



**AGENDA ITEM EXECUTIVE SUMMARY**

**Agenda Item Number: IIA**

**Title:**

Recommendation to approve a Proposal for a D-8 Liquor License Application for Fox Foodie, LLC dba Fox Den Cooking Located at 131 S. First St., St. Charles.

**Presenter:**

Police Chief James Keegan

**Meeting:** City Council

**Date:** March 20, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Fox Foodie, LLC dba Fox Den Cooking, located at 131 S. First St., is requesting approval of a D-8 liquor license application for their business as a cooking school. The city recently approved this license, but the applicant's LLC had to be dissolved. A new LLC has been formed, and the City waived the licensing fees as an in-kind gesture. Due to timeliness, I am requesting this proceed directly to City Council for approval.

The Liquor Control Commission will discuss this item at 4:30 pm on March 20 before its presented to City Council for approval.

**Attachments** *(please list):*

Memo, Liquor License Application, Business Plan, Floor Plan, BASSET, LCC Articles, COI is Pending

**Recommendation/Suggested Action** *(briefly explain):*

Recommendation to approve a Proposal for a D-8 Liquor License Application for Fox Foodie, LLC dba Fox Den Cooking Located at 131 S. First St., St. Charles.

# Police Department



Date: 03/10/2023

To: Chief Keegan via Chain of Command

From: Commander Drew Lamela #340 ~~D#340~~

RE: Addendum: Liquor License Background / Fox Den Cooking, Fox Foodie, LLC

The purpose of this memo is to outline the steps taken during the background investigation for a Liquor License Application. This investigation was done based on the application submitted for a Class B license for the business, Fox Den Cooking, Fox Foodie, LLC. This business is located at 131 S. 1<sup>st</sup> Street in St. Charles, Illinois 60174.

**Applicant:**

Evans, Jessica

DOB: 11/19/1982

1240 Appleton Lane

Geneva, Illinois 60134

Telephone: 630-715-7397

*REVIEWED &  
APPROVED ON 3-13-23  
CHIEF KEEGAN  
[Signature]*

**APPLICATION:**

The initial application was received on or around 12/22/2022. Detective Anson completed this initial background for the business, which also included a signed lease agreement, menu, floor plan and Certificate of Insurance. At the time of the initial application, Jessica Evans was listed as the General Manager and Anthony George was listed as the owner. Jessica was fingerprinted by our agency during the initial background investigation and a record check for Jessica conducted by Detective Anson. Detective Anson noted in his initial background investigation that Jessica showed no contacts that would preclude her from obtaining a liquor license.



On 02/22/2023, I was informed that there were changes made and that Jessica Evans was re-applying for a Class B Liquor License. I was informed that Jessica Evans was now listed as the owner of the business and that she obtained her own LLC, which is Fox Foodie, LLC. I was informed that Anthony George was no longer affiliated with the business.

On 02/22/2023, I spoke with Jennifer who stated that Anthony was separated from the business and that she took over the business. Jessica stated that she obtained a new Tax ID for the business as well as forming a new LLC, Fox Foodie. Jessica provided copies of her Illinois Secretary of State LLC Articles of Organization. Jessica further advised that Anthony George was taken off of the original lease agreement and that she signed a new lease agreement with the same landlord, T First Street IL., LLC a Texas Limited Liability Company. Jessica provided copies of her new lease agreement and BASSET certification card.

A check of the Illinois Secretary of State showed Fox Foodie, LLC to be in good standing.

Detective Anson documented that on 01/04/2023, he conducted a site visit of the business, which showed the business was consistent with the floor plan.

#### **APPLICANT INTERVIEW:**

On 03/10/2023, I met with Jessica at the St. Charles Police Department where she signed a waiver for this background. Jessica confirmed that Anthony George was no longer affiliated with the business. Jessica stated that she did not make any renovations to the original floor plan that was provided to Detective Anson. Jessica stated that the menu has not changed and the business hours have not changed. Jessica stated that her Certificate of Liability Insurance policy is the same and is currently waiting for the updated certificate from Valentine Insurance Agency, Inc. Jessica stated that the only changes to the insurance policy is that she will be insured under Fox Foodie, LLC. Jessica stated that the policy states that she insured for \$1,000,000 / \$2,000,000 in aggregate. Jessica stated that she would forward the policy and or quote to me once she receives it.

This concludes this background investigation.

DL#340

2-23-2023

City of St. Charles, Illinois Liquor Control Commission  
CITY RETAIL LIQUOR DEALER LICENSE APPLICATION



Incomplete applications will not be accepted.

Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

**Business Name** Fox Foodie LLC dba Fox Den Cooking

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) non-refundable <i>N/A</i> <small>Non-refundable</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Application for all questions applicable to your business.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership <i>new lease pending</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input 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 <b>only</b> 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 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 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 type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: Hours of Operation Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area Do not include a marketing or financial plan with this business plan	<input 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. <i>N/A</i>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

*[Signature]* #340  
Signature of Investigating Officer

Commander / #340  
Badge Number & Rank

Approval Recommended  
*[Signature]*  
Signature of Chief of Police

Approval NOT Recommended  
*3-13-23*  
Date

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

Date Application Received: 2-23-2023

**LICENSE INFORMATION:**

- A Package \$3200-3600     A1     A2     A4     A5     A6
- B Restaurant \$2400-3600     B1     B2     B3     Late Night Permit 1:00am \$800 (B/C only)
- C Tavern \$2400-3600     C1     C2     C1     Late Night Permit 2:00am \$2300 (B/C only)
- D Hotel/Banquet/Arcada/Q Center/Entertainment/Club - \$varies    **D-Type** \_\_\_\_\_
- G Brewery/Restaurant or Site License - \$varies     G1     G2
- H Catering License - \$varies     H1     H2

\*Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.  
 \*Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)

**APPLICANT INFORMATION**

1. Type of Business:  Individual     Partnership     Corporation     Other (explain):

2. Business Name: FOX FOODIE LLC DBA FOX DEN COOKING

3. Business Address: 131 S. FIRST STREET

4. Type of Business (5.08.070-3):  
COOKING SCHOOL

5. Length of Time in this Business (5.08.070-4):  
7 MONTHS

6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 1,000

7. Business Phone:  
(630) 228-9710

8. Business E-mail:  
info@foxdencooking.com

9. Business Website: www.foxdencooking.com

10. Illinois Tax ID Number:  
4A76-3689

11. Applicant/Contact Person Name:  
JESSICA EVANS

12. Title:  
OWNER

13. Email:  
jessevans1219@gmail.com

14. Applicant Home Address, and all addresses for the last 10 years:  
[Redacted]

[Redacted] of Birth: [Redacted]

[Redacted]

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

**NA - No additional Owners/Investors/Managers**

Full Name, include middle initial: \_\_\_\_\_ Title: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address, and all addresses for the last 10 years: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Full Name, include middle initial:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Driver's License#:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Home Address, and all addresses for the last 10 years:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Full Name, include middle initial:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Driver's License#:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Home Address, and all addresses for the last 10 years:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

1. Exact Street Address for liquor license: 131 S. 1st STREET ST. CHARLES, IL 60311	2. # Parking Spaces: 100+ FRONT GARAGE	3. Outside Dining s.f. [17.20.020-R]: Ø	4. Total Building s.f.: 1,300 SF
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5. Total # Seats: 20	6. Live Entertainment Area s.f. [5.08.010-H]: Ø
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7. Brief Business Plan description based on type of establishment listed above (5.08.070-6):  
 COOKING SCHOOL OFFERING CLASSES OF ALL AGES. SOME DAY CLASSES FOR KIDS DURING WEEK & BREAKS FROM SCHOOL. PRIVATE EVENTS FOR ALL TYPES OF CELEBRATIONS. SERVING ALCOHOL TO PUBLIC CLASSES, PRIVATE EVENTS AND SPECIALIZED PAIRING EVENTS.

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

**Attach to this application a floorplan or layout of the proposed facility to include the following:**

1. Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
  - 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 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 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>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
3.	<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: <b>FRONT STREET DEVELOPMENT, LLC</b> Phone Number: <b>(636) 443-9315</b>  <b>CORONADO COMMERCIAL</b></p> <p>Address of Building Owner: E-mail Address:  <b>50 S. 1ST STREET</b>  <b>ST. CHARLES, IL 62174</b> <b>vya@ccvii.com</b></p> <p>Mailing Address of Building Owner (if different):</p> <p>Name of Building Owner: Phone Number:</p> <p>Address of Building Owner: E-mail Address:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Name of Building Owner: Phone Number:</p> <p>Address of Building Owner: E-mail Address:</p> <p>Mailing Address of Building Owner (if different):</p>
4.	<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>
5.	<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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued. (5.08.050)</i></p>
6.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of permit application _____</p>
7.	<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>

8	<p>Has applicant (and all persons listed on page 2 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 2 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
9	<p><b>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</b></p> <p><b>Government Unit:</b> CITY <span style="float: right;"><b>Location, City/State:</b></span></p> <p><b>Date:</b> <span style="float: right;"><b>Special Explanations:</b></span></p> <p><b>Government Unit:</b> <span style="float: right;"><b>Location, City/State:</b></span></p> <p><b>Date:</b> <span style="float: right;"><b>Special Explanations:</b></span></p>
10.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, list all reasons on a separate, signed letter accompanying this application.</b></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 type="checkbox"/> No</p> <p><b>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</b></p>
11.	<p><b>Complete ONLY if yes was answered to the question above (10):</b></p> <p><b>Name:</b> <span style="float: right;"><b>Name of Business:</b></span></p> <p><b>Position with the Business:</b> <span style="float: right;"><b>Date(s) of Denial:</b></span></p> <p><b>Reason(s) for Denial of License:</b></p>
12.	<p><b>Date of Incorporation (Illinois Corporations) (5.08.070-10):</b> 2-1-2023</p> <p><b>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):</b> 2-1-2023</p>
13.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)? <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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>



14.	All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 2 of this application must be fingerprinted by the City of St. Charles Police Department (S.08.070-A12). Has this been done? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s): 12/19/2022
15.	Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (S.08.060)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If already furnished, date of delivery:
16.	Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (S.08.230)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**B.A.S.S.E.T. TRAINING**

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.

Name (First, Middle, Last): JESSICA EVANS Birthdate: [REDACTED]

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

Date of Course: 11/18/2022 Place Course was Taken: ONLINE Certificate Granted? Y/N: Y Expiration: 11/19/2025

Name (First, Middle, Last): Birthdate:

Home Street Address, Incl City, State, Zip:

Date of Course: Place Course was Taken: Certificate Granted? Y/N: Expiration:

Name (First, Middle, Last): Birthdate:

Home Street Address, Incl City, State, Zip:

Date of Course: Place Course was Taken: Certificate Granted? Y/N: Expiration:

Name (First, Middle, Last): Birthdate:

Home Street Address, Incl City, State, Zip:

Date of Course: Place Course was Taken: Certificate Granted? Y/N: Expiration:

**NEW MANAGEMENT REQUIREMENTS**

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

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

**COMMENTS/ADDITIONAL INFORMATION**

[Empty space for comments/additional information]

Business Name:

FOX FOODIE, LLC / FOX DEN COOKING

SIGNATURES

*[Handwritten Signature]*

Applicant's Signature

Subscribed and sworn before me this 23<sup>rd</sup> day of February, 2023



*[Handwritten Signature]*  
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date:

Name of Applicant:

Name of Business:

Address of Business:

Ward Number:

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

1. Date on which applicant will begin selling retail alcoholic liquors at this location:
2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station?  Yes  No
3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business?  Yes  No  
 If yes, answer a, b and c:  
 a. State the kind of such business:  
 b. Give date on which applicant began the kind of business named at this location:  
 c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?  
 Yes  No
4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church?  Yes  No  
 If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore?  Yes  No

BUSINESSES  
PLAN

# *Focus Den*

## Cooking Classes

Objectives and Action  
Plans for Cooking  
Classes and Liquor  
Consumption

2 DECEMBER 2022



Prepared by:

Ashley Keller

# CLASSES IDEAS

## RE-VAMP CLASS SCHEDULES FOR OPTIMAL ATTENDANCE

Thursday 4:30pm - 10:30pm

Friday 4:30pm - 10:30pm

Saturday 11:30am - 10:30pm

Sunday 1:30am - 10:30pm

\*CLASS OPTIONS AVAILABLE AT  
FOXDENCOOKING.COM

PRIVATE EVENTS AVAILABLE ANY DAY

MAKE NEW MARKETING PLAN: SEO  
CONSTRUCTION, WORK ON  
WEBSITE, SOCIAL MEDIA  
PRESENCE

NO LIVE MUSIC

NO OUTDOOR SEATING

NO OUTDOOR SMOKING

# OPTIONAL ADD-ONS

Addition of Alcohol sales

Knead, llc. to complete Bassett certification- Complete

Bassett certified employee to be on-site during alcohol consumption

Beer and wine sales during cooking class hours

optional additional alcohol sales outside of class hours

# THE "FUN STUFF"

## ESTIMATED CLASS INCOME

4 CLASSES PER WEEK WITH 12  
ATTENDEES PER CLASS

TICKET COST: \$65 PER ADULT  
CLASS

\$3120 PER WEEK

\$12,480 PER MONTH

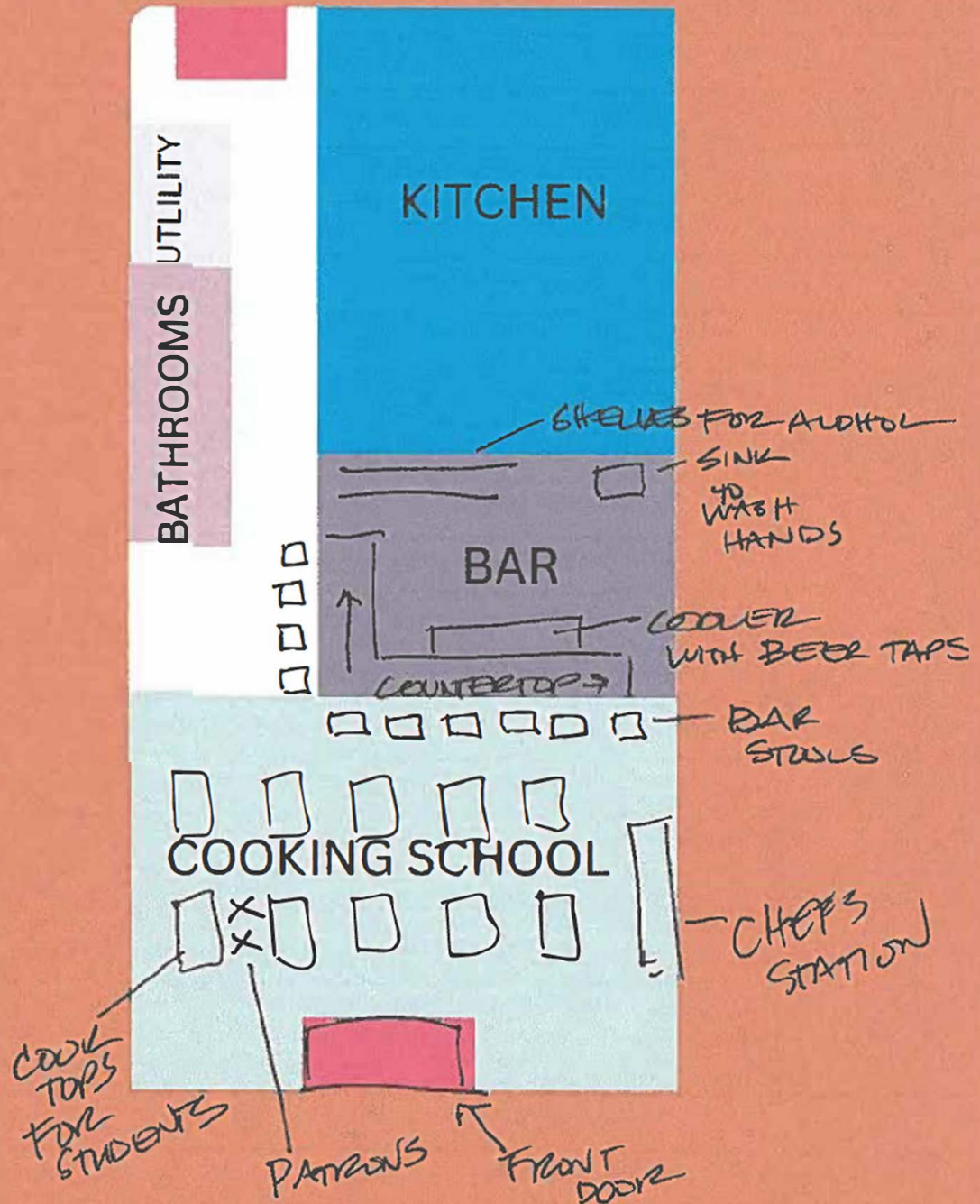
## ESTIMATED ALCOHOL SALES:

COST OF BEER: ~ \$6

COST OF WINE: ~ 8

ESTIMATED: \$1000 PER MONTH IN  
ALCOHOL SALES

# FLOOR PLAN



131 S 1ST STREET  
ST. CHARLES

# BASSET Card



November 29, 2022



Your "Student ID number" is: 12260

Your "Trainer's ID number" is: 5A-1141597

Your BASSET Card is located BELOW

**DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.**

**IMPORTANT:**

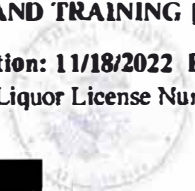
To re-print your card, visit the Illinois Liquor Control Commission website at [LCC.illinois.gov](http://LCC.illinois.gov).  
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

**ILLINOIS LIQUOR CONTROL COMMISSION**  
50 W. Washington Street, Suite 209 - Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS  
EDUCATION AND TRAINING (BASSET) CARD**

Date of Certification: 11/18/2022 Expires: 11/18/2025  
Trainer's IL Liquor License Number: 5A-1141597

JESSICA EVANS  
[Redacted]  
[Redacted]

**\*\*Card is not transferrable\*\***





**Verify that all of your Illinois Business Authorization information is correct.**

If not, contact us immediately.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

**Illinois Business Authorization**

OFFICIAL DOCUMENT

**FOX FOODIE LLC**

**DBA: FOX DEN COOKING**

**131 S 1ST ST**  
**SAINT CHARLES IL 60174-2803**

Loc. Code: 045-0022-9-001

**St. Charles (Kane)**  
**Kane County**

Expiration Date:  
**2/27/2024**

**Certificate of Registration**  
Sales and use taxes and fees

(4476-3689)



 **ILLINOIS REVENUE**  
*[Signature]*  
Director

OFFICIAL DOCUMENT

Issued Date: **02/27/2023**

M & R Ferber

Alexis Kalish <alexis.kalish@ferberincometax.com>

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## Illinois Secretary of State LLC Articles of Organization

1 message

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**BusinessServices@ilsos.gov** <BusinessServices@ilsos.gov>  
To: PAYROLL@ferberincometax.com

Tue, Jan 10, 2023 at 4:52 PM

**Proposed Name:** FOX FOODIE LLC

Thank you for using [https://link.edgepilot.com/s/571026e1/1E\\_00HlcKkue1c\\_NFz-NsQ?u=http://www.ilsos.gov/](https://link.edgepilot.com/s/571026e1/1E_00HlcKkue1c_NFz-NsQ?u=http://www.ilsos.gov/)! Your application to file Limited Liability Company Articles of Organization has been received and payment processed.

You can check the status of your submission at <https://link.edgepilot.com/s/ee55fb94/G-o3ZPO1LUajrpMtZnxxkA?u=https://apps.ilsos.gov/ilcarticles/status.jsp> by using the Packet Number provided below. If you experience any difficulty in obtaining the status of your application, please contact the Web Master at [webmaster@ilsos.gov](mailto:webmaster@ilsos.gov)

Packet Number: 1673390658389428

Authorization Number: 25435968

File Date: 01-10-2023

Total Amount: \$153.38

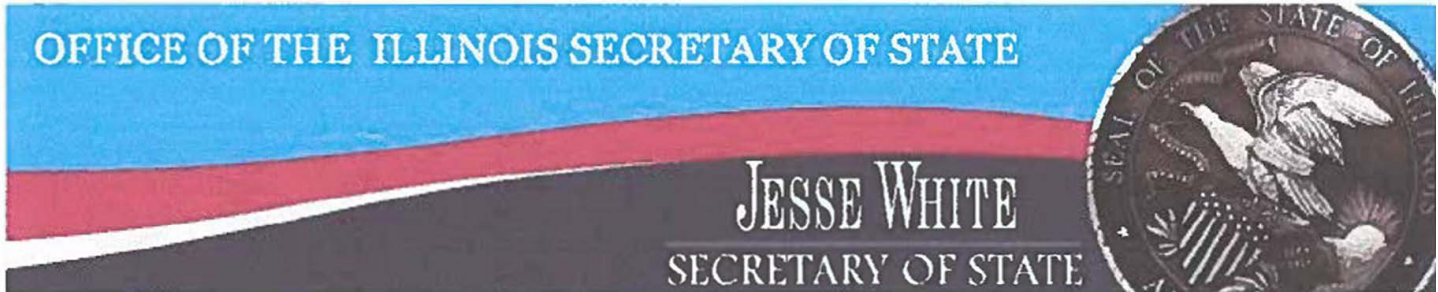
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## LLC Articles of Organization

### Receipt page

Please print this receipt for your records.

Your application to file limited liability company Articles of Organization has been received and payment processed.

You can check the status of your submission at <https://apps.ilsos.gov/lcarticles/status.jsp> by using the Packet Number provided below. If you experience any difficulty in obtaining the status of your application, please contact Business Services at [BusinessServices@ilsos.gov](mailto:BusinessServices@ilsos.gov).

<b>Proposed Name:</b>	<b>FOX FOODIE LLC</b>
<b>Packet Number:</b>	<b>1673390658389428</b>
<b>Authorization Number:</b>	<b>25435968</b>
<b>Payment Date:</b>	<b>January 10, 2023</b>
<b>Total Fee:</b>	<b>\$153.38</b>
<b>Payment Type:</b>	<b>CREDIT CARD</b>

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