A	AGENDA ITEM EXECUTIVE SUMMARY			Agenda Item number: 5d		
ST. CHARLES	Title:	Recommendation to Approve a Proposal for a New Class E-2 Temporary Liquor License for Boke Enterprises, LLC dba The Wine Exchange and Eden on the River During the Fine Arts Fair in the North Fox Island Square Parking Lot				
	Presenter:	Police Chief Keegan				
Meeting: Government Operations Committee Date: April 15, 2019						
Proposed Cost: \$ Budgeted Amount: \$ Not Budgeted:			Not Budgeted:			

Executive Summary (if not budgeted please explain):

This is an application request for a Class E-2 Temporary License, authorizing for consumption of beer, wine or alcoholic liquors to be served in the north parking lot of the Fox Island Square property. This temporary license request is for two days, Saturday, May 25 and Sunday, May 26, 2019, from noon to 6:00 pm during the Fine Arts Fair.

The Wine Exchange has received written permission from the property owner, Shodeen Group, LLC, to authorize this request. They have also submitted the required Certificate of Insurance for the property.

All eligible participants will be required to show proper identification. Wristbands will be distributed to those 21 and over.

An amplification permit has been requested for live music during the event.

Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on May 6, 2019 for final approval.

Attachments (please list):

Application, Insurance, Site Plan, BASSETT, Letter of Authorization from Shodeen Group, LLC, amplification application.

Recommendation/Suggested Action (briefly explain):

Recommendation to Approve a Proposal for a New Class E-2 Temporary Liquor License for Boke Enterprises, LLC dba The Wine Exchange and Eden on the River During the Fine Arts Fair in the North Fox Island Square Parking Lot

For Office Use

Received: Fee Paid: \$ Receipt #

Name of Business

CITY OF ST. CHARLES

NON-REFUNDABLE TWO EAST MAIN STREET **ST. CHARLES, ILLINOIS 60174-1984**



CITY LIQUOR DEALER LICENSE APPLICATION CLASS E2 - SPECIAL EVENTS

Pursuant to the provisions of Chapter 5.08, Alcoholic Beverages, of the City of St. Charles Municipal Code regulating the sale of alcoholic liquors in the City of St. Charles, State of Illinois and all amendments thereto now in force and effect.

Address of Business /w Illiwois St

	ZONIE ZY ZATO	
The undersi Class Commencin Time Startin	gned hereby makes application for E2 g May 25 th and er g 12:00 and er Event 1 w Illinois S	nding May 26th
Location of	Event 1 w Illinois S.	
INTE 4	Eden on the Re	un 🐿
£140	Business Phone 630 -	513-5577

. If YES, on what date:

Corporation Other:

Requirements of a Class E2 - Special Event License for B & C Liquor License Holders

1. The Class E2 license fee is \$100.00 per day.

5.08.050A1 Circle Choice to Show:

A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. Please provide a list of all supervisors with this application.

Partnership

3. Beer and/or Wine are the only alcoholic beverages to be sold.

Has Applicant had a Class E2License in the previous 365 days?

The WINE Exch

Individual

- 4. Hours are restricted to 12 noon to midnight.
- 5. Licensee must rope/fence off the licensed premises.
- Each patron must wear a wristband after having identification checked for legal alcohol consumption age.
- Are children/minors permitted in the licensed premises? Y/N
- A sign limiting beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.

	Each server of alcohol must be BASSET certified – need copy of BASSET certification.
11	A copy of site plan diagram to include roped area shall accompany this application. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by
11.	Liquor Commissioner.
1.	Name of Class B, Class C Liquor License: A5 - Dual Consumption (on/off Paemis E)
2.	Has the applicant had a Class E2 license in the previous 365 days? ND If Yes, on what date?
3.	Is license to be used in conjunction with a special event approved by the City Council?
	If yes, provide name of event: St Charles Act Fair
4.	Is license to be used in conjunction with a picnic, bazaar, fair or similar assembly with food dispensing and/or sale the predominate
5.	purpose of the event? Yes
6.	Location/address of event. Important: Attached drawing of location to this application. Please see Attached Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency. Attached
٠.	Affache
	Affidavit
Stat	te of Illinois)
Cou	inty of Kane)
	I/We, being duly sworn, that information contained in this application is true to my/our own knowledge and that the statements
set	forth are of myour own free will. I/We solemnly swear that I/we will not violate any of the laws of the United States, the State of
	nois or the City Ordinances of the City of St. Charles.
Sign	ned:Signed:
Swo	orn to before the this 4 day of Apail ,
Not	ary Public TAGA PM
	TRACEIAL SEAL
	ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER NOTARY PUBLIC STATE OF ILLER MY COMMISSIONER MY
App	proved: Date: Chief of Police:
App	proved: Date: Liquor Commissioner:



City of St Charles Art Fair Scope:

- The Wine Exchange will only serve wine and beer by the glass from 12:00-6:00 on the 25th and 26th of May in the designated fenced off area.
- No spirits or wine by the bottle will be permitted to be consumed outside of the Wine Exchange store.
- Clearly marked designated Entrance/Exit locations.
- A Wine Exchange employee will attach a wristband for everyone 21 years or older. No one without a
 wristband will be served wine or beer.
- Children will be permitted in the designated area. We are considering the Art Fair as a family event.
- We will provide garbage cans for trash.
- All patrons will have access to our bathrooms in the store.
- The Wine Exchange will remove all the wine and beer from the parking lot after 6:00pm and store in back inside the shop.
- The Wine Exchange was issued a COI for the use of the parking lot. Please see attached.
- The Wine Exchange was approved by ShoDeen to close down the parking lot and use it to serve wine and beer. Please see attached.
- Signs will be displayed indicating the consumption of only wine and beer (by the glass) and only within the designated area.
- · Site plan attached.
- Tables and chairs provided in the fenced area.



The Wine Exchange

List of Liquor Supervisors for Fine Art Fair

Bob Sommer

Basset Certified- Expiration 1/28/2021

President

The Wine Exchange

Keri Foster

Basset Certified- Expiration 4/6/2021

CEO

The Wine Exchange

Michael Burkholder

Director of Wine

The Wine Exchange

Basset Certified- Expiration 7/3/2021

BASSET Card

BOB SOMMER

GENEVA IL 60134

39W 821 S HATHAWAY LN



January 30, 2018



Letter ID: L0893253328

License No.:

5A-0110606

Expiration Date:

1/28/2021

License Type:

Basset Card

Your "Student ID number" is: 11897784

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at <u>ILCC.illinois.gov</u> (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION

100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 1/28/2018 Expires: 1/28/2021
Trainer's IL Liquor License Number: 5A-0110606

BOB SOMMER

Card is not transferrable

BASSET Card



KERI FOSTER 39W821 SOUTH HATHAWAY LANE GENEVA IL 60134 April 11, 2018

Letter ID: L0858824016

License No.:

5A-0110606

Expiration Date: License Type:

4/6/2021 Basset Card

Your "Student ID number" is: 11934483

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at <u>ILCC.illinois.gov</u> (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 4/6/2018 Expires: 4/6/2021
Trainer's IL Liquor License Number: 5A-0110606
KERI FOSTER

Card is not transferrable

BASSET Card

MICHAEL BURKHOLDER 410 INDIANA AVE. 301

ST. CHARLES IL 60174



Letter ID: L1298350384

License No.:

July 9, 2018

5A-0110606

Expiration Date:

7/3/2021

License Type:

Basset Card

Your "Student ID number" is: 12480779

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at <u>ILCC.illinois.gov</u> (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION

100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 7/3/2018 Expires: 7/3/2021
Trainer's IL Liquor License Number: 5A-0110606

MICHAEL BURKHOLDER

Card is not transferrable



CERTIFICATE OF LIABILITY INSURANCE

3/28/2019

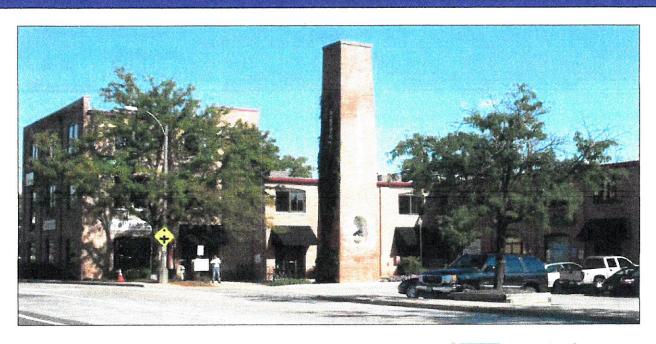
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN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

this certificate does not confer rights t				uch end	dorsement(s		equire an endorse	ment A St	atement on
PRODUCER				CONTACT NAME:					
Arthur J. Gallagher Risk Management	Servi	ces,	Inc.	PHONE (A/C. No	PHONE (A/C, No, Ext): 630-773-3800 (A/C, No,: 630-587-8406				
2850 Golf Road Rolling Meadows IL 60008				E-MAIL ADDRESS:					
3								NAIC#	
				INSURER A: Ohio Security Insurance Company 2408				24082	
MOOKED	BOKEE	NT-01		INSURER B: Ohio Casualty Insurance Company 24074					24074
BOKE Enterprises 1 Illinois St.				INSURE	RC:				
Saint Charles IL 60174				INSURE	RD:				
				INSURER E:					
L				INSURE	RF:				L
			NUMBER: 982560558				REVISION NUMBE	the state of the s	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE	OF I	NSUF	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE F	OR THE POL	ICY PERIOD
CERTIFICATE MAY BE ISSUED OR MAY	PERTA	AIN.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED	HEREIN IS SUBJE	CT TO ALL	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH				BEEN F	REDUCED BY	PAID CLAIMS.			
INSR LTR TYPE OF INSURANCE	ADDL :		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY	Y	Y	BKS58544313		4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 1,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent		
							MED EXP (Any one perso		
								ERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
X POLICY PRO-							PRODUCTS - COMP/OP		0,000
OTHER:							COMBINED SINGLE LIM	\$ 1,000	000
A AUTOMOBILE LIABILITY			BKS58544313		4/1/2019	4/1/2020	(Ea accident)	\$ 1,000	,,000
X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per per		
AUTOS ONLY AUTOS							BODILY INJURY (Per acc	s s	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
<u> </u>			110050544040		4/4/0040	4/4/0000			
B UMBRELLA LIAB X OCCUR			USO58544313		4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 2,000	
X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,000),000
DED X RETENTION \$ 10,000	-		XWS58544313		4/1/2019	4/1/2020	X PER STATUTE	S DTH-	
AND EMPLOYERS' LIABILITY Y/N			AVV330344313		4/1/2019	4/1/2020	E.L. EACH ACCIDENT	\$ 1,000	000
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPL		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY		
DÉSCRIPTION OF OPERATIONS below A Liquor Liability			BKS58544313		4/1/2019	4/1/2020	Aggregate Limit	\$2,00	00,000
7. Eldas Elasiny			B1000044010		17 17 20 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Occurence	\$1,00	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
RE: 21st Annual St. Charles Fine Art Show	on M	ay 25	5th - May 26, 2019 at The	Wine E	xchange Prop	perty and From	nt Parking Lot, 1 We	st Illinois Str	eet, St.
Charles IL 60174.									
Fox Island Limited Partnership and Shodeen Group LLC are shown as additional insureds with respect to General Liability on a primary/non-contributory basis									
as required by written contract with respect to the work performed by the named insured. A waiver of subrogation is included under the General Liability coverage as evidenced herein as required by written contract.									
CERTIFICATE HOLDER CANCELLATION									
							ESCRIBED POLICIES		
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Shodeen Group LLC				ALTERNATION AND ADMINISTRATION OF THE PROPERTY					
77 North First Street Geneva IL 60134			AUTHORIZED REPRESENTATIVE						

St. Charles, IL

Fox Island Square 1 West Illinois Street



JOIN

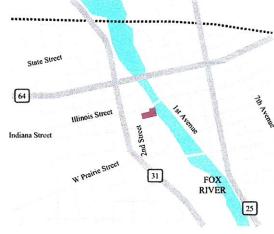
ALE Solutions The Wine Exchange **Bull & Bear Cigar Shop** Kimmer's Ice Cream

DEMOGRAPHICS

<u>Area</u>	Population	Avg Household Income
1 Mile	10,754	\$93,848
3 Mile	57,187	\$108,306
5 Mile	103,658	\$112,128

TRAFFIC

Downtown St. Charles



PROPERTY DETAILS

- 1630 to 5417 SF Available
- Retail Space Available
- 5417 SF Fully Equipped Restaurant on Fox River
- Historic Downtown St. Charles
- Close to Shops and Restaurants
- Newly Completed Bike Trail
- Zoned: CBD-1 Central Business

Justin Heinz | Vice President Ph: 630-232-7883 Fax: 630-232-8695 Shodeen Group www.shodeen.com 77 N. 1st Street Geneva, IL 60134



St. Charles, IL

Fox Island Square

1 West Minois Street

Muslons Hair Salon

Kimmer's Ice Cream

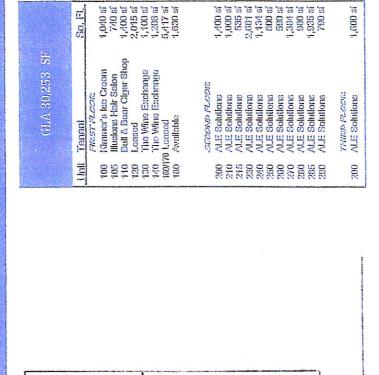
Bull & Dear Clgar Shop

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The Wine Exchange

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ABBA

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ACFA

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FRST FLOOR

F Exit

Side walk

Prakuny

Street

1

(IP Check Peint)

Anntholds Taxonsi

Entrance



This she plan is not a representation, warranty or guarantee as to size, location, identity of may tenum, the sulte number, address or any other physical indicator or parameter of the property and to use as approximated information only. The improvements are subject to clampes, additions, and deletions as the architect, landlord or any governmental agency may direct of determine in their absolute discretion. The information and design of this brochure is the property of Shodeen Management and may not be altered in any way without the express written authorization of Shodeen Management or its affiliates.



City of St. Charles Attn: Tracey Conti 2 E. Main Street St. St. Charles, IL 60174

Dear Ms. Conti:

Shodeen Group, LLC gives permission to the Fox Island tenants to use the North parking lot at 1 West Illinois Street on Saturday, May 25 and Sunday, May 26.

If you have any questions or need any additional information, please don't hesitate to contact me.

Regards,

Justin Heinz

President

Shodeen Group, LLC

SHODEEN

17 North First Street Geneva, Illinois 60134

phone 630.232.8570 facsimile 630.232.7895

www.shodeen.com

CITY OF ST. CHARLES TWO EAST MAIN STREET ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: BUILDING & CODE ENFORCEMENT

PHONE: 630.377.4406

FAX: 630.443.4638

LOUDSPEAKER/AMPLIFIER LICENSE APPLICATION

Important: this application must be fully and accurately complete.

1.	License term: FROM May 25-12 TO May 26+4 Number of Days 2					
2.	Applicant is: ☐ Corporation ☐ Partnership ☐ Individual					
3.	Applicant's Name Bob Sommer Telephone # 630 - 809-4376					
	DIBIA The WINE Exchonge					
	Address IN Illinou St #140 City/State/Zip St Charles IL 60174					
4.						
	Device Owner's Name $N/4$ Telephone # N/A Address $N/4$ City/State/Zip N/A					
5.	Device(s) to be used, specific to power amplification (wattage) and output:					
	- low output Amplifiers - 200 wetts max, 30-40 decibals					
	100 output Amplifiers-200 wetts max, 30-40 decibels (100 watts)					
	· · · · · · · · · · · · · · · · · · ·					
6.	Area where device(s) is/are to be used: In front of the Edon On the River (in the conner of the Fox Island boulding) Identifed on event diagram submitted					
7.	Amplification system will be used for: Music Public Speaking Other (describe)					
8.	If used for music, what type (include name of artist/band if applicable):					
	JAZZ OR light pop, Music to be inline with Art Festive! Atmosphere: Davio Purdy 630-915-829Z BLANDON Bett NIU steel band 815-793-17793, Rodrigo Velenueve NIU JAZZ QUARtet 608-718-1673, Guitaras Azul, 313-391-2698					

9. Time of day	device(s) is/are to be use	ed: 12:00 pm - 6	100 pm on the 25th/26th			
By signing this appli Municipal Code.		ees to all the provisions of	Chapter 9.24 of the City of St. Charles Signature			
city's police chief wil	ense will be \$5.00 per da Il reserve the right to rev ther approve or deny the	iew the application, and in	cation is submitted for review. The conjunction with the Public Health and			
Approved:		by:_	Chief of Police Chres			
For Office Use						
Date Received	Fee Paid	Receipt No	Permit No			