ST. CHARLES
SINCE 1834

AGENDA ITEM EXECUTIVE SUMMARY

Title:	Discussion and Review of the New Liquor License Application and Requirements of Business Plan Guidelines
Presenter:	Mayor Rogina

Please check appropriate box:

	Government Operations		Government Services
	Planning & Development		City Council
	Public Hearing	X	Liquor Control Commission 7/18/16)

Estimated Cost:		Budgeted:	YES		NO	

If NO, please explain how item will be funded:

Executive Summary:

City staff has been revising a more comprehensive liquor license application. This application was reviewed for comment of the major signatory departments: Fire, Building Code Enforcement, Finance, and Police departments so that all areas of requirements are covered before a license is issued.

Also would like to discuss standard guidelines of what is expected from a licensee who submits their required business plan. Some business plans are very elaborate with confidential information while others are less than adequate with information.

Attachments: *(please list)*

Liquor License Application

Recommendation / Suggested Action *(briefly explain)*:

Discussion and review of the new liquor license application and requirements of business plan guidelines

For office use only:	*Agenda Item Number:* 7

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**

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	☐	☐
Completed Application for all questions applicable to your business.	☐	☐
Copy of Lease/Proof of Ownership	☐	☐
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	☐	☐
Copy of Articles of Corporation, if applicable.	☐	☐
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.	☐	☐
Copy of Site Plan for Establishment (**Drawn to scale** including the parking lot, patio and/or deck, outdoor seating).	☐	☐
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**.	☐	☐
Copy of Business Plan, to include: ☐ Hours of Operation ☐ Copy of Menu ☐ Whether or not live music will be played at this establishment ☐ Will there be outdoor seating and/or outdoor designated smoking area ☐ **Do not include a marketing or financial plan with this business plan**	☐	☐
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.	☐	☐
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.**	☐	☐

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):

B. Business Name:

C. Business Address:

D. IL Tax ID Number:	E. Business Phone:	F. Business E-mail:	G. Business Website:
H. Contact Person:		I. Title:	J. Phone No.:

K. If Corporation, Corporation Name:

L. Corporation Address (city, state, zip code):

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. **Type of Establishment:** ☐Package ☐Restaurant ☐Tavern ☐Hotel/Banquet/Arcada/Q-Center ☐Other

B. Address applying for liquor license (exact street address):			C. Number of Parking Spaces:	D. Outside Dining s.f. **[17.20.020-R]:**	E. Holding Bar s.f. **[5.08.010-F]:**
F. Total Building s.f.:		G. Total Number of Seats:	H. Number of Bar Seats:	I. Sale Counter s.f.:	J. Live Entertainment Area s.f. **[5.08.010-H]:**
K. Kitchen s.f.:	L. Cooler s.f.:	M. Dry Storage s.f.:	N. Seating Area s.f.:	O. Retail/public Area s.f.:	P. Service Bar s.f. **[5.08.010-O]:**

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

MANAGER INFORMATION

Full Name, include middle initial: Title:

Birthdate: Birthplace: Driver's License#: Home Phone:

Home Address:

Full Name, include middle initial: Title:

Birthdate: Birthplace: Driver's License#: Home Phone:

Home Address:

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***): 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***): 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)**? ☐ **Yes** ☐ **No** Is any individual a naturalized citizen? ☐ **Yes** ☐ **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)**:
3.	Number of years of experience for the above listed type of business **(5.08.070-4)**:
4.	Amount of merchandise that normally will be in inventory when in operation **(5.08.070-5)**: **$**
5.	Location/address and description of business to be operated under this applied for license **(5.08.070-6)**:
6.	Is the premises owned or leased **(5.08.070-6A)**? ☐ **Owned** ☐ **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:** 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: **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? ☐ **Yes** ☐ **No** **If yes**, please list the business name(s) and address(es):

9.	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? ☐ **Yes** ☐ **No** **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.**
10.	Are any improvements planned for the building and/or site that will require a building permit? ☐ **Yes** ☐ **No** **If yes**, has a building permit been applied for? ☐ **Yes** ☐ **No** **If yes,** date building permit was applied for with Building & Code Enforcement:
11.	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)**? ☐ **Yes** ☐ **No** **If yes,** what was the disposition of the application? Explain as necessary:
12.	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)**? ☐ **Yes** ☐ **No** 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? ☐ **Yes** ☐ **No**
13.	**List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.** **Government Unit:** Date: Location, City/State: Special Explanations: **Government Unit:** Date: Location, City/State: Special Explanations:
14.	Have any liquor licenses possessed ever been revoked **(5.08.070-9)**? ☐ **Yes** ☐ **No** **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? ☐ **Yes** ☐ **No** **If yes,** proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.

15.	**Complete ONLY if yes was answered to the questions above (14):** Name: Name of Business: Position with the Business: Date(s) of Denial: Reason(s) for Denial of License:
16.	Date of Incorporation (Illinois Corporations) **(5.08.070-10):** Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):
17.	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)**? ☐ **Yes** ☐ **No** 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? ☐ **Yes** ☐ **No** 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? ☐ **Yes** ☐ **No** Have you ever been convicted of a gambling offense? ☐ **Yes** ☐ **No** (If a partnership or corporation, include all partners and the local manager(s).) Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? ☐ **Yes** ☐ **No**
18.	**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)**. Has this been done? ☐ **Yes** ☐ **No** **If yes,** date(s):
19.	**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)**? ☐ **Yes** ☐ **No** If already furnished, date of delivery: **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.**

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

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) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

Name:
(First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

Name:
(First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

Name:
(First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

NEW MANAGEMENT REQUIREMENTS

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

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

APPLICATION FOR LATE NIGHT PERMIT	
SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C	
To: St. Charles Liquor Control Commission	Date:
I now possess or have applied for a liquor license Class	
Applicant's Name:	
Name of Business:	
Business Address:	
Business Phone:	

SUPPLEMENTAL PERMIT APPLIED FOR

Payment of Late Night Permit fee is required at the time the permit is issued.

☐ 1:00 a.m. Late Night Permit – fee of $800.00

☐ 2:00 a.m. Late Night Permit – fee of $2,300.00

NOTE: Other permits that may be available upon request include:

- Class E – Special Event License (1 to 3-day event @ $100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

SIGNATURES

_____

Applicant's Signature

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

_____ _____

Liquor Commissioner's Signature **Date**

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION	
To be completed by the City of St. Charles Police Department	
Date:	Name of Applicant:
Name of Business:	
Address of Business:	Ward Number:

To Liquor Control Commissioner, City of St. Charles, Illinois

Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in **effect for the investigation of an applicant for a Retail Dealer's Liquor License:**

1.	Date on which applicant will begin selling retail alcoholic liquors at this location:
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? ☐ **Yes** ☐ **No**
3.	**If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service**, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? ☐ **Yes** ☐ **No** **If yes, answer a, b and c:** a. State the kind of such business: b. Give date on which applicant began the kind of business named at this location: c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person? ☐ **Yes** ☐ **No**
4.	If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? ☐ **Yes** ☐ **No** **If yes**, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? ☐ **Yes** ☐ **No**
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? ☐ **Yes** ☐ **No**
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) ☐ **Yes** ☐ **No**
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: ☐ **Yes** ☐ **No**

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? ☐ **Yes** ☐ **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.? ☐ **Yes** ☐ **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? ☐ **Yes** ☐ **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: ☐ **Yes** ☐ **No**
12.	From your observation and investigation, has applicant–to the best of your knowledge–truthfully answered all questions? ☐ **Yes** ☐ **No** **If no**, state exceptions:
13.	Have all persons named in this application been fingerprinted? ☐ **Yes** ☐ **No** Fingerprinted by: Date:
14.	Other necessary data:

SIGNATURES
ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

Investigating Officer Signature	**Badge Number & Rank**

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☐ **Yes** ☐ **No**

Signature Of Chief of Police	**Date**

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Recommend Issuing: ☐ **Yes** ☐ **No** **Date:**_____

Comments:_____

_____

_____

_____

Liquor Commissioner

ENDORSEMENT OF THE FIRE CHIEF

Recommend Issuing: ☐ **Yes** ☐ **No** **Date:**_____

Comments:_____

_____

_____

_____

Fire Chief

ENDORSEMENT OF THE BUILDING COMMISSIONER

Recommend Issuing: ☐ **Yes** ☐ **No** **Date:**_____

Comments:_____

_____

_____

Zoning Classification:_____ _____

Building Commissioner

ENDORSEMENT OF THE FINANCE DIRECTOR

Recommend Issuing: ☐ **Yes** ☐ **No** **Date:**_____

Comments:_____

_____

_____

_____

Finance Director

APPROVAL OF THE CITY COUNCIL

Approved for Issuing: ☐ **Yes** ☐ **No** **Vote: Ayes**_____ **Nays**_____

_____ Date:_____

Attested to by City Clerk

Another important thing to note is that the Fire Department (377-4457), Police Department (377-4435), and Tri-Com (911 Dispatch Center, 232-4739) all require information about building ownership, business ownership, business managers, after hours emergency call numbers, and emergency notification personnel. It is vital that the information is current in case of emergency.

This pamphlet is offered as a guideline and is not all inclusive. Please contact the Fire Prevention Bureau (377-4457) and/or the Building and Zoning (377-4406) for specifics.

Important Telephone Numbers

Fire Department/Fire Prevention Bureau – 377-4457

Building and Zoning Department 377-4406

Community Development 377-4443

Economic Development 443-4093

Police Department 377-4435

Tri-Com Dispatch 232-4739

Utility Billing 377-4426

CITY OF ST. CHARLES

112 N. First Avenue
St. Charles, IL 60174-1984

Phone: (630) 377-4457
Fax: (630) 377-4982
City Website: www.stcharlesil.gov

CITY OF ST. CHARLES

Before You Open A Business

Things you should know about fire code requirements

St. Charles Fire Department, Fire Prevention Bureau

Tel: 630-377-4457

For Your Information

The City of St. Charles has adopted certain Building and Fire Prevention Codes to enhance and maintain the safety of all commercial buildings in the community. Following are guidelines to help you determine what is required by the **Fire Prevention Bureau** in order to gain occupancy. These guidelines address new tenants, change of use*, remodeling, additions, and new buildings. These items must be met before your establishment can open for business. For specifics, please contact the Fire Prevention Bureau at (630) 377-4457.

SPECIAL NOTE: Building permits are required for any structural changes totaling $100.00 or more. Building plans are to be submitted to the Building and Zoning Department. If you have any questions as to whether a building permit is required, please contact the Building and Zoning Department at (630) 377-4406.

*A change of use for fire and building code purposes is different from a zoning use. Use Groups for our purpose determines the type of fire protection required; they include Business, Mercantile, Assembly, Storage, Factory, etc. For example, if a building had a retail tenant (mercantile) and a new tenant's business would be an office (business), this would be a change of use.

Change of Tenant—no changes to building, no change of use

Check for:

- Fire extinguishers
- Exit lights
- Emergency lights
- Working fire alarm system (if exists)
- Door locks
- Any other code requirements

Change of Tenant—no changes to building, but change in use

Review building's safety provisions to determine what is needed, if anything. This could include the installation or upgrade of a fire alarm system, sprinkler system, fire extinguishers, exit and emergency lighting, door hardware, additional exits, etc.

Remodel of existing building—new tenant or same tenant, building permit required

Before Permit is Issued:

A complete plan review of architectural plans is required. This review would include building construction type, use group, size of structure, fire separation, fire protection requirements, exit and emergency lighting, storage arrangements (if any), occupancy load, etc.

After Permit is Issued, But Before Final Occupancy Inspection:

All items noted on the plan review must be addressed. If modifications are necessary to the fire alarm and/or sprinkler system, plans are required to be submitted for review and approval. Acceptance tests of the fire alarm system and hydrostatic tests of the sprinkler system are required before final occupancy inspection.

New Building or Additions—Building Permit Required

Before Permit is Issued:

A complete plan review of architectural plans is required. This review would include building construction type, use group, size of structure, fire separations, fire protection requirements, exit and emergency lighting, storage arrangements (if any), occupancy load, etc.

After Permit is Issued, But Before Final Occupancy Inspection:

All items noted on the plan review must be addressed. If a fire alarm and/or sprinkler system is required, plans are required to be submitted for review and approval. A full diameter flush and hydrostatic test of the underground water supply for the sprinkler system is required before connection to the city water supply and the aboveground system. Acceptance tests of the fire alarm system and hydrostatic tests of the sprinkler system are required to be performed before scheduling the final occupancy inspection.