

	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: IC
	Title:	Recommendation to approve a Transition from a B Liquor License to an F1-BYOB Liquor License for DRM Deli Located at 610 E. Main St., St. Charles.	
	Presenter:	Police Chief James Keegan	
Meeting: City Council		Date: April 15, 2019	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> DRM Deli currently possesses a B Liquor License. They have requested to transition to an F1 (BYOB) Liquor License for the 2019-2020 license year. <i>Pursuant to this item being presented at the City Council meeting on April 15, 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.</i>			
Attachments <i>(please list):</i> F1 – BYOB application, COI			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to approve a transition from a B Liquor License to an F1 (BYOB) Liquor License as requested by DRM Deli located at 610 E. Main St., St. Charles.			

Date: _____
☒ New Application
☐ Renewal

CITY OF ST. CHARLES

LIQUOR CONTROL COMMISSIONER

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



City BYOB License Application (rev. 9/15)

☒ Class F1 – Beer & Wine Only \$100
☐ Class F2 – Beer, Wine & Spirits \$250

Application must be completed in full

Incomplete applications will be rejected

Business Type: Circle one Individual Partnership Corporation Other _____
Business Name DRM DELI, INC. Sales Tax _____
Business Address 610 E. MAIN ST. ST. CHARLES, IL Business Phone # 630-940-2882
Contact Person DANIEL MIGO Title OWNER Phone _____

If Corporation, Corporate Name DRM DELI, INC.

Corporation Address 610 E. MAIN ST. CHARLES, IL 60174

Corporate Officers, plus Manager of Establishment, Officers must include President, Vice President, Secretary and Treasurer Or Sole Proprietor

Have you had a business within the City of St. Charles under any other corporate name: ☐ Yes ☒ No

If yes, list address of business _____

Full Name, include Middle Initial DANIEL R. MIGO Title OWNER

Birth Date 12/28/75 Birthplace PERU Driver's License # _____ Home Phone # _____

Home Address _____

Full Name, include Middle Initial _____ Title _____

Birth Date _____ Birthplace _____ Driver's License # _____ Home Phone # _____

Home Address _____

Full Name, include Middle Initial _____ Title _____

Birth Date _____ Birthplace _____ Driver's License # _____ Home Phone # _____

Home Address _____

Type of Establishment: ☒ Restaurant ☐ Hotel/Banquet/ ☐ Other _____

Check as Applicable to Type of Establishment ☐ Live Entertainment [5.08.010-H] ☐ Outside Dining [17.20.020-R]

Brief Business Plan Description based on type of establishment listed above:

DRM IS A FAST CASUAL RESTAURANT SERVING HOT FOOD, SANDWICHES, IMPORTED FOODS AND FULL CATERING SERVICE RESTAURANT.

Initial: Liq Comm _____

Police Chief _____

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 and add another page if needed.)**

Name:

DANIEL

MILO

RADEX

Last

Middle

Birth date:

Home Street
Address:

City, State, Zip:

Date of Course:

5/10/17

Place Taken:

ON-LINE

Certificate Granted:

5/10/17

Expiration:

5/10/20

Name:

First

Last

Middle

Birth date:

Home Street
Address:

City, State, Zip:

Date of Course:

Place Taken:

Certificate Granted:

Expiration:

Name:

First

Last

Middle

Birth date:

Home Street
Address:

City, State, Zip:

Date of Course:

Place Taken:

Certificate Granted:

Expiration:

Name:

First

Last

Middle

Birth date:

Home Street
Address:

City, State, Zip:

Date of Course:

Place Taken:

Certificate Granted:

Expiration:

City of St. Charles Retail Liquor Dealer License Application

Important! Application must be completed in full. Incomplete applications will be rejected.

- 5.08.070 (2) If applicant is an individual or partnership, is each and every person a United States citizen? YES
Is any individual a naturalized citizen? _____
If yes, print name(s), dates(s) and place(s) of naturalization: _____
- 5.08.070 (3) List the type of business of the applicant: RESTAURANT
- 5.08.070 (4) Number of years in business for the above listed type of business: 2
Corporations Only: Date of Certificate of Incorporation: _____
- 5.08.070 (6) Location/Address and description of business to be operated under this applied for license: _____
- 5.08.070 (6A) Is the premises owned or leased? LEASED
If premises are leased, it is **mandatory** that a copy of the lease be provided and that the lease term exceeds the term of the liquor license requested in this application.
Does it? _____
- 5.08.070 (6B) If 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: KFP FAMILY ASSOCIATES, LLC.
- 5.08.070 (7) Has applicant applied for a similar or other license on the premises other than the one for which this license is sought? NO If yes, what was the disposition of the application? Explain as necessary: _____
- 5.08.070 (8) 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? NO
Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? NO
- 5.08.070 (9) List previous liquor licenses issued by Federal Government, any State Government or any subdivision thereof. Use additional paper if necessary.
Government Unit: STATE OF ILLINOIS
Date: 5/18/18 Location, City/State: 610 E. MAIN ST. ST CHARLES, IL
Special Explanations: # 1A-1134072
EXPIRES: 4/30/19
Government Unit: _____
Date: _____ Location, City/State: _____
Special Explanations: _____
- 5.08.070 (9) Have any liquor licenses ever been revoked? NO
If yes, list all reasons on a separate, signed letter accompanying this application.
- 5.08.070 (10) Date of Incorporation (Illinois Corporations): _____
Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporations): _____
- 5.08.070 (11) 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? YES
- 5.08.070 (A12) **Mandatory:** All individual owners, partners, officers, directors and/or persons holding directly or beneficially more than five (5) percent in interest of the stock or owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department.
Has this been done? YES If yes, date(s) _____

5.08.060

Mandatory: Has applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles? YES. If already furnished, date of delivery _____

5.08.230

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? YES

Signature of Applicant(s)
Corporation Signatures

Signature of Applicant(s)
Individual or Partnership Signatures

President::

Secretary:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2018

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 DONNA A TONOVITZ (16137) 1118 E MAIN ST SUITE 1A ST CHARLES, IL 60174-0000	CONTACT NAME: DONNA A TONOVITZ PHONE (A/C, No, Ext): 630-549-7694 E-MAIL ADDRESS: DONNA.TONOVITZ@COUNTRYFINANCIAL.COM FAX (A/C, No): 630-549-7698 INSURER(S) AFFORDING COVERAGE INSURER A: COUNTRY Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 20990
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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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			AM9233101	11/25/2018	11/25/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AM9233101 Covered on Businessowners	11/25/2018	11/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	AW9235923	11/25/2018	11/25/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	LIQUOR LIABILITY			AM9233101	11/25/2018	11/25/2019	Each Person BI Limit \$ 0 AGGREGATE \$ 4,000,000

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

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

HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE \$100,000 EACH OCCURRENCE SUBJECT TO A \$100,000 AGGREGATE LIMIT
(CONTINUED)

CERTIFICATE HOLDER

CANCELLATION

CITY OF ST CHARLES 2 E MAIN ST ST CHARLES, IL 60174	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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