| | | |
|---|---|---|
| | **AGENDA ITEM EXECUTIVE SUMMARY** | Agenda Item number: 7 |
| | Title: | Recommendation to approve a Proposal for a B1 Liquor License Application for Osteria Trulli Located at 210 Cedar St., St. Charles. |
| | Presenter: | Police Chief James Keegan |

| | | |
|---|---|---|
| Meeting: Liquor Control Commission | Date: February 18, 2020 | |
| Proposed Cost: $ | Budgeted Amount: $ | Not Budgeted: ☐ |

**Executive Summary** (*if not budgeted please explain*)**:**

This is a new liquor license request for the former Romano's location – 210 Cedar Street.

This will be the second location for this business owner; their other location is in Arlington Heights.

**Attachments** (*please list*)**:**
Summary, Floor Plan, Liquor License

**Recommendation/Suggested Action** (*briefly explain*)**:**
Recommendation to approve a proposal for a B1 Liquor License application for Osteria Trulli located at 210 Cedar St., St. Charles.

Police Department

# Memo

Date: 2/11/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police J. Keegan

Re: Background Investigation- Osteria Trulli Restaurant/210 Cedar Street (Class B)

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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 you are aware, this location housed the former Romano's. The owner's recently moved out of state and the business plan submitted seeks approval to operate a similar full-service Italian restaurant.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with an on-site consumption license, subject to City Council approval.

This is a Class B request; hours of operation are 11:00 a.m. to 10:00 p.m./7-days per week. This is the second restaurant for this ownership group. They operate another Osteria Trulli in Arlington Heights.

Thank you in advance for your consideration in this matter.

Police Department

ST. CHARLES
SINCE 1834

# Memo

Date: 02/06/20

To: Commander E. Majewski #317

From: Detective J. Dony #376

Re: Liquor License Background, Osteria Trulli.

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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 B-1 for the business, Osteria Trulli. This business is to be located at 210 Cedar Street.

**Applicant:**

Aldana, Mario Ovalle, Byron

[redacted]

**Application:**

The application was received on or around 02/05/2020. The application appears to be complete including a signed lease, Certificate of Insurance, a floor plan, and business plan.

Aldana and Ovalle hold a valid BASSET Certification which is included in the application.

**Records Checks:**

Aldana and Ovalle were all 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.

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

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

A check of the Illinois Liquor Control Commission showed (1) active license for Osteria Trulli which is located in Arlington Heights. I contacted Arlington Heights Police Department and Village Hall, neither showed negative contacts that would preclude Osteria Trulli from obtaining a liquor license from the city. Osteria Trulli had no records of license revocations.

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

A check of the Illinois Secretary of State showed Osteria Trulli to be in good standing.

**INTERVIEW WITH APPLICANT:**

On 02/10/2020 at approximately 3:00 pm, I met with Byron Ovalle and Mario Aldana at the police department. 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. Byron stated that St. Charles offers them a great opportunity to serve a diverse community with Italian cuisine specializing in fresh fish. Byron stated that they have worked in the restaurant business their entire lives and enjoy making people happy by providing quality meals at an affordable rate.

Byron stated that they are going to still offer some of the previous owners (Ramono's) menu favorites but also include their own items. Byron stated that he would love to locate his family to the St. Charles area in the future. The restaurant is currently closed but will be opening the moment the liquor license is approved. Byron stated that they are currently doing some minor renovations to include cleaning, painting, and a bathroom remodel. Byron stated that they will be offering multiple cocktails on their menu to be served with meals which includes a homemade lemon cello. As of this time they have no alcohol inventory.

**SITE VISIT:**

On 02/07/20, I visited the location. I found the business lay out to be very similar to the floor plan provided with the application.

This concludes this background investigation.

JD

# LIQUOR APPLICANT BACKGROUND CHECK LIST

APPLICANT(S): ALDANA, MARIO | OVALLE, BYRON & OSTERIA TRULLI

BUSINESS: OSTERIA TRULLI

ADDRESS: 210 CEDAR ST.

| | REQUESTED | COMPLETED |
|---|---|---|
| APPLICATION | | ✓ |
| BUSINESS PLAN/FLOOR PLAN/MENU | | ✓ |
| LEASE (OR LETTER OF INTENT) | | ✓ |
| BASSET CERTIFICATE(S) | | ✓ |
| FINGERPRINTS (ALL MANAGERS) | | ✓ |
| DRAM SHOP (CERTIFICATE OF INSURANCE) | | ✓ |
| TLO | | ✓ |
| I-CLEAR | | ✓ |
| CERTIFICATE OF NATURALIZATION (IF APPLICABLE) | | ✓ |
| POLICE RECORDS CHECK | | ✓ |
| APPLICANT'S HOMETOWN RESIDENCY LETTER | | ✓ |
| ILLINOIS LIQUOR COMMISSION | | ✓ |
| SITE VISIT | | ✓ |

INVESTIGATOR ASSIGNED: [signature] #376

SUPERVISOR REVIEW: E. Alejandre #317

# City of St. Charles, Illinois Liquor Control Commissioner

## CITY RETAIL LIQUOR DEALER LICENSE APPLICATION

**APPLICATION FEE IS NON-REFUNDABLE**

Incomplete applications will not be accepted.
**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 | ☐ | ☑ |
| **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:**<br>☐ Hours of Operation<br>☐ Copy of Menu<br>☐ Whether or not live music will be played at this establishment<br>☐ Will there be outdoor seating and/or outdoor designated smoking area<br>☐ **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. | ☐ | ☑ |
| **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. | ☐ | ☑ |
| **Alcohol Tax Acknowledgement and Business Information Sheet** | ☐ | ☑ |

### OFFICIAL USE ONLY

376
Signature of Investigating Officer

376 - DETECTIVE
Badge Number & Rank

☐ Approval Recommended* ☐ Approval NOT Recommended

Signature of Chief of Police

2-13-20
Date

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

**LICENSE INFORMATION:** **Date Application Received:** _____

- ☐ 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: Osteria Trulli

3. Business Address: 210 Cedar St St. Charles IL 60174

| 4. Type of Business **(5.08.070-3)**: | 5. Length of Time in this Business **(5.08.070-4)**: | 6: Value of merchandise that normally will be in inventory when in operation **(5.08.070-5)**: |
|---|---|---|
| Restaurant | New | $ 3,000.00 |

| 7. Business Phone: | 8. Business E-mail: | 9. Business Website: | 10: Illinois Tax ID Number: |
|---|---|---|---|
| (630) 797-[redacted] | officeosteria trulli@gmail.com | | 84-4416321 |

| 11. Applicant/Contact Person Name: | 12. Title: | 13. Email: |
|---|---|---|
| Byron Ovalle | Manager | byron1513@gmail.com |

14. Applicant Home Address, and all [redacted]

15. [redacted]

17. Birthplace: Quetzaltenango Guatemala

18. If Corporation, Corporation Name: GOS LLC.

19. Corporation Address (city, state, zip code): 2710 N. Parkside IL 60639

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

**Full Name, include middle initial:** MARIO R. ALDANA

Title: MANAGER

Birthdate: [redacted] Birthplace [redacted]

Driver's License#: [redacted]

Home Phone: [redacted]

Home Address [redacted]

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: |

| | | | |
|---|---|---|---|
| **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: | 2. # Parking Spaces: | 3. Outside Dining s.f. [17.20.020-R]: | 4. Total Building s.f.: |
|---|---|---|---|
| 210 Cedar St. St Charles | 15 | 700 | 1,320 |
| 5. Total # Seats: 100 | 6. Live Entertainment Area s.f. [5.08.010-H]: N/A | | |

7. Brief Business Plan description based on type of establishment listed above (5.08.070-6):
Southern Italian cuisine. This is going to be a second location which is at 1510 E. Hintz Road in Arlington Heights original location

**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:<br>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;<br>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);<br>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

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: Mario Aldana, Chicago, February 2005

2. Is the premises owned or leased (5.08.070-6A)? ☐ **Owned** ☒ **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:** Tom Anderson — Phone Number: (630) 444-0747

   Address of Building Owner: 333 N. Randall Rd. St. Charles, IL 60174 — 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):

   **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? ☐ **Yes** ☒ **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? ☐ **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.*** **(5.08.050)**

6. 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** 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)? ☐ **Yes** ☒ **No**

   **If yes,** what was the disposition of the application? Explain as necessary:

| | |
|---|---|
| 8. | 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)**? ☐ **Yes** ☒ **No**<br>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? ☐ **Yes** ☒ **No** |
| 9. | **List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.**<br>**Government Unit:** Location, City/State:<br>Date: Special Explanations:<br>**Government Unit:** Location, City/State:<br>Date: Special Explanations: |
| 10. | Have any liquor licenses possessed ever been revoked **(5.08.070-9)**? ☐ **Yes** ☒ **No**<br>**If yes,** list all reasons on a separate, signed letter accompanying this application.<br>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?<br>☐ **Yes** ☐ **No**<br>**If yes,** proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information. |
| 11. | **Complete ONLY if yes was answered to the question above (10):**<br>Name: Name of Business:<br>Position with the Business: Date(s) of Denial:<br>Reason(s) for Denial of License: |
| 12. | Date of Incorporation (Illinois Corporations) **(5.08.070-10)**: 12/6/2019<br>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): |
| 13. | 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)**?<br>☒ **Yes** ☐ **No**<br>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**<br>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**<br>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?<br>☒ **Yes** ☐ **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)**.<br>Has this been done? ☒ **Yes** ☐ **No**<br>**If yes,** date(s): |
| 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)**? ☒ **Yes** ☐ **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)**?<br>☐ **Yes** ☒ **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):** Byron Ovalle Birthdate: [redacted]

Home Street Address, Incl City, State, Zip: [redacted]

Date of Course: 7/30/19 Place Course was Taken: [redacted] Certificate Granted? Y/N Expiration: 7/29/22

**Name (First, Middle, Last):** Ana K. Ovalle Birthdate: [redacted]

Home Street Address, Incl City, State, Zip: [redacted]

Date of Course: 6/29/19 Place Course was Taken: Certificate Granted? Y/N Expiration: 6/28/22

**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:** Osteria Trulli

**SIGNATURES**

Applicant's Signature

"OFFICIAL SEAL"
SHARON J. BRINGELSON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/5/2022

Subscribed and sworn before me this 5 day of February, 2020

(Seal)

Sharon J Bringelson
Notary Public

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**

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

| Date: | Name of Applicant: |
|---|---|
| 02/05/2020 | OVALLE, BYRON |

Name of Business: OSTERIA TRULLI

| Address of Business: | Ward Number: |
|---|---|
| 210 CEDAR ST. ST. CHARLES, IL 60174 | #4 |

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:
   AS SOON AS LICENSE APROVED

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**<br><br>**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?<br><br>☐ **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.)<br><br>☐ **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?<br><br>☒ **Yes** ☐ **No**<br><br>**If no**, state exceptions: |
| 13. | Have all persons named in this application been fingerprinted? ☒ **Yes** ☐ **No**<br><br>Fingerprinted by: ST. CHARLES P.D. Date: 02/05/2020 |
| 14. | Other necessary data: |

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/3/2020

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 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**<br>ORAZIO G DIFRUSCOLO (18258)<br>1118 E MAIN ST<br>SUITE 1A<br>ST CHARLES, IL 60174-0000 | **CONTACT NAME:** ORAZIO G DIFRUSCOLO<br>**PHONE (A/C, No, Ext):** 630-549-7696 **FAX (A/C, No):** 630-549-7698<br>**E-MAIL ADDRESS:** ORAZIO.DIFRUSCOLO@COUNTRYFINANCIAL.COM |
| **INSURED** 4602485<br>OSTERIA TRUILLI<br>210 CEDAR ST<br>ST. CHARLES, IL 60174 | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** COUNTRY Mutual Insurance Company — 20990<br>**INSURER B :**<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | **GENERAL LIABILITY**<br>COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE ✓ OCCUR<br>✓ BUSINESSOWNERS<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>✓ POLICY PRO-JECT LOC | | | AM9297714 | 2/3/2020 | 2/3/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 2,000,000<br>$ 50,000<br>$ 5,000<br>$ 2,000,000<br>$ 4,000,000<br>$ 4,000,000 |
| | **AUTOMOBILE LIABILITY**<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | **UMBRELLA LIAB** OCCUR<br>**EXCESS LIAB** CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| A | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | AW9297717 | 2/3/2020 | 2/3/2021 | ✓ WC STATU-TORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| | LIQUOR LIABILITY | | | AM9297714 | 2/3/2020 | 2/3/2021 | Each Person BI Limit<br>AGGREGATE | $ 0<br>$ 4,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REMARKS:
BUILDING COV. REPLC. COST: $430,000; DEDUCTIBLE: $1,000
(CONTINUED)

**CERTIFICATE HOLDER**

CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSIONER
2 E. MAIN ST
ST. CHARLES, IL 60174

**CANCELLATION**

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**

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AGENCY CUSTOMER ID: _____

LOC #: _____

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | | NAMED INSURED |
|---|---|---|
| | | OSTERIA TRUILLI<br>210 CEDAR ST<br>ST. CHARLES, IL 60174 |
| POLICY NUMBER<br>AM9297714 | | |
| CARRIER<br>COUNTRY Mutual Insurance Company | NAIC CODE<br>20990 | EFFECTIVE DATE: 2/3/2020 |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

POLICY INFORMATION:
Each Person Property Damage Limit and Loss Of Means of Support or Loss of Society Limit are included in Liquor Liability Coverage and subject to Illinois Statute

WORKERS COMPENSATION EXCLUSIONS:
PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MEMBERS(S) IS/ARE EXCLUDED ON WORKERS COMPENSATION BY ENDORSEMENT.



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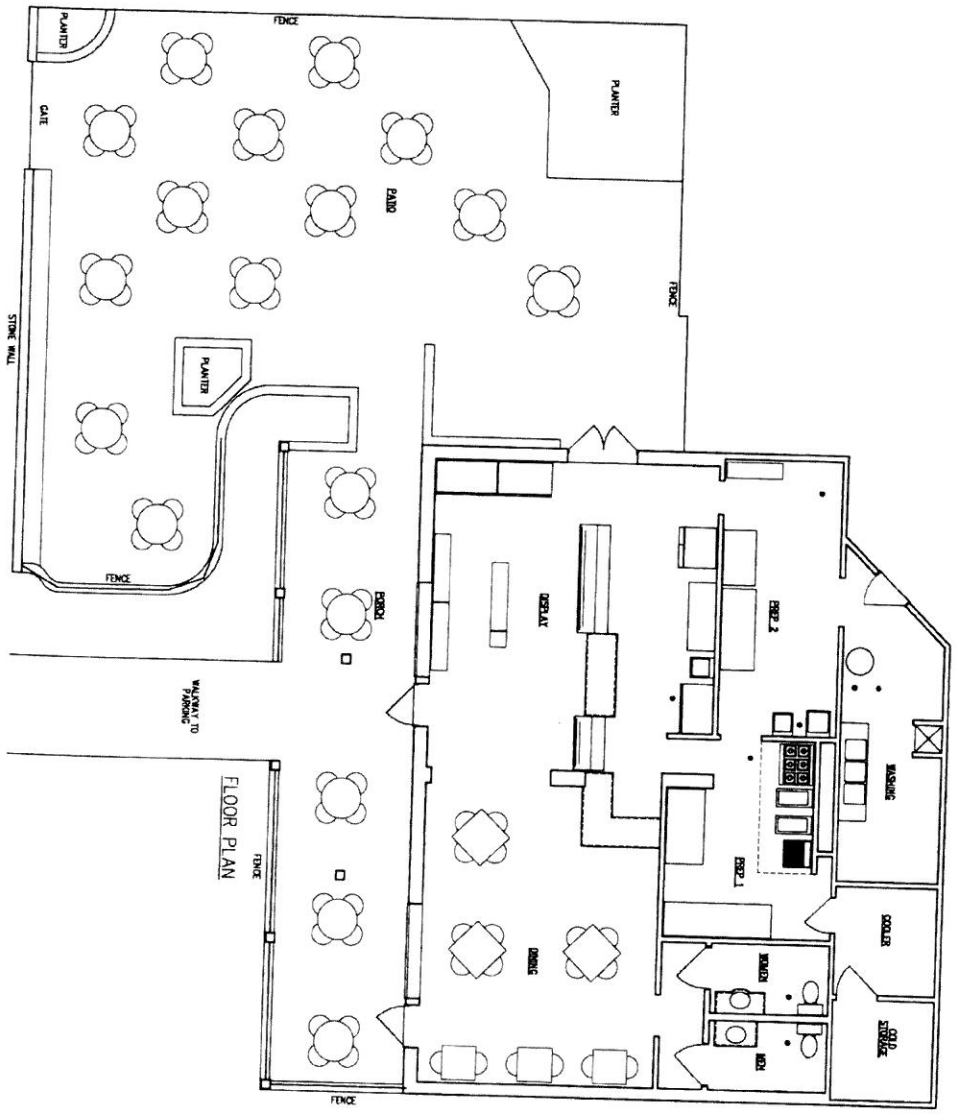


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A

| DATE | REVISION |
|---|---|
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| | |
| | |

ROMANO ITALIAN CAFE
REMODELING
210 W. CEDAR
ST. CHARLES, IL 60174

SENGSTOCK ARCHITECTS
1037 ASH STREET
ST. CHARLES, IL 60174
(630) 770-5348
Greg@Sengstockarchitects.com

# Illinois BASSET

# SELLER / SERVER CERTIFICATION

**Trainee Name:** Byron Ovalle

**Certificate #:** 000016095388

**Date of Completion:** 07/30/2019

**School Name:**
**360training.com dba Learn2Serve**

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

This course provides necessary knowledge and techniques for the responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

Learn2serve

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

# Illinois BASSET

# SELLER / SERVER CERTIFICATION

**Trainee Name:** Ana K Ovalle

**Certificate #:** 000015964599

**Date of Completion:** 06/29/2019

**School Name:**
**360training.com dba Learn2Serve**

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

This course provides necessary knowledge and techniques for the responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

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Suite 250, Austin, TX 78731
Phone: 877.881.2235

BUSINESS PLAN.

We are a group of friends from Guatemala who has been involved in Italian cuisine since young age. In our restaurant we would like to take people to a small town in Italy Alberobello which is famous for tiny funny shaped homes called trulli and that's where our name came from Osteria Trulli. We chose Osteria as we would like to give our customer a service of fine restaurant, but atmosphere of casual dining just like in Italy. Our cuisine is Southern Italian with a big focus on seafood and fresh fish. We will proudly continue preparing some of most popular dishes of previous restaurant which was loved by their customers. We are looking to be open 7 days a week for lunch and dinner 11am-10pm.

We are very excited on the new journey in a city of St. Charles and hope to bring outsiders as well as we are part owners of the other location which is very popular.

We are not planning on having any life music except for special events,

Sincerely management of Osteria Trulli.

There is an existing outdoor seating area, where smoking is not allowed.

Osteria Trulli | 1510 E. Hintz Road | Arlington Heights, IL 60004 | Tel: 224-347-1010 | www.osteriatrulli.com

# DINNER MENU

## Assaggi/Antipasti

**(Homemade)**

**Taralli & Cerignola Olive** ..... 8

**Panzerottini** ..... 8
(Small Calzone) filled with our Homemade Tomato Sauce & Mozzarella Cheese

**Melanzane al Cartoccio** ..... 9
Eggplant rolled around Spinach & seasoned Bread Crumbs with Pomodoro Sauce & Parmesan

### Pesce

**Grigliata** ..... 28
(Grilled) Octopus, Seppie (cuttlefish), Calamari & Prawns served over Rapini & Tuscan Beans

**Cozze or Vongole Alla Marinara** ..... 16
Steamed Black Mussels or Clams with bread crumbs in Marinara Sauce

**Cozze or Vongole Gratinate** ..... 16
Wood Fire, Oven Baked Mussels or Clams with bread crumbs, Parmesan, Garlic & Parsley

**Calamari Fritti or Grilled** ..... 15
Lightly Fried or Grilled baby Calamari with Spicy Tomato Sauce and Fresh Lemon

**Insalata di Mare** ..... 19
Seafood Salad of Shrimp, Calamari, & Octopus marinated in EVOO, w/fresh Lemon & Parsley

### Carne

**Tavogliere Salumi** ..... 19
Salami, Mortadella, Prosciutto, Provolone Cheese Olives and Taralli

**Homemade Sausage, Roasted Peppers & Potatoes** ..... 13
in a Tomato, Red Wine Sauce

**Zampina Barese** ..... 14
Homemade Grilled Pugliese Sausage over Cicory Fava Bean Puree

**Carpaccio** ..... 14
(Beef Tenderloin) with baby Arugula, Fennel, Truffle Oil & shaved Parmesan

## Risotto

**(Imported, Organic Acquerello Carnaroli Rice)**

**Tiella Barese** ..... 29
Traditional Homemade Pugliese Dish with Rice, Potatoes and Mussels (Riso Patate e Cozze), and baked in our wood fire oven

**Porcini & Mascarpone** ..... 26
Porcini Mushroom Broth with Mascarpone

**Torreamare** ..... 29
Fresh Seafood & Shellfish in white wine broth

## Contorni - 7.50

**(Side Dishes)**

Individual Portions of Sauteéd Rapini – Spinach – Roasted Potatoes
Steamed Asparagus – Soft Polenta – Meatballs – Italian Sausage
Chicken – Chicory Fava Bean Puree

## Primi Piatti

**Fresh Orecchiette con Ossa e Bracciole** ..... 26
Beef Sirloin Roulades simmered in our special neckbone Ragu, filled with Pancetta, Parmesan, Garlic & Parsley

**Fresh Orecchiette con Cime di Rapa** ..... 20
Orecchiette with Rapini sauteed in EVOO, Garlic & a pinch of Hot Chili Flakes

**Cavatelli Crudaiola** ..... 18
Homemade Cavatelli w/Arugula, Fresh Tomato, Basil, Garlic, EVOO and Ricotta Forte Cheese

**Ziti con Pureé Di Fava Bianca** ..... 18
Ziti Pasta with a puree of white Fava Beans & an Italian Chicory

**Capellini con Fagiolini** ..... 18
Angel Hair Pasta tossed with Italian Green Beans in Plum Tomato Sauce and Aged Ricotta Salata Cheese

**Cavatelli Adriatico Frutti di Mare** ..... 29
Homemade Cavatelli tossed with Cherry Tomatoes, Clams, Shrimp, Mussels, in a Garlic White Wine Tomato Sauce

**Linguine Con Vongole Veraci** ..... 24
Steamed Vongole Tossed with Pasta, Garlic, White Wine and Parsley

**Spaghetti with Garlic-Shrimp & Broccoli** ..... 24
Homemade Spaghetti tossed with Sautéed Garlic, Shrimp, Broccoli and EVOO

**Homemade Gnocchi** ..... 22
Gnocchi with a Black Truffle Cream, Green Peas, Mushrooms & shaved Ricotta Salata

**Fresh Fettucine or Pappardelle Bolognese** ..... 20
Pasta with a Homemade Meat Sauce

**Conchiglie Ripieni** ..... 20
Jumbo Shells stuffed with Spinach, Mascarpone and Ricotta, baked in Tomato Sauce, Mozzarella and Meatballs

**Trofiette Mari Monti** ..... 22
Pasta with Mussels, Clams, Peas and Mushrooms, in a Garlic, EVOO, White Wine Sauce

**Melanzane Parmigiana** ..... 22
Layers of Breaded Eggplant, Mozzarella, Parmesan, Marinara Sauce and a side of Pasta

## Secondi Piatti

Served with Chef's Choice Vegetable & Potato

**Mazzancolle alla San Giuseppe** ..... MP
Large grilled Adriatic prawns with pasta, EVOO and anchovies, baked in our wood fire oven

**Zuppa di Pesce** ..... MP
Shrimp, Calamari, Mussels, Clams & Fresh Fish in a savory tomato broth

**Fresh Catch of the Day** (ask your server) ..... MP

**Pollo alla Parmigiana** ..... 21
Tender Breaded Chicken Breast sautéed and topped with Tomato Sauce, Mozzarella and Parmesan

**Pollo alla Vesuvio** ..... 22
Semi Deboned Chicken and Wedges of Potato Sautéed with Peas, Garlic, Oregano, White Wine and EVOO, then baked in our wood fired oven

**Veal Scallopini alla Trulli** ..... 28
Veal Scallopini with Italian Sausage, Mozzarella, Capers & Mushrooms with a White Wine Sauce or can be prepared to your liking

***Please ask the server for our special chops & fish cooked in our wood burning oven.***

Delivery available through: Grubhub, Uber Eats and Door Dash

| Monday | Tuesday | Wednesday |
|---|---|---|
| $3.00 Glass of House Wine with Dinner Purchase | B-Y-O-B (No Corkage Fee - Bottle Wine Only) | 1/2 Price On Any Bottle Of Wine From Our Select List |

Osteria Trulli | 1510 E. Hintz Road | Arlington Heights, IL 60004 | Tel: 224-347-1010 | www.osteriatrulli.com

# LUNCH MENU (Everyday, 11:30 am - 2:30 pm)

## Panini
**Ciabatta or Foccacia**

**Salsiccia**
Italian Sausage, Roast Pepper, Smoked Mozzarella Cheese ..... 9.95

**Caprese**
With Fresh Tomato, Mozzarella ..... 8

**Homemade Meatball**
With Tomato Sauce and Fresh Mozzarella ..... 9.95

**Pepper & Egg** ..... 8

**Prosciutto, Mortadella & Provolone** ..... 9.95

## La Zuppa

**Vegetali** - Mixed Vegetable Soup with Tomato Broth ..... 5

**Stracciatella Fiorentina** - Egg Drop with Chicken, Spinach and Tortellini ..... 5

**Del Giorno** - Soup of the Day ..... MP

## Le Insalate

**Cialledda** ..... 9
Croutons with ripe tomatoes, cucumbers, red onion, oregano and EVOO

**Trulli** ..... 8
Signature salad of mixed baby greens with aged ricotta salata, olives, cherry tomatoes and trulli dressing

**Spinaci** ..... 8
Baby Spinach, Pinenuts, Mushrooms & Goat Cheese with a Wild Cherry Vinaigrette

**Caprese** ..... 8
Fresh Mozzarella, Tomato, Basil, EVOO and Balsamic Drizzle

**Arugula** ..... 8
Organic Baby Arugula with Fennel, Apple, shaved Parmesan with Balsamic Syrup and EVOO

**Wedge alla Puglia** ..... 11
Cold wedge of iceberg lettuce topped with a homemade creamy caesar dressing, speck bites, shaved parmesan and croutons

## Le Pizze
**(10" Thin Crust Pizza, baked in our wood fire oven)**

**Margherita** - Whole Milk Mozzarella, San Marzano Tomatoes & Basil ..... 15

**Trulli** - Capers, Anchovies, Gaeta Olives ..... 16

**La Burrata** - Organic Baby Arugula, Fresh Imported Burrata Cheese, Cherry Tomatoes & Mortadella Principie ..... 21

**Bianca** - Rapini, White Tuscany Beans, Barese Sausage w ..... 18

**Panzerotto** *Baked or Fried (Mozzarella, fresh tomato & Basil)* ..... 13

***$2.00 each additional ingredient***

## Pasta
**(Lunch Portion)**

**Fresh Orecchiette con Ossa e Bracciole** ..... 14
Beef Sirloin Roulades simmered in our special neckbone Ragu, filled with Pancetta, Parmesan, Garlic & Parsley

**Fresh Orecchiette con Cime di Rapa** ..... 11
Orecchiette with Rapini sauteed in EVOO, Garlic & a pinch of Hot Chili Flakes

**Cavatelli Crudaiola** ..... 10
Homemade Cavatelli w/Arugula, Fresh Tomato, Basil, Garlic, EVOO and Ricotta Forte Cheese

**Ziti con Pureé Di Fava Bianca** ..... 10
Ziti Pasta with a puree of white Fava Beans & an Italian Chicory

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Gnocchi with a Black Truffle Cream, Green Peas, Mushrooms & shaved Ricotta Salata

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Pasta with a Homemade Meat Sauce

**Conchiglie Ripieni** ..... 10
Jumbo Shells stuffed with Spinach, Mascarpone and Ricotta, baked in Tomato Sauce, Mozzarella and Meatballs

**Trofiette Mari Monti** ..... 11
Pasta with Mussels, Clams, Peas and Mushrooms, in a Garlic, EVOO, White Wine Sauce

**Melanzane Parmigiana** ..... 11
Layers of Breaded Eggplant, Mozzarella, Parmesan, Marinara Sauce and a side of Pasta

**Traditional Dish from Puglia**

***Ask Your Server for Today's Specials. Whole Wheat & Gluten Free* Pastas are Now Available.***

Gift Certificates Available * Catering For All Occasions * Private Parties for up to 50 people * **Gratuity of 18% will be added to parties of six or more**

*Osteria Trulli is pleased to offer a variety of gluten free options. We are not a gluten-free restaurant and cannot ensure that cross contamination will never occur.

Delivery available through: Grubhub, Uber Eats and Door Dash

| Monday | Tuesday | Wednesday |
|---|---|---|
| $3.00 Glass of House Wine with Dinner Purchase | B-Y-O-B (No Corkage Fee - Bottle Wine Only) | 1/2 Price On Any Bottle Of Wine From Our Select List |

Dec-2019