

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 7a

Title: Recommendation to approve a Proposal for a D8 Liquor License Application for Board & Brush Located at 303 N. 4th St., Suite C, St. Charles.

Presenter: Police Chief James Keegan

Meeting: Government Operations Committee

Date: August 19, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

Board and Brush is a DIY Art Studio specializing in custom wood sign making. Scheduled instructor-led workshops will be facilitated in this space. The applicant would like to offer wine or beer for sale to customers to enhance their experience.

The applicants own and operate this franchise in Oswego, IL, as well.

Pursuant to this item being presented at the Government Operations Committee meeting on August 19, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on September 3, 2019 for final approval.

Attachments *(please list):*

Summary, Floor Plan, Liquor License

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a D8 Liquor License application for Board & Brush located at 303 N. 4th St., Suite C, St. Charles.



Memo

Date: 8/15/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Liquor Establishment/D-8 (Board and Brush)

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.

Board and Brush is a new business venture looking to capitalize on the arts and entertainment industry by offering painting classes with beer and wine sales. The owners operate a similar concept in Oswego. They are looking to occupy 303 N. 4th Street, Suite C (near D & G Brewing).

A detective was assigned this investigation and reviewed both the site location/floor plans and the corresponding application material. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with on-site consumption; subject to City Council approval.

Thank you in advance for your consideration in this matter.



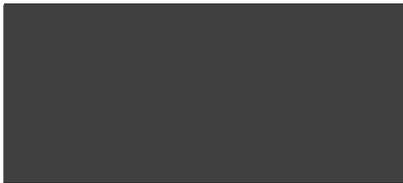
Memo

Date: 08/15/19
To: Chief Keegan
From: Commander Pierce 
Re: Liquor License Background, Ilic LLC (DBA Board and Brush St. Charles).

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 D-8 for the business, Board and Brush. This business is to be located at 303 N. 4th St. Suite C.

Applicants:

Ilic, Mike



Ilic, Mary K.



James, Jessica M.



Application:

The application was received on or around 06/18/19. The application appears to be complete, including a signed lease, Certificate of Insurance, a floor plan, and business plan.

Mike, Mary, and Jessica all hold valid BASSET Certifications which are included in the application.

Records Checks:

All three applicants were 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 for all three.

Mike advised that in the past 10 years he has lived in Chicago or at the listed Plainfield address. Checking with both police departments found no contacts.

Mary advised that in the past 10 years he has lived in Naperville or at the listed Plainfield address. Checking with both police departments found no contacts.

Service, Courage, Professionalism, Dedication



Jessica advised that in the past 10 years he has lived in Homer Glen or at two addresses in Oswego. Checking with both police departments found no contacts of concern.

A check of the Illinois Liquor Control Commission showed a current active license for Ilic LLC and no record of license revocation.

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

A check of the Illinois Secretary of State showed Ilic LLC to be in good standing.

INTERVIEW WITH APPLICANT:

On 06/26/19 at approximately 9:00am, I met with Mike and Mary Ilic at the police department front desk. Mike and Mary explained the premise of their business as artist led painting activities where clients are walked through a painting project by a local artist. Mike and Mary said they currently operate a Board and Brush location in Oswego, Illinois. Mike and Mary said Board and Brush is a franchise business they have bought into. Mike and Mary said the business in Oswego is doing so well the recently decided to rent space in St. Charles for a second location. As part of the painting experience Mike and Mary offer beer and wine to the clients. Mike and Mary advised that each paint session can accommodate up to approximately 35 people, but sometimes they run a class with as little as 10 customers. They indicated that they have no liquor inventory at this time, but plan on having approximately \$3,000.00 worth of inventory when they open. Both are U.S. citizens. They currently hold a liquor license in Oswego. A check with the Village of Oswego showed no liquor license violations. Mike and Mary said they have hired one of their Oswego location artists, Jessica James, to be the on-site manager for the St. Charles location.

At approximately 9:30am, I met with Jessica James at the police department front desk. Jessica said that she was working part time as an artist for the Oswego location when Mike and Mary asked her to run the St. Charles location. Jessica said she had nothing in her background that would preclude her from having a liquor license. Jessica was fingerprinted at this time.

SITE VISIT:

On 08/15/19, I visited the location. Even though the build out was not complete, I found the business lay out to be very similar to the floor plan provided with the application.

This concludes this background investigation. Recommend approval.

CP

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: 6/18/19 New Application Renewal Application License Class: _____
 Business Name: Illic Enterprises, LLC (DBA: Beard and Brush St. Charles)

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee \$ <u>200</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects , such as pool tables, bar stools, vending/amusement machines; as well as all exits .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Business Plan, to include: <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input type="checkbox"/> Do not include a marketing or financial plan with this business plan	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 6-18-19

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): LLC

B. Business Name: Ilic Enterprises, LLC (DBA: Board and Brush St. Charles)

C. Business Address: 303 North 4th Street, St Charles (Suite C)

D. IL Tax ID Number:	E. Business Phone: <u>630-747-9123</u>	F. Business E-mail: <u>stcharles@boardandbrush.com</u>	G. Business Website: <u>boardandbrush.com</u>
H. Contact Person: <u>Mike Ilic</u> Email: <u>mikeilic@gmail.com</u>		I. Title: <u>CEO</u>	J. Phone No.: <u>708-466-9272</u>

K. If Corporation, Corporation Name: Ilic Enterprises, LLC

L. Corporation Address (city, state, zip code): 22931 Weinhold Dr. Plainfield, IL 60585

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. License Class: A Package B Restaurant C Tavern D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club
 Other: (Art Studio)

B. Address applying for liquor license (exact street address): <u>303 N. 4th Street, Suite C</u>	C. Number of Parking Spaces: <u>30</u>	D. Outside Dining s.f. [17.20.020-R]: <u>none</u>	E. Holding Bar s.f. [5.08.010-F]:
F. Total Building s.f.: <u>22,000sf</u>	G. Total Number of Seats:	H. Number of Bar Seats: <u>none</u>	I. Sale Counter s.f.:
J. Live Entertainment Area s.f. [5.08.010-H]: <u>none</u>	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:
We are a DIN studio. We make personalized wooden projects and would like to sell beer and wine to our customers to enhance their experience. Note that our space (Suite C) is only about 1,700sq.ft.

MANAGER INFORMATION

Full Name, include middle initial: <u>Jessica M. James</u>	Title: <u>Manager</u>
Birthdate: [REDACTED]	
Home Address: [REDACTED]	

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:

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.

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): **DIY Art Studio**

3. Number of years of experience for the above listed type of business (5.08.070-4): **2**

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ **13,000**

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):
303 N. 4th St, Suite C, St. Charles, 60174
- DIY Art Studio specializing in wooden sign making. Scheduled workshops will be facilitated where an instructor will lead groups through the process.

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: ~~Home~~ Larson Properties Group, LLC
Address of Building Owner: 619 West Main St., St. Charles 60174
Mailing Address of Building Owner (if different): ""
Phone Number: (630)669-5101 **E-mail Address: plan4u2retire@gmail.com**
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.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement: 5/30/19</p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary:</p>
12.	<p>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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit: State of Illinois, Liquor Control Commission</p> <p>Date: 10/22/18 Location, City/State: Oswego, IL</p> <p>Special Explanations: License Number IA-1136751 [Liquor License issued for our Board + Brush] Franchise in Oswego, IL</p> <p>Government Unit:</p> <p>Date: Location, City/State:</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): 9/2017</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): 9/2017</p>
17.	<p>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)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p>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).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p>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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>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.</p>

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

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

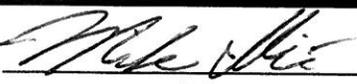
Payment of Late Night Permit fee is required at the time the permit is issued.

- 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 Signature

6-8-19
Date

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) *Jessica* (Last) *James* (Middle) *M* Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: *6-17-19* Place Course was Taken: *Online*
Birthdate: [REDACTED] Certificate Granted: *yes* Expiration: *6-16-22*

Name: (First) *Mike* (Last) *Ilic* (Middle) Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: *1-18-18* Place Course was Taken: *online*
Birthdate: [REDACTED] Certificate Granted: *yes* Expiration: *1-17-21*

Name: (First) *Mary* (Last) *Colburn* (Middle) *Kaitlin* Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: *1-17-18* Place Course was Taken: *online*
Birthdate: [REDACTED] Certificate Granted: *yes* Expiration: *1-16-21*

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.

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**To be completed by the City of St. Charles Police Department**

Date:	Name of Applicant:
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Name of Business:

Address of Business:	Ward Number:
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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:
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2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3.	If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer a, b and c: a. State the kind of such business: b. Give date on which applicant began the kind of business named at this location: c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4.	If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: SCPD Date: July 2014

14. Other necessary data:

**SIGNATURES
 ENDORSEMENTS AND APPROVALS**

INVESTIGATING OFFICER


323 COMMANDER
 Investigating Officer Signature Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: Yes No

8-15-14
 Signature Of Chief of Police Date

Business Name: Board and Brush

SIGNATURES

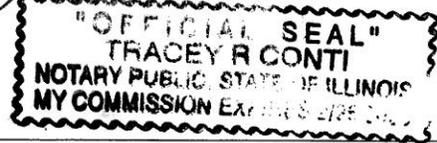
Milo White

Applicant's Signature

Tracey R. Conti

Notary & Date

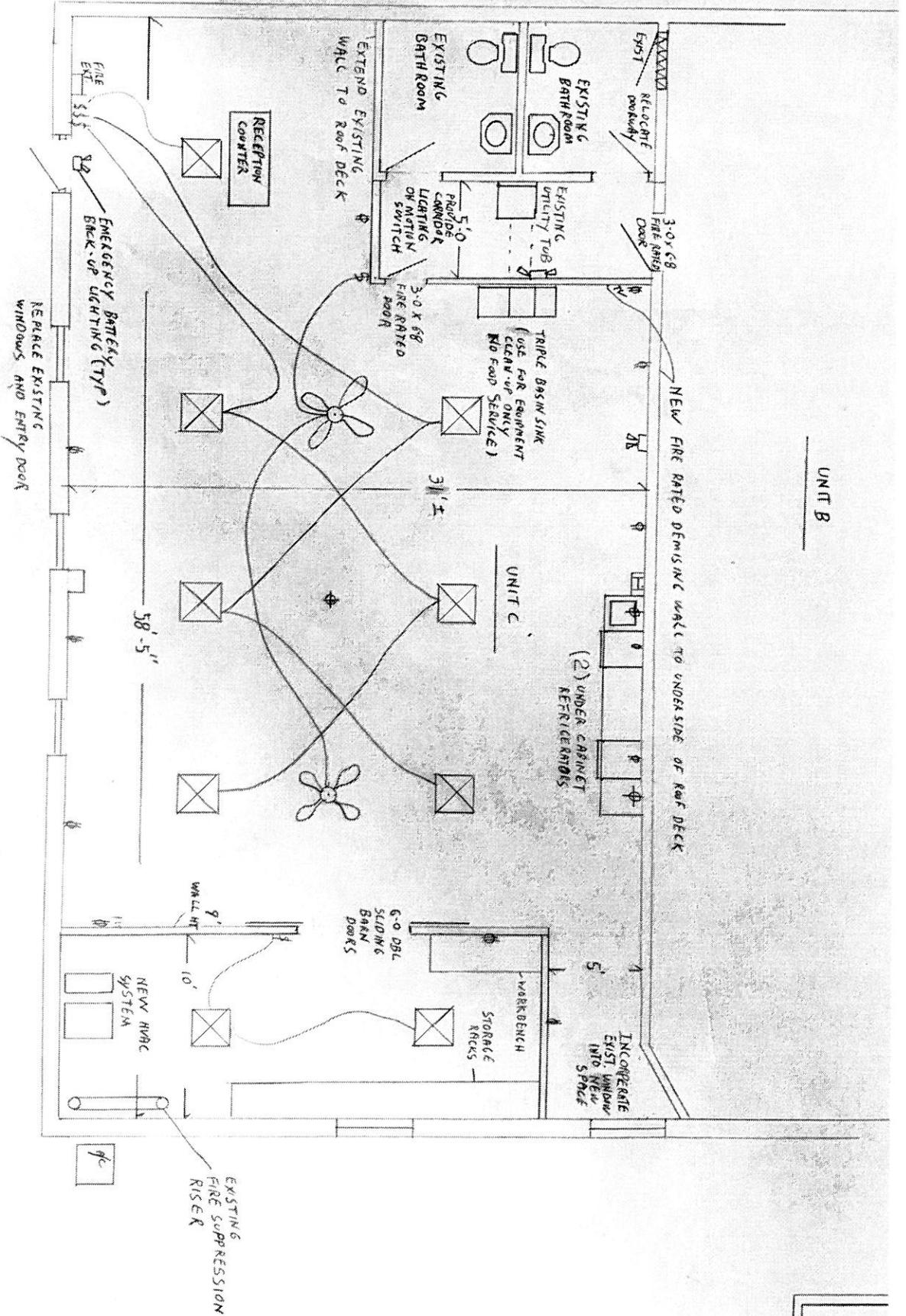
Seal:



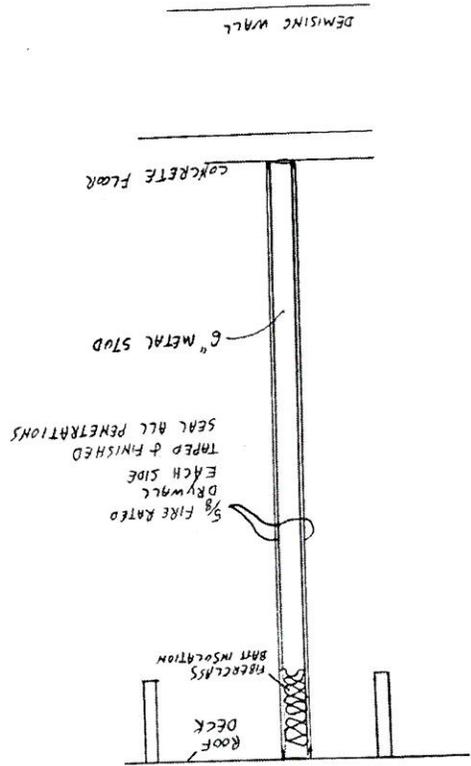
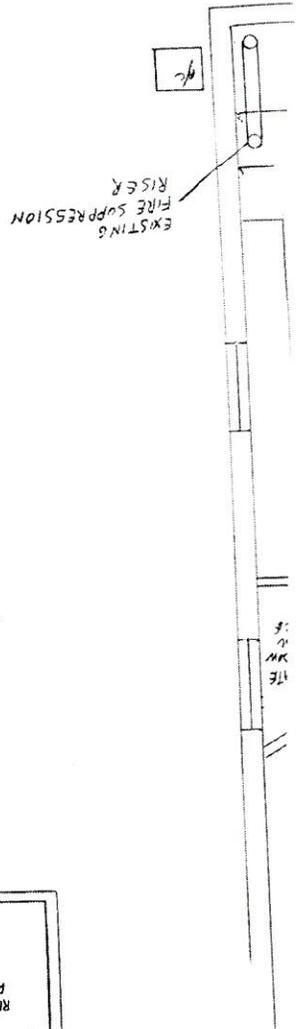
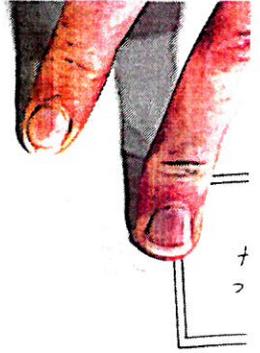
Liquor Commissioner hereby directs City Clerk to issue permit indicated above.

Liquor Commissioner's Signature

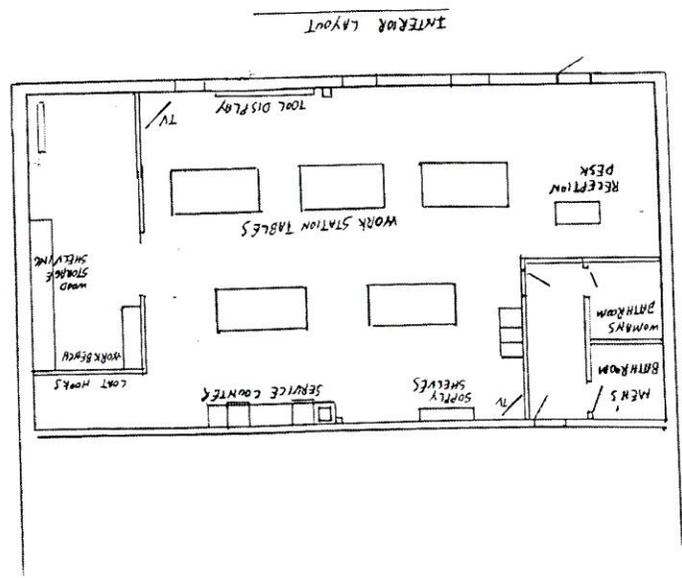
Date



BOARD + BRUSH
 303 N. 4TH ST. SUITE C
 ST. CHARLES IL 60174



NOTES
ROD AND RELOCATE FIRE SUPPRESSION AS REQUIRED
MODIFY ALARM SYSTEM AS REQUIRED



Certificate of Completion



JESSICA JAMES

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 6/17/2019

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan", written over a horizontal line.

Jeff Pairan

Certificate of Completion



MIKE ILIC

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 1/18/2018
from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan".

Jeff Pairan

Certificate of Completion



MARY ILIC

Has diligently and with merit completed the

On-Premise BASSET Alcohol Certification on 1/17/2018

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan". The signature is written in a cursive style with a large initial "J".

Jeff Pairan