|                                                                                                                                                                                               | AGENDA ITEM EXECUTIVE SUMMARY                                                         |                                                                                                                       |         |                              |                |               |            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------|------------------------------|----------------|---------------|------------|--|--|
|                                                                                                                                                                                               | Title:                                                                                | Recommendation to Approve a Proposal for a Class C1 Liquor License for Prohibition Saint Charles to be located at 1 W |         |                              |                |               |            |  |  |
| 466                                                                                                                                                                                           |                                                                                       | Illinois Street, Suite 170B, St. Charles                                                                              |         |                              |                |               |            |  |  |
| ST. CHARLES                                                                                                                                                                                   | Mayor Rogina                                                                          |                                                                                                                       |         |                              |                |               |            |  |  |
| SINCE 1834                                                                                                                                                                                    |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
|                                                                                                                                                                                               |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| Please check appropr                                                                                                                                                                          | iate box:                                                                             |                                                                                                                       |         |                              |                |               |            |  |  |
| Government C                                                                                                                                                                                  |                                                                                       | X                                                                                                                     | Gov     | Government Services 04.25.16 |                |               |            |  |  |
| Planning & Development                                                                                                                                                                        |                                                                                       |                                                                                                                       |         | City                         | Council        |               |            |  |  |
| Public Hearing                                                                                                                                                                                |                                                                                       |                                                                                                                       |         | Liquor Control Commission    |                |               |            |  |  |
| Fuone Hearing                                                                                                                                                                                 |                                                                                       |                                                                                                                       |         | Liqu                         | or Control C   |               |            |  |  |
| Estimated Costs                                                                                                                                                                               |                                                                                       |                                                                                                                       | Duda    | otod.                        | VEC            | NO            |            |  |  |
| Estimated Cost:                                                                                                                                                                               |                                                                                       |                                                                                                                       | Duag    | Budgeted: YES NO             |                |               |            |  |  |
| If NO, please explain                                                                                                                                                                         | how item will                                                                         | be funded:                                                                                                            |         |                              |                |               |            |  |  |
|                                                                                                                                                                                               |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
|                                                                                                                                                                                               |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| <b>Executive Summary</b>                                                                                                                                                                      | •                                                                                     |                                                                                                                       |         |                              |                |               |            |  |  |
| This is a request for a                                                                                                                                                                       | Class C1 liquo                                                                        | or License for Pro                                                                                                    | hibitio | n Saint                      | t Charles (a s | sub-divided p | roperty    |  |  |
| formerly known as To                                                                                                                                                                          |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| business is to be locat                                                                                                                                                                       |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| late night permit to allow for a 1:00 am close on Friday and Saturday. A background check was                                                                                                 |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| completed by the Police Department. The applicant submitted all required documents and does possess                                                                                           |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| a current Bassett certification.                                                                                                                                                              |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| This item was recomm                                                                                                                                                                          | nended by the                                                                         | Liquor Control C                                                                                                      | ommis   | sion or                      | n April 18, 20 | 016 with a v  | ote of 4-0 |  |  |
| This item was recommended by the Liquor Control Commission on April 18, 2016 with a vote of 4-0 in favor to carry this forward to this committee for recommendation of City Council approval. |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
|                                                                                                                                                                                               |                                                                                       |                                                                                                                       |         |                              | ,              | 11            |            |  |  |
| A synopsis of Prohibition Saint Charles is it will be an upscale tavern that will specialize in craft                                                                                         |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| cocktails, whiskeys, bourbons, scotches. The concept will bring an excellent value for the residents to                                                                                       |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
| enjoy as a complemen                                                                                                                                                                          |                                                                                       | wn on the River a                                                                                                     | nd the  | Wine I                       | Exchange.      |               |            |  |  |
| Attachments: (please list)                                                                                                                                                                    |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |
|                                                                                                                                                                                               | * Liquor License Application * Background Check * Site Plan * Business Plan (pending) |                                                                                                                       |         |                              |                |               |            |  |  |
| <b>Recommendation / Suggested Action</b> (briefly explain):                                                                                                                                   |                                                                                       |                                                                                                                       |         |                              |                |               |            |  |  |

Recommendation to approve a Proposal for a Class C1 Liquor License for Prohibition Saint Charles to be located at 1 W Illinois Street, Suite 170B, St. Charles.

Agenda Item Number: 6.f

For office use only:

| 1) | 111 | e:                  |
|----|-----|---------------------|
| (  | )   | New Application     |
| (  | )   | Renewal Application |

## CITY OF ST. CHARLES

LIQUOR CONTROL COMMISSIONER
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



## City Retail Liquor Dealer License Application (rev. 12/13) Non-Refundable

| Ordinance 5.08.050.A1                                                                          | Application m      | Application must be completed in full |                 | Incomplete applications will be rejected                                |  |  |
|------------------------------------------------------------------------------------------------|--------------------|---------------------------------------|-----------------|-------------------------------------------------------------------------|--|--|
| Business Type: Circle one                                                                      |                    |                                       |                 | Other                                                                   |  |  |
| Business Name                                                                                  | Hi Bite            | N CANT                                | CHARKES.        | Sales Tax #                                                             |  |  |
| Business Address                                                                               | ILLINGI            | Cuite 17                              | OCI CHAME       | Susiness Phone # (30 544 - 7712                                         |  |  |
|                                                                                                |                    |                                       |                 | 2_ Phone #                                                              |  |  |
|                                                                                                |                    |                                       |                 |                                                                         |  |  |
|                                                                                                |                    |                                       |                 | ent, Vice President, Secretary and Treasurer                            |  |  |
| Have you had a business within If yes, list address of business                                | the City of St. Cl | harles under any                      | other corporate | name: Ves No                                                            |  |  |
| Full Name, include Middle Initial _                                                            | MARWA              | N TAIL                                | 3               | Title MANAGER                                                           |  |  |
| Birth Date Birthpla                                                                            | ce Molacio         | _ Driver's License                    | # _             | Home Phone #                                                            |  |  |
| Home Address                                                                                   |                    | m 100 m 100                           |                 |                                                                         |  |  |
|                                                                                                | e                  | _ Driver's License                    | #               | TitleHome Phone #                                                       |  |  |
|                                                                                                |                    |                                       |                 | Title  Home Phone #                                                     |  |  |
| Home Address                                                                                   |                    |                                       |                 |                                                                         |  |  |
| Type of Establishment: ( ) Pack Check as Applicable to ( ) Hold Type of Establishment: ( ) Out | ding Bar (5.08.01  | 0-F1 ( ) Service                      | Arcada/0        | anquet/ ( ) Other<br>Q-Center<br>D] ( ) Live Entertainment [5.08.010-H] |  |  |
| Brief Business Plan Description I                                                              | pased on type of a | establishment list                    | ted above:      | ept will Barnin an to enjoy as a complement while Excellenge            |  |  |

## Police Department

## Memo

Date: 4/22/16

To: The Honorable Ray Rogina, Mayor - Liquor Commission

From: Commander Jerry Gatlin (for Chief Keegan)

Ref: Background Investigation - Prohibition Saint Charles - Class C1 1 W. Illinois Street, Suite 170B, St. Charles, Il. 60174

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

As is customary procedure, an investigator was assigned to meet with the applicant, perform a site inspection, review all applicable documents and conduct a thorough background investigation to insure all requirements of the proposed license application were satisfied.

All required documents were submitted and reviewed and appear to be in order, with exception of the proposed business plan, which has not yet been received. A request was made to the applicant for this document and I am confident that this will be received prior to the Government Services meeting on April 25<sup>th</sup>, 2016. We found nothing that would preclude this site location or this applicant from moving forward with liquor sales and onsite consumption, subject to the City Council and Liquor Commissions' approval.

Thank you for your consideration in this matter.

JLG/jlg



Of 1 Sheets RIVER IAJH .pS 375, r = A37A Sheet SCALE: 1/4" = 1'-0" 10b 16-25... Т.А. W пивт AS NOTED 91/61/40 Date Renovation at Fox Island Squarc Prohibition 1 West Illinois SUITE 170 St. Charles, Illinois 60174 FLOOR PLAN 7 Þ Þ ][ Þ ILLINOIS STREET **BAR** Þ I hereby certify that these plans were prepared under my supervision and to the best of my knowledge they comply with the building ordinances, zoning ordinances and all other applicable codes and ordinances including the Illinois Accessibility Code and ANSI A117.1-1986 N<mark>O CHA</mark>N Vestibuce To Be EUMINATED O CHAN SHLVS Robert M. Akers - Associate 427 West State Street Geneva, Illinois 60134 - (630) 232-1774 W. Alex Teipel - Architect HOLD HARMLESS STATEMENT

The Architect is not overseeing the construction of this building. The use of these drawings is though armonic publication of this building. The use of these drawings are not overseeing the construction that are drawing been and the Architect. The User shall in fact agrees to hold the Architect hamless for any responsibility in regard to construction means, neithods, britishings, and further shall hold the Architect hamless for construction means, neithods, reconstruction. All the construction in the construction with the work and further shall hold the Architect hamless for costs program in connection with the work and further shall hold the Architects, Mechanic, Instruction or Moretan, Institute and the plan User's failure to came the plant of the plan User's failure to came the plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant User's failure to camp our plant of the plant o REVISIONS

