

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: IB

Title:

Recommendation to approve a Proposal for a B1 Liquor License Application, along with a 1 a.m. Late Night Permit, for La Mesa Located at 51 S. 1st St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: City Council

Date: June 17, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

This is a new liquor license request for the soon to be former Puebla Restaurant location – 51 S. 1st Street. Puebla will remain open until June 30, 2019. This is the applicant's first business as an owner, but she does have six years bar and restaurant experience as the manager of Puebla.

Pursuant to this item being presented at the City Council meeting on June 17, 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.

Attachments *(please list):* Summary, Floor Plan, Liquor License Application**Recommendation/Suggested Action** *(briefly explain):*

Recommendation to approve a proposal for a B1 Liquor License application, along with a 1 a.m. Late Night Permit, for La Mesa located at 51 S. 1st St., St. Charles.



Memo

Date: 6/14/2019
To: Commander Charles Pierce
From: Detective David Ketelsen *DK #328*
Re: Liquor License Application/ La Mesa LLC

The purpose of this memo is to document the background investigation of La Mesa LLC and its owner/manager, Kimberly K Lawson pursuant to the application for a new Class B liquor license. This would be for a business that's name would be La Mesa Modern Mexican, which will be located at 51 S 1st St, in St Charles. Currently this address is occupied by the restaurant Puebla Modern Mexican. This business is moving locations and should be shut down by 06/30/19.

Applicant

Lawson, Kimberly K



- Lawson currently lives at the above address, and has resided there for the past 3 years. South Elgin PD has no negative contacts with her. Before that she lived at 1770 Cumberland Green Dr #244 in St Charles for approximately 10 years. In checking New World I did find one SCPD report from 2016 where Lawson is listed as the suspect/offender in a Battery report that showed it was exceptionally cleared. In reading the report it seems that the complainant was a former employee where Lawson was her boss. This complainant started filming Lawson with her cell phone at a local bar. Lawson saw this and swiped at the phone with her hand. See attached report.
- On 06/14/19 I spoke with Lawson and essentially learned the following.
- Lawson had been the operating manager of Puebla Modern Mexican for the past 5 years. Before that she was a manager at Pizzeria Neo located next door to Puebla Modern Mexican. She advised that these establishments had co-owners for both restaurants. Lawson said she has been in the service industry since she was 15 years old and growing up in Lake Geneva. La Mesa would be the first Restaurant that Lawson owns.

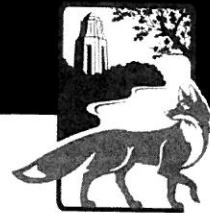
Service, Courage, Professionalism, Dedication



- Lawson will be involved in the day to day operations of this establishment and plans on hiring 2 other managers in the near future
- Lawson has been B.A.S.S.E.T certified since 06/08/2019. She received her certification through sellersserverclasses.com. See attached copy.
- Lawson advised the menu at La Mesa will consist of modern Mexican cuisine. See attached preliminary menu. They plan on selling beer, wine, and liquor.
- Lawson advised that she wants La Mesa to be a casual dining experience. All ages, genders, races and incomes should be considered potential customers. Lawson advised that the floor plan of this restaurant will not be changing. See attached business plan for details and drawings.
- She advised that the preliminary hours of business at this point would be from Sunday-Thursday 11:30A.M. to 9:00P.M. and Friday-Saturday 11:30A.M. to 11:00P.M. She advised the reason she is applying for the class B license (which is a 1 A.M. close time) is because sometimes La Mesa would host parties that would go a little later.
- Lawson said that she is looking to open the business in St Charles by July 15th, 2019.
- No other employees have been hired at this time.
- Lawson was previously fingerprinted on May 31st, 2019 for this application. The results of this showed no previous arrests. See attached.
- I checked Lawson in TLOxp, which is a data base used by law enforcement. It showed that she did declare Chapter 7 bankruptcy in 2016. It also showed 19 civil Judgements dating from 1994 to 1998. All of these happened in Colorado. I called Lawson and asked her about these. She said in 1994 she did live in Colorado with a boyfriend named Brian Halbert. They both had their names on the lease together. She said she left him because of his alcohol use and thought he was going to take over payments on the lease. She was back in Illinois by 1998 and was unaware of these judgements. See attached bankruptcy and judgment documents.
- Lawson provided all other documents required with her application
- Lawson was provided a packet that contained the complete liquor ordinance section for the City of St Charles.
- This concludes my background investigation. See attached application.

DK #328 DK #328

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

License Class: _____

Business Name: LA MESA MODERN MEXICAN

APPLICATION CHECKLIST

Check items to confirm all are attached to this application

Applicant

Office Use Only

Application Fee	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>

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 INFORMATIONA. Type of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (explain):B. Business Name: La Mesa Modern MexicanC. Business Address: 51 S. 1st St Charles IL 60174

D. Tax ID Number: [REDACTED] E. Business Phone: [REDACTED]

H. Contact Person:

Email: [REDACTED] ownerK. If Corporation, Corporation Name: La Mesa LLCL. Corporation Address (city, state, zip code): 51 S 1st St Charles IL 60174**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. License Class: ☐ A Package ☒ B Restaurant ☐ C Tavern ☐ D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club
☐ Other:

B. Address applying for liquor license (exact street address):

51 S 1st St Charles IL

C. Number of Parking Spaces:

D. Outside Dining s.f. [17.20.020-R]:

300

E. Holding Bar s.f. [5.08.010-F]:

F. Total Building s.f.:

6000

G. Total Number of Seats:

174

H. Number of Bar Seats:

14

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 INFORMATIONFull Name, include middle initial: Kimberly K Lawson Title: owner

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

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 LICENSE**

- | | |
|----|--|
| 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): <ul style="list-style-type: none">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 LICENSE

- | | |
|----|--|
| 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): <ul style="list-style-type: none">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.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>List the type of business of the applicant (5.08.070-3): Mexican Restaurant</p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): 25</p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 6000.00</p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6): 51. S 1st St Charles IL 60174</p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
7.	<p>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):</p> <p>Name of Building Owner: first st Development</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement:</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:</p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations: _____</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? <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):</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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

5-16-19

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)

(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.

Business Name:

SIGNATURES



Applicant's Signature

Notary & Date

Seal:

☐ 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: 6/12/19

Name of Applicant: Kimberly K Lawson

Name of Business: La Mesa Modern Mexican

Address of Business: 51 S. 1st St. St. Charles, IL 60174

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: When license is approved
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 N/A

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 N/A
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: M. Wojcik Date: 5/31/19
14.	Other necessary data:

SIGNATURES

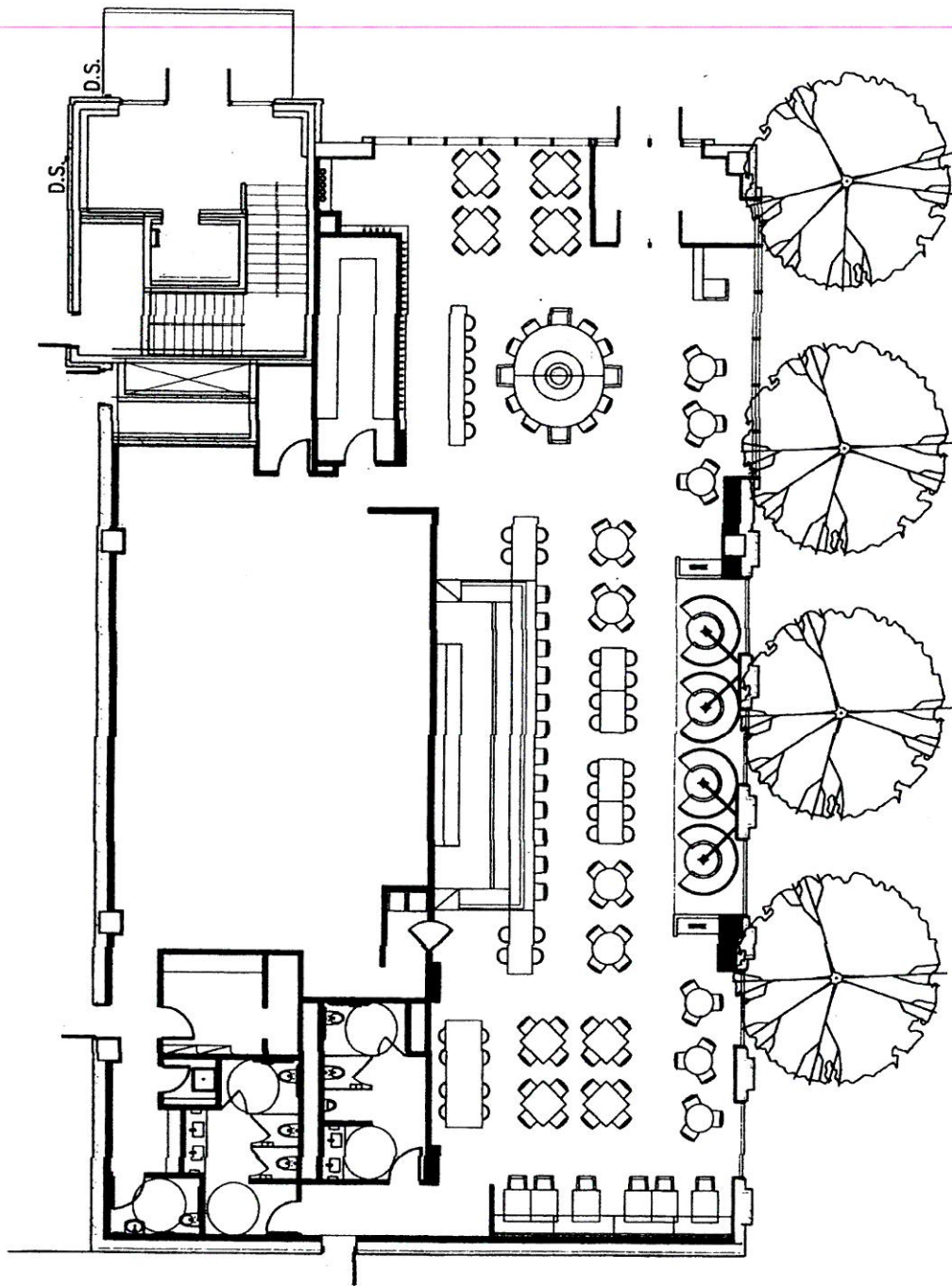
ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

<u>D. Kotelson</u>	<u>328 / Detective</u>
Investigating Officer Signature	Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Jane T. Keen</u>	<u>06/14/19</u>
Signature Of Chief of Police	Date



S/D
 DESIGN: JAMES L. BROWN GROUP
 300 NORTH MICHIGAN AVE., SUITE 301
 CHICAGO, ILLINOIS 60611
 TEL: (312) 274-0000 FAX: (312) 274-0707

PROJECT NAME:
 WILD MOUNT - ST. CHARLES
 PROJECT ADDRESS:

DRAWING TITLE:
 FURNITURE PLAN
 SCALE:
 3/8" = 1'-0"

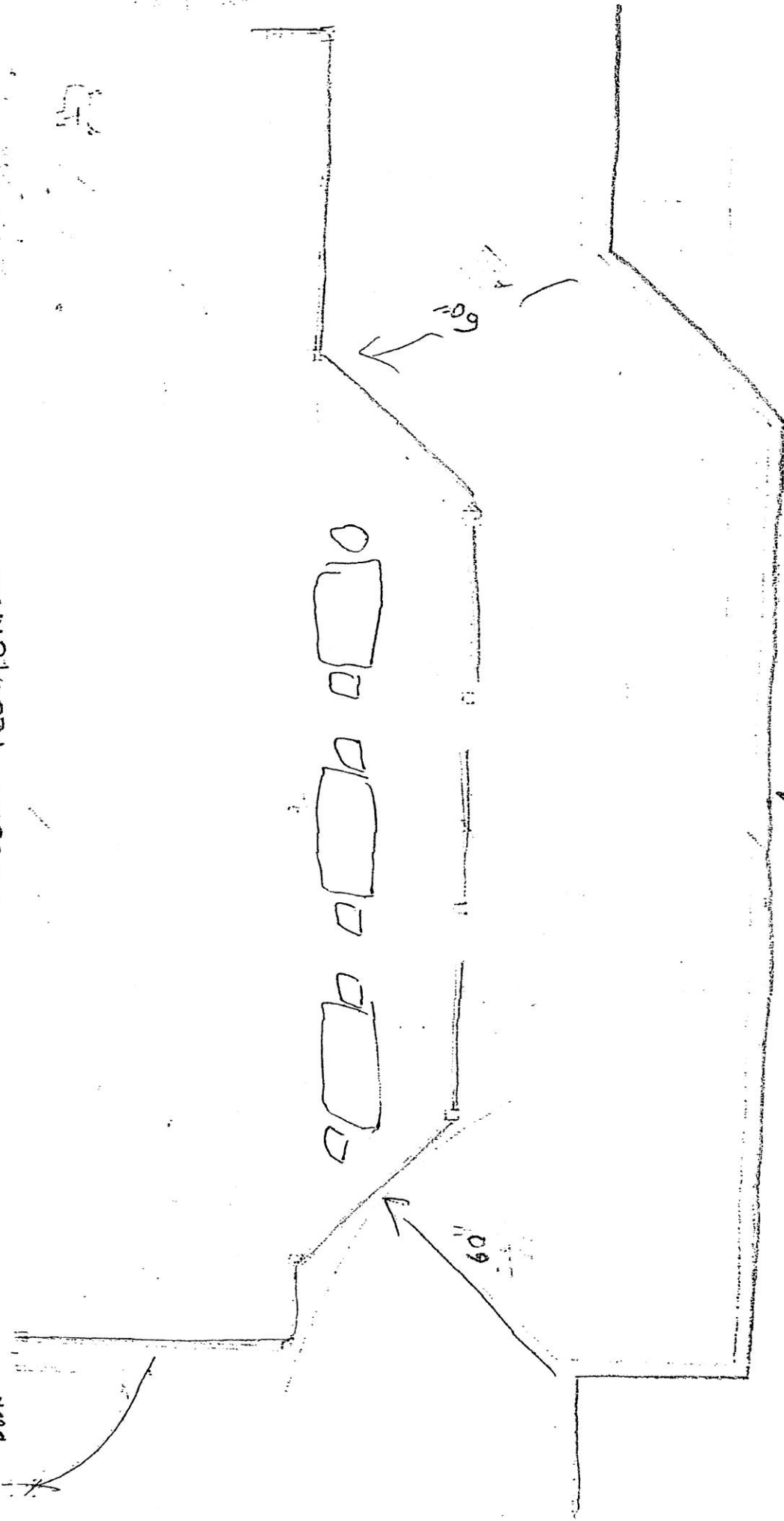
DATE:
 12-09-2012
 DRAWN BY:
 CCF/AL

PROJECT:
 12007
 ASK-100

WILD MOUNT - Done for Puella Mexican LLC

PUEBLA RESTAURANT

EXT
DOOR



CURB

NOT TO SCALE
TO BE USED
FOR REFERENCE



YOUR BUSINESS INSURANCE SOLUTION SPECTRUM® PROPOSAL

Prepared for:

LaMesa
51 S 1st St
Saint Charles, IL 60174

Reference Number:

83SBA5746BK - 004

Proposal Date:

05/28/2019, 09:29 AM

Proposed by:

AJ GALLAGHER RISK MGMT SRVC INC
2850 W Golf Rd
Rolling Meadows, IL 60008

Proposal Created by:

Annette DePaola
630-262-5922
Annette_DePaola@ajg.com

Total Estimated Annual Premium for Spectrum:

\$ 10,443.00

POLICY LEVEL

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Liability Coverage.....	3
Umbrella Liability Coverage.....	4

LOCATION BUILDING LEVEL

Location Building Coverage.....	4
Stretch Endorsement Summary.....	4

Businesses Like You.....	7
Direct Bill Options.....	8

Important Messages:

This document is a proposal of insurance for the applicant indicated above. It is not to be used as proof of coverage, unless bound by an authorized agent.

WHY THE HARTFORD

200 years experience | 1 million customers | Named One of the World's Most Ethical Companies
The Hartford is the market leader for small business with more than 200 years of experience, trusted by over 1 million customers and rated 4.8 out of 5 by Small Businesses.

Spectrum Proposal
with
Twin City Fire Insurance Company
A member company of The Hartford
5/24/2019 - 5/24/2020

Policy Level

Property Coverage

Limits of Insurance

Special Property Coverage Form automatically includes the following coverages at no additional charge:

Accounts Receivable Coverage Off Premises	\$	25,000
Accounts Receivable Coverage On Premises	\$	25,000
Appurtenant Structures - business personal property within appurtenant structure	\$	5,000
Arson Reward	\$	10,000
Business Income - Civil Authority - 30 Days - A waiting period applies	\$	Included
Business Income to Dependant Properties	\$	5,000
Business Personal Property Seasonal Automatic Increase: 25%	\$	Included
Data and Software	\$	10,000
Definition of Premises: 1000 feet	\$	Included
Extended Business Income - 30 consecutive days	\$	Included
Fire Department Service Charge	\$	25,000
Fire Extinguisher Recharge	\$	Included
Forgery Coverage	\$	5,000
Leasehold Improvements	\$	25,000
Lease Assessment	\$	2,500
Lock and Key Replacement	\$	1,000
Money and Securities - Inside	\$	10,000
Money and Securities - Outside	\$	5,000
Newly Acquired or Constructed Property - Building - 180 Days Max	\$	500,000
Newly Acquired or Constructed Property - Business Income 180 Days Max	\$	50,000
Newly Acquired or Constructed Property - Business Personal Property - 180 Days Max	\$	250,000
Ordinance or Law Coverage:		
• Tenants Improvements & Betterments Increased Cost of Construction	\$	25,000
Outdoor Property - Aggregate	\$	10,000
Outdoor Property - For any one tree, shrub or plant	\$	1,000
Outdoor Signs - Attached to buildings - Per sign	\$	5,000
Personal Effects	\$	10,000
Property Off-Premises - Business Personal Property	\$	2,500
Tenant's Glass	\$	25,000
Valuable Papers Coverage Off Premises	\$	25,000
Valuable Papers Coverage On Premises	\$	25,000

Property Coverage

Limits of Insurance

Premium

The following Property coverages are applicable at all locations:

Business Personal Property	Replacement Cost	
Property Deductible	\$ 1,000	
Automatic Equipment Breakdown Coverage which includes:	\$ Included	\$ 128
• Mechanical Breakdown	\$ Included	\$ Included
• Artificially Generated Electric Current	\$ Included	\$ Included
• Explosion of Steam Equipment	\$ Included	\$ Included
• Loss or damage to Steam Equipment	\$ Included	\$ Included
• Loss or damage to Water Heating Equipment	\$ Included	\$ Included
• Contamination by Hazardous Substance	\$ 50,000	\$ Included
• Expediting Expenses	\$ 50,000	\$ Included
Equipment Breakdown Deductible	\$ 1,000	\$ Included
Business Income And Extra Expense Actual Loss Sustained - 12 mos.	\$ Included	\$ 523
Identity Recovery Coverage	\$ 15,000	\$ Included

Liability Coverage

Limits of Insurance

Premium

Business Liability:		
Broad Form Named Insured includes subsidiaries in which greater than 50% of voting stock is owned by the Named Insured	\$ Included	\$ Included
CyberFlex	\$ Included	\$ Included
Defense Costs outside of the Limits of Insurance	\$ Included	\$ Included
Employees and Volunteers included as Insureds	\$ Included	\$ Included
Incidental Malpractice	\$ Included	\$ Included
Mental Anguish resulting from bodily injury, sickness or disease	\$ Included	\$ Included
Newly Acquired Organizations	\$ 180 days	\$ Included
Non-Owned watercraft under 51 feet	\$ Included	\$ Included
Per Location General Aggregate - owned or rented premises	\$ Included	\$ Included
Personal and Advertising Liability	\$ Included	\$ Included
Property Damage to borrowed equipment not being used to perform operations at the job site	\$ Included	\$ Included
Unintentional failure to disclose hazards	\$ Included	\$ Included
Additional Insured - Coverage is automatically extended to persons or organizations whose written contracts or permits with the insured require insurance to be provided	\$ Included	\$ Included
Each Occurrence	\$ 1,000,000	
General Aggregate	\$ 2,000,000	\$ 3,624
Products/Completed Operations Aggregate	\$ 2,000,000	\$ Included
Personal and Advertising Injury	\$ 1,000,000	\$ Included
Damage to Premises Rented to You	\$ 1,000,000	\$ Included
Medical Expenses	\$ 5,000	\$ Included
Hired and Non-owned Auto	\$ 1,000,000	\$ 302
Employment Practices Liability (Claims Made)		
Per Claim	\$ 10,000	\$ Included
Aggregate	\$ 10,000	\$ Included
EPLI Deductible	\$ 0	
EPLI Retroactive Date: 5/24/2019		
Liquor Liability		
Each Common Cause	\$ 1,000,000	\$ 1,401
Aggregate	\$ 2,000,000	\$ Included

Umbrella Liability Coverages

	<u>Limits of Insurance</u>	<u>Premium</u>
Per Occurrence	\$ 5,000,000	\$ 2,117
Aggregate	\$ 5,000,000	\$ Included
Self-Insured Retention	\$ 10,000	
Umbrella Liquor Liability	\$ Included	\$ 1,216
Policy Base Premium		\$ 330
Terrorism	\$ Included	\$ 174

Location/Building Level**Location/Building Information**

Location No./Building No.	:	001/001
Street Address	:	51 S 1st St
City, State and Zip Code	:	Saint Charles, IL 60174-2801
Protection Class	:	0001
Class Code	:	58011
Description	:	Restaurant - Full Service (waiter/waitress)
Construction	:	Fire Resistive
Year Built	:	2008
Sprinklered	:	Yes
Area	:	2,300
Annual Sales/Receipts	:	\$1,400,000

Location/Building Coverage

	<u>Limits of Insurance</u>	<u>Premium</u>
Business Personal Property	\$ 105,000	\$ 407
Tenant Improvements and Betterments	\$ 100,000	\$ Included in BPP
Fungi Limited Coverage	\$ 50,000	\$ Included
Fungi Limited Business Interruption	30 Days	\$ Included
Back-up of Sewers and Drains	\$ 25,000	\$ 91

Stretch Endorsements

	<u>Premium</u>
Restaurant Stretch	See Stretch Summary Attached \$ 130

The Limits of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy.

Restaurant Stretch Summary

<u>Coverage</u>	<u>Limits of Insurance</u>
Accounts Receivable - On/Off-Premises	\$ 25,000
Brands and Labels	Up to Business Personal Property Limit
Claims Expense	\$ 10,000
Computer Fraud	\$ 5,000
Computers and Media	\$ 10,000
Debris Removal	\$ 25,000
Employee Dishonesty (including ERISA)	\$ 10,000
Fine Arts	\$ 10,000
Forgery	\$ 10,000
Laptop Computers - Worldwide Coverage	\$ 5,000

Lost Keys	\$ 2,500
Off Premises Service - Direct Damage	\$ 10,000
Outdoor Signs	Full Value
Pairs and Sets	Up to Business Personal Property Limit
Personal Property of Others	\$ 10,000
Property at Other Premises	\$ 10,000
Salespersons' Samples	\$ 1,000
Sewer and Drain Back Up	Included up to Covered Property Limits
Sump Overflow or Sump Pump Failure	\$ 15,000
Temperature Change	\$ 10,000
Tenant Building and Business Personal Property Coverage - Required by Lease	\$ 20,000
Transit Property in the Care of Carriers for Hire	\$ 10,000
Unauthorized Business Card Use	\$ 2,500
Valuable Papers and Records - On/Off-Premises	\$ 25,000

The Limits of Insurance for the following Coverage Extensions are a replacement of the Limit of Insurance provided under the Property Coverage Form.

<i>Coverage</i>	<i>Limits of Insurance</i>
Newly Acquired or Constructed Property - 180 Days	
Building	\$ 1,000,000
Business Personal Property	\$ 500,000
Business Income and Extra Expense	\$ 500,000
Outdoor Property	\$ 20,000 aggregate / \$ 1,000 per item
Personal Effects	\$ 25,000
Property Off-Premises	\$ 15,000

The following changes apply only if Business Income and Extra Expense are covered under this policy. The Limits of Insurance for the following Business Income and Extra Expense Coverages are in addition to any other Limit of Insurance provided under this policy:

<i>Coverage</i>	<i>Limits of Insurance</i>
Business Income Extension for Off-Premises Utility Services	\$ 25,000
Business Income Extension for Web Sites	\$ 10,000 / 7 days
Business Income from Dependent Properties	\$ 50,000
Food Contamination	\$ 25,000

The following Limit of Insurance for the following Business Income Coverage is a replacement of the Limit of Insurance provided under the Property Coverage Form.

<i>Coverage</i>	<i>Limits of Insurance</i>
Extended Business Income	60 Days

The following changes apply only if the Special Property Coverage Form applies to this policy. The Limits of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy.

<i>Coverage</i>	<i>Limits of Insurance</i>
Money and Securities	\$ 10,000 inside the premises/ \$ 10,000 outside the premises

The following changes apply to Loss Payment Conditions:

<i>Coverage</i>	<i>Limits of Insurance</i>
------------------------	-----------------------------------

Valuation Changes

Commodity Stock

Included

"Finished Stock"

Included

Mercantile Stock - Sold

Included

Your Spectrum policy contains classes and coverages that may be subject to an annual audit. Your quoted premium may change based on the actual annual audit records provided to us.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to this terrorism coverage is shown in the premium section(s) of this quote proposal or binder.

Definition of Certified Act of Terrorism

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Disclosure of Federal Share of Terrorism Losses under TRIA

The United States Department of the Treasury will reimburse insurers for 85% of insured losses that exceed the applicable insurer deductible. Effective January 1, 2016, this percentage will be reduced to 84%, effective January 1, 2017 to 83%, effective January 1, 2018 to 82%, effective January 1, 2019 to 81%, and effective January 1, 2020 to 80%.

However, if aggregate industry insured losses under TRIA exceed \$100 Billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 Billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

Note to Producer on TRIA: The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use Hartford's stand-alone TRIA disclosure form for quotes and binders, which is available on the EBC or from the company.

Acknowledged and Accepted By	
_____	_____
(Signature of the Insured)	(Date)

Reference Number: 83SBA5746BK - 004

Total Estimated Annual Premium for Spectrum: \$10,443

City of St. Charles
ALCOHOL TAX
BUSINESS INFORMATION SHEET

As a new business serving or selling alcohol in the City of St. Charles, the following information must be provided to assist with the processing of your monthly Alcohol Tax returns.

BUSINESS CONTACT INFORMATION

Corporate name: **LA MESA Modern Mexican LLC**

DBA: **LA MESA**

Phone: **331-575-6000**

E-mail: **KimberlyK.Pastorek@yahoo.com**

Address: **51 S 1st**

City: **St Charles**

State: **IL**

ZIP
Code: **60174**

Expected date of business opening (Required): **7/1/19**

TAX PREPARER INFORMATION

Name of Tax Preparer:

Phone:

Fax:

E-mail:

This completed form must be submitted with your liquor license application and "Acknowledgement of City Alcohol Tax" to the City of St. Charles Administration Office.

ACKNOWLEDGEMENT OF ALCOHOL TAX

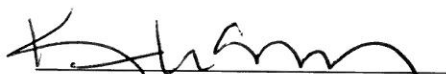
By signing below, I acknowledge that I have received the updated information on the City's alcohol tax. I understand that it is my responsibility to collect said tax on any alcohol sales effective immediately. It is also my responsibility to remit said taxes to the City by the due dates specified in the alcohol tax ordinance. I understand that any violation of the alcohol tax ordinance can result in the imposition of fines, penalties, or sanctions including suspension or revocation of the liquor license granted by the City of St. Charles. **The tax rate on alcohol sales will be changed to 3% of the purchase price effective September 1, 2018. Please apply the tax at a rate of 3% on all alcohol sales at your establishment beginning on September 1, 2018.**

Name Kimberly Lawson

Title Owner

Business Name La Mesa Modern Mexican

Address 51 S. 1st St Charles IL 60174


Signature

5-16-19
Date

Please return the signed acknowledgement form to the City of St. Charles Administration Office .

Form **LLC-5.5**

**Illinois
Limited Liability Company Act
Articles of Organization**

FILE # 07804903

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
www.cyberdriveillinois.com

Filing Fee: \$150

Approved By: TLB

**FILED
MAY 10 2019
Jesse White
Secretary of State**

1. Limited Liability Company Name: LA MESA LLC

2. Address of Principal Place of Business where records of the company will be kept:
409 ILLINOIS AVENUE, UNIT 1D

ST. CHARLES, IL 60174

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

ROBERT RASMUSSEN
409 ILLINOIS AVE UNIT 1D
SAINT CHARLES, IL 60174-2966

5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

RASMUSSEN, ROBERT T
37W265 MISSION HILLS DRIVE
ST. CHARLES, IL 60175

LAWSON, KIMBERLY
336 WINDSOR COURT, UNIT B
SOUTH ELGIN, IL 60177

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: MAY 10, 2019

ROBERT RASMUSSEN
37W265 MISSION HILLS DRIVE
ST. CHARLES, IL 60175

BUSINESS PLAN

La Mesa Modern Mexican
51 S first St St. Charles Il 60174

June 2, 2019

Executive Summary

The Ownership

The company will be structured as a limited liability company (LLC).

The Management

Kimberly Lawson will be in charge, while I will have two MOD's that will be trained how the Restaurant runs if I am not there or there is an emergency. Decisions will be made by myself and Financial adviser.

The Goals and Objectives

My goal for La Mesa is to continue the outstanding customer service with ongoing employee development, The food quality will be met by High standards also. Guest service and food quality is how you impress your guests and make them regulars. I expect to set and accomplish sales goals and project a sales growth for the company in the first year.

The Product

The main product of this establishment will be Mexican food and Mexican cocktails. We will have quarterly Tequila dinners, take part in un- wind Wednesday's, And Continue with all the downtown partnership activities.

The Target Market

The target market for Casual dining industry is very broad and should incorporate all demographic regions. All ages, genders, races and incomes should be considered potential customers.

Pricing Strategy

La Mesa will focus on the setting menus prices considering cost of food, cost of labor, what the competition is doing and what our audience is willing to pay. Pricing is a task that needs to be periodically re visited. To arrive at the best possible pricing I will conduct plenty of research on food fluctuation in pricing.

The Competitors

Business Plan - La Mesa Modern Mexican

The Company

Business Sector

The owners would like to start a business in the food and accomodation services sector.

Company Goals and Objectives

My goal for La Mesa is to continue the outstanding customer service with ongoing employee development, The food quality will be met by High standards also. Guest service and food quality is how you impress your guests and make them regulars. I expect to set and accomplish sales goals and project a sales growth for the company in the first year.

Company Ownership Structure

The company will be structured as a limited liability company (LLC)

Ownership Background

Kimberly Lawson (member):

I have a experience span of over 35 years in the Restaurant business. I started as a busboy, and worked my way to Management. My growth in this business is self taught I do attend seminars and goal training sessions to stay current with trends with changes in the food industry. I do hold a Managers certification issued by the state of Illinois, I am currently attending a online Hospitality Management course at E Cornell. as well as my Basset card and was one of 6 Bartenders to win Show tenders which showcases the best bartenders in the country. I plan on using all my skills and knowledge and sharing with my staff to help the business to continue to grow.

Company Management Structure

Kimberly Lawson will be in charge, while I will have two MOD's that will be trained how the Restaurant runs if I am not there or there is an emergency. Decisions will be made by myself and Financial adviser.

Organizational Timeline

The planning is complete and the projected opening day in in Middle of July.

Company Assets

The Product*The Product*

The main product of this establishment will be Mexican food and Mexican cocktails. We will have quarterly Tequila dinners, take part in unwind Wednesday's, And Continue with all the downtown partnership activities.

Marketing Plan*The Target Market*

The target market for Casual dining industry is very broad and should incorporate all demographic regions. All ages, genders, races and incomes should be considered potential customers.

Pricing

La Mesa will focus on the setting menu prices considering cost of food, cost of labor, what the competition is doing and what our audience is willing to pay. Pricing is a task that needs to be periodically revisited. To arrive at the best possible pricing I will conduct plenty of research on food fluctuation in pricing.

Advertising

The Advertising strategy will continue with word of mouth, Facebook, Instagram, and in house marketing.

We will be using the Chamber and the downtown partnership as well. We will be starting a Taco-drop campaign and dropping off free tacos to local businesses. Our customers will find us by being active on social media, E-mail marketing, offering birthday desserts via email, hosting Tequila and wine dinners and the idea of fun cooking classes is in the works.

Competitor Analysis

The Competitors

Staffing

La Mesa Modern Mexican will employ one full-time employee in the initial startup phase.

La Mesa

Modern Mexican

Appetizers

Guacamole

Botanas

Salsa

Traditional

Serrano/garlic/lime

Mex shrimp cocktail

Chilled shrimp/hot sauce/crackers
avocado/onions

Roja

Grilled tomato/onion/garlic/jalp

Masa

Grilled corn/serrano/fresco

Guajillo Wings

Grilled wings/Guajillo sauce/crema

Verde

Grilled tomatillo/garlic/serrano

Tocino

Bacon/pico/fresco

Ceviche

mahi-mahi/pico/avocado/cucumber sauce

Jalapeno

Grilled Jalapeno/garlic/onion

Sandia

watermelon/fresco

Queso Fundido

Baked cheeses
Chorizo

Mango

fresh mango/habanero/cilantro

Bacon

Shrimp

Portobello

Habanero

grilled Habeneros/carrot/garlic

Tacos

Carne

Grilled steak/onion/avocado salsa
cilantro/Queso

Baja

Modelo beer battered fish/slaw
chili aioli/cilantro

Hefe

Grilled Shrimp/onion/queso
Arbol salsa

Pescado

Grilled Mahi Mahi/pico
Cilantro lime aioli/lettuce

Al Pastor

marinated pork/grilled pineapple/onion
cilantro/arbolsalsa

Hombre

chicken breast/bacon/chorizo
red pepper/onion/avocado/cilantro

Potato Chorizo

Roasted potato/chorizo/onion/serrano
Cilantro

Shrimp

Modelo battered shrimp/chili aioli/
green onion/pico

Veggie

Mixed grilled veggies/Avocado Aioli
bbq onions/house made pickle

Tinga

Shredded chicken/pico
queso/avocado

Barbacoa

Slow roasted beef brisket/
Arbol salsa/onion straws/queso

Seared Tuna

Seared ahi tuna/slraw/radish
Sriracha aioli

Entrantes

Skirt Steak

Grilled Skirt Steak/Rice/beans
Jalapeno/tortillas

Fajitas

Steak
Chicken
Shrimp
Portobello

Flat Iron

Grilled flat iron/Papas
Chimichurri sauce/Peppers

Burrito

Steak/chicken
rice/beans/lettuce/
salsa/guacamole/crema

Flautas

Crispy rolled tortillas/tinga/avocado
pico/crema/queso/on grilled romaine

Chimichanga

Steak/chicken
Rice/queso/beans/salsa
guacamole/crema

Sides

Elote

Sweet corn/mayonesa/crema
Smoked chili powder

Brussels

Roasted sprouts/sriracha/agave
bacon/chorizo

Rice

poblano rice/queso/crema

Papas fritas

Fried potatoes/drizzled with chili aioli

Charro beans

slow roasted beans/chorizo/tomato
onions/cilantro/garlic/queso/crema

Grilled Pepper

Assorted grilled peppers/lime/salt




SNAP TO VERIFY

Certificate Of Completion

Responsible Vendor Training Program

This certifies the following person has completed the Illinois BASSET certification course

Name : Kimberly Lawson


Steven A. Dean, CEO
www.educlasses.org

SellerServerClasses.com provide a BASSET approved online responsible alcohol vendor training & assesment program. Having successfully completed the program a student will be provided with this course completion certificate for their own records.

An official Illinois BASSET certificate will be generated on course completion and mailed to the student.

Name : Kimberly Lawson
Date of Birth : [REDACTED]
Course Name : Seller Server Course
Date Completed : 6/8/2019
Expiration Date : 6/8/2022
Certificate Number : 31661
Provider : SellerServerClasses.com
Provider # : 5A-1134116

DSBWorldWide, Inc. 103 South Travis Suite 200, Sherman Texas 75090
www.sellerserverclasses.com