. Charles has to offer. Trilogy entertainment will have a DJ most night with live entertainment planned once a month.

Brown stated that Trilogy Entertainment will enforce a strict dress code and have security on site during hours of operation. Brown stated that they will be offering catered food to their patrons.

The buisness is currently closed but will be opening the moment the liquor license is approved. Brown stated that they are currently doing some minor renovations to include cleaning and painting. As of this time they have no alcohol inventory. I found the business lay out to be very similar to the floor plan provided with the application.

This concludes this background investigation.

JD376

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.

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

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) Non-refundable	<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 checked="" type="checkbox"/>	<i>lmae redu</i> <input checked="" type="checkbox"/>
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"/>	<i>[Signature]</i> <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 checked="" type="checkbox"/>	<i>[Signature]</i> <input checked="" type="checkbox"/>
Copy of Business Plan , to include:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Hours of Operation <input 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 type="checkbox"/> Do not include a marketing or financial plan with this business plan		
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary.	<input checked="" type="checkbox"/> <i>NO</i>	<input checked="" 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>Yes</i>	<input checked="" type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OFFICIAL USE ONLY		
Signature of Investigating Officer	376 DETECTIVE Badge Number & Rank	
<input checked="" type="checkbox"/> Approval Recommended* <i>James T. Klegy</i>	<input type="checkbox"/> Approval NOT Recommended <i>3/11/2021</i> Date	
Signature of Chief of Police		

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

Date Application Received: _____

LICENSE INFORMATION:

- A Package \$3200-3600
 B Restaurant \$2400-3600
 C Tavern \$2400-3600
 D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies
 G Brewery/Restaurant or Site License - \$varies
- Late Night Permit 1:00am \$800 (B/C only)
 Late Night Permit 2:00am \$2300 (B/C only)

*Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.

*Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)

APPLICANT INFORMATION

1. Type of Business: Individual Partnership Corporation Other (explain):

2. Business Name: Trilogy Entertainment LLC

3. Business Address: 2051 Lincoln Highway Saint Charles IL 60174

4. Type of Business (5.08.070-3): Tavern
5. Length of Time in this Business (5.08.070-4): 0
6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 20,000

7. Business Phone: 843-270-3500
8. Business E-mail: david@trilogylounge.com
9. Business Website: www.trilogylounge.com

11. Applicant/Contact Person Name: David Brown
12. Title: Manager
13. Email: david@trilogylounge.com

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

15. Ph #: 843-270-3500
DL#: [REDACTED]
16. Date of Birth: [REDACTED]
17. Birthplace: [REDACTED]

18. If Corporation, Corporation Name:

19. Corporation Address (city, state, zip code):
[REDACTED]

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

Full Name, include middle initial: Cherman Wilson

Title: Manager

Birthdate: [REDACTED]

Place: [REDACTED]

Driver's License#:

Home Phone: [REDACTED]

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

Email Address: Maine@trilogylounge.com

Full Name, include middle initial:	Title:		
Birthdate: Birthplace:	Driver's License#:	Home Phone:	
Home Address, and all addresses for the last 10 years:		Email Address:	
Full Name, include middle initial:	Title:		
Birthdate: Birthplace:	Driver's License#:	Home Phone:	
Home Address, and all addresses for the last 10 years:		Email Address:	
BUSINESS ESTABLISHMENT LOCATION INFORMATION			
1. Exact Street Address for liquor license: <i>2051 Lincoln Highway</i>	2. # Parking Spaces: <i>75</i>	3. Outside Dining s.f. [17.20.020-R]: <input checked="" type="radio"/>	4. Total Building s.f.: <i>5238</i>
5. Total # Seats: <i>152</i>	6. Live Entertainment Area s.f. [5.08.010-H]:		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): <i>Hours - M-Sat - 2pm-2am Sunday 10am-2am Live music once a month / There will be an outdoor smoking patio out back by year 2.</i>			

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

Attach to this application a floorplan or layout of the proposed facility to include the following:

1. Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
 - 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 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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. 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. Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased	
3. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B): Name of Building Owner: Shodeen Group LLC Phone Number: 630-774-855 Address of Building Owner: 77 N. First Street, Ste 7 Geneva IL 60134 E-mail Address: [REDACTED] Mailing Address of Building Owner (if different): Name of Building Owner: Phone Number: Address of Building Owner: E-mail Address: Mailing Address of Building Owner (if different): Name of Building Owner: Phone Number: Address of Building Owner: E-mail Address: Mailing Address of Building Owner (if different):	
4. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list the business name(s) and address(es):	
5. Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued. (5.08.050)</i>	
6. 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 If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of permit application _____	
7. Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the disposition of the application? Explain as necessary:	

8.	<p>Has applicant (and all persons listed on page 2 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 2 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
9.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit: <i>N/A</i> Location, City/State:</p> <p>Date: Special Explanations:</p> <p>Government Unit: Location, City/State:</p> <p>Date: Special Explanations:</p>
10.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application. Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>
11.	<p>Complete ONLY if yes was answered to the question above (10):</p> <p>Name: <i>N/A</i> Name of Business:</p> <p>Position with the Business: <i>N/A</i> Date(s) of Denial:</p> <p>Reason(s) for Denial of License:</p>
12.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <i>2-5-2021</i></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <i>2-5-2021</i></p>
13.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p>

	Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 2 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12). Has this been done? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s): 3-3-2021
15.	Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No If already furnished, date of delivery:
16.	Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Name (First, Middle, Last):	David Marion Brown	Birthdate:	
Home Street Address, Incl City, State, Zip:			
Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
Name (First, Middle, Last):	Cherman Wilson	Birthdate:	
Home Street Address, Incl City, State, Zip:			
Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
Name (First, Middle, Last):	Birthdate:		
Home Street Address, Incl City, State, Zip:			
Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:
Name (First, Middle, Last):	Birthdate:		
Home Street Address, Incl City, State, Zip:			
Date of Course:	Place Course was Taken:	Certificate Granted? Y/N	Expiration:

NEW MANAGEMENT REQUIREMENTS

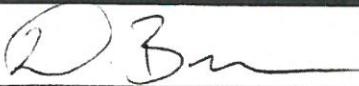
Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

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

COMMENTS/ADDITIONAL INFORMATION

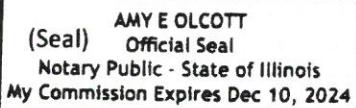
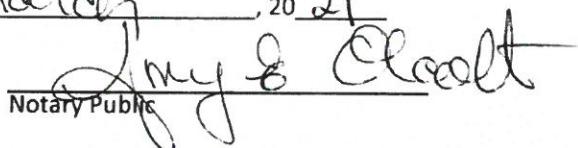
Business Name: Trilogy Entertainment LLC

SIGNATURES



Applicant's Signature

Subscribed and sworn before me this 3rd day of March, 2021



Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: <u>03/11/21</u>	Name of Applicant: <u>DAVID BROWN</u>
Name of Business: <u>TRILOGY ENTERTAINMENT LLC</u>	
Address of Business: <u>2501 LINCOLN HWY</u>	
Ward Number: <u>5</u>	
Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect for the investigation of an applicant for a Retail Dealer's Liquor License:	
1. Date on which applicant will begin selling retail alcoholic liquors at this location: <u>ASAP</u>	
2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: Wosick Date: 3/3/21
14.	Other necessary data:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/3/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Schatz & Associates, Inc 500 Park Ave, Unit 201 Lake Villa, IL 60046	CONTACT NAME	
	PHONE (A/C, No, Ext)	(847) 356-1520 FAX (A/C, No) (847) 356-5055
	E-MAIL ADDRESS	CustomerService@schatzins.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Spriska Specialty Risk of America	
INSURED Trilogy Entertainment LLC 1379 Grayshire Ct. Elgin, IL 60120	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPLIES PER: POLICY <input type="checkbox"/> PRO- <input checked="" type="checkbox"/> LOC OTHER:			10-2021-570	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH- ER E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N If yes, describe under DESCRIPTON OF OPERATIONS below	N / A		10-2021-570	4/1/2021	4/1/2022	Liquor Limit \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Business Location: 2049-2051 Lincoln Hwy, Saint Charles, IL 60174

CERTIFICATE HOLDER

CANCELLATION

City of St Charles
2 E Main St
Saint Charles, IL 60174

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jessica Cassany



Office of the Secretary of State Jesse White
CYBERDRIVEILLINOIS.COM

Corporation/LLC Search/Certificate of Good Standing

LLC File Detail Report

File Number 09832122

Entity Name TRILOGY ENTERTAINMENT LLC

Status ACTIVE

Entity Information

Principal Office
1379 GRAYSHIRE COURT
ELGIN, IL 601200000

Entity Type
LLC

Type of LLC
Domestic

Organization/Admission Date
Friday, 5 February 2021

Jurisdiction
IL

Duration
PERPETUAL

Agent Information

Name

Serving Alcohol

is proud to present this certificate to

David Brown

for successful completion of the online course

Illinois Bassett Seller Server Course

STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training

LICENSE NUMBER: 12-5A-0105593

Persons completing this course acknowledge that it is illegal to sell, give or deliver alcoholic liquor to any person under the age of 21 years of age or to any intoxicated person. 625 ILCS 5/6-16(a)(i)

Persons completing this course acknowledge that it is illegal to sell, buy for, distribute samples of or furnish any cigar, cigarette, smokeless tobacco or tobacco in any of its forms to any minor under 21 years of age. 720 ILCS 675/680



Verify online at
servingalcohol.com

Verification Code

p2j34dFR2x

Date Issued

Feb 26th, 2021

VALID FOR 3 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Illinois BASSET On-Premise Course

Name: David Brown

Certification Date: Feb 26th, 2021

Certificate Code: p2j34dFR2x

BASSET TRAINER: 12-5A-0105593

SERVING ALCOHOL . COM

VALID FOR 3 YEARS

Student ID: 191407 Date of Birth: 10/03/1987

After 30 days print your official BASSET card here: <https://mytax.illinois.gov/?Link=Basset>

Serving Alcohol

is proud to present this certificate to

Chermain Wilson

for successful completion of the online course

Illinois Bassett Seller Server Course

STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training

LICENSE NUMBER: 12-5A-0105593

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Persons completing this course acknowledge that it is illegal to sell, buy for, distribute samples of or furnish any cigar, cigarette, smokeless tobacco or tobacco in any of its forms to any minor under 21 years of age. 720 ILCS 675/680



Verify online at
servingalcohol.com

Verification Code

MKWL5Lt78X

Date Issued

Mar 3rd, 2021

VALID FOR 3 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Illinois BASSET On-Premise Course

Name: Chermain Wilson

Certification Date: Mar 3rd, 2021

Certificate Code: MKWL5Lt78X

BASSET TRAINER: 12-5A-0105593

SERVING ALCOHOL . COM

VALID FOR 3 YEARS

Student ID: 191308 Date of Birth: 07/24/1986

After 30 days print your official BASSET card here: <https://mytax.illinois.gov/?Link=Basset>



Introduction:

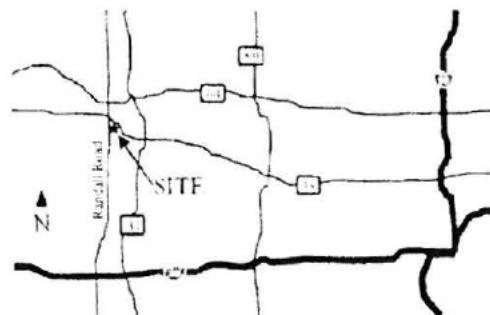
Hi my name is **David Brown** I am the owner of Trilogy Lounge. Opening a lounge/tavern has been one of my goals for the past 10 plus years. I came to Illinois in 2012 on a football contract to play professionally for the Chicago Rush/ Chicago Slaughter in the Arena Football League. Throughout my years here in Illinois I have been able to establish 2 businesses successfully here in the Saint Charles area one of which is a local non profit organization called Power Athletics Wellness. PaWellnes was established in 2018 and is a non profit organization that focuses on special needs, elderly, low income and veterans. Through PaWellness we have successfully competed and won numerous gold medals through the Special Olympics and have raised over \$10,000 for special needs in Kane County. I am proud to be a part of the Saint Charles community as I look forward to establishing and bringing another new business establishment here.

Hi my name is **Cherman Wilson** I am co-owner of Trilogy Lounge. I am also an ex professional athlete playing alongside David Brown which is where we met and became great friends/family and now business partners. I reside in Olympia Fields Illinois with my wife and 3 kids ages 13,8 and 5. Branching off into this industry has been a vision of mine for quite some time. I am coming from the construction industry as well as being a consultant with the state of IL for 8 years as a counselor. I am currently a conductor at BNSF Railroad and I also own a home health care business called Gentle Care Health Agency. I look forward to being a part of the amazing Saint Charles community by way of fundraising, charitable events, and being involved in any way I can.

Business Plan: Trilogy is a new and upcoming Tavern/ Lounge coming to St. Charles, IL. Trilogy will offer live music throughout the month along with drinks and catered food from local restaurants in the area. Trilogy will be a place where you can come and watch your favorite sports team while having amazing food and a drink of your choice. Trilogy will be looking to branch out and partner with surrounding restaurants in the area to bring in food through GrubHub, Uber Eats, personal chefs and pop up kitchens. Trilogy will not be your average Tavern/ Lounge; we will offer a variety of music and events throughout the week. Ex: Karaoke night, 30 and up night, comedy shows and host fundraising events that will impact Saint Charles directly. Trilogy will have a strict dress code (after 9pm) as well as security (armed officer "if needed" and unarmed). Trilogy's hours of operation will be Monday through Thursday 2pm-1am, Fridays and Saturdays 2pm - 2am and Sundays 10am - 2am. Trilogy will be a huge part of the community by working closely with Kane County in being involved with raising money for the Special Olympics and volunteering our services in the Kane County area. We are excited to join the Saint Charles community.

Shopping CENTER
CAM RESPONSIBILITY

TENANT RESPONSIBLE FOR
ITS PROPORTIONATE Share of
AREAS Highlighted in yellow



This site plan is not a representation, warranty or guarantee as to size, location, identity of any tenant, the name number, address or any other physical indicator or parameter of the property and for use as approximated information only. The improvements are subject to changes, additions, and deletions as the architect, landlord or any governmental agency may direct or determine in their sole discretion. The information and design of this brochure is the property of Summers Commercial and may not be altered in any way without the express written authorization of Summers Commercial Realts.

Dowling Designs, Inc.

625 DUNHURST, SUITE 300, OAKBROOK, IL 60521-4108
PHONE 630-595-3441 FAX 630-595-3449

944853

TRILOGY LAUREATE

NAME	BY
2010-15	DR. S. JAYA
2012-13	SRI
2013-14	SRI
2014-15	DR. S. JAYA
2015-16	SRI
2016-17	DR. S. JAYA
2017-18	SRI
2018-19	DR. S. JAYA
2019-20	SRI
2020-21	DR. S. JAYA
2021-22	SRI

EX APPROXIM.

CE: 1 OF 1

