

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: IIA3

Title:

Recommendation to approve a Late-Night Permit for the RAM Restaurant Group/dba “The Grandstander” located 11 N. 3rd Street (Class B).

Presenter:

Jim Keegan, Police Chief

Meeting: City Council

Date: April 16, 2018

Proposed Cost: \$

Budgeted Amount: \$

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

This is a late night permit request for the RAM Restaurant Group/dba “The Grandstander” located at 11 N. 3rd Street.

Pursuant to this item being presented at the Government Operations Committee meeting on Monday, April 16, 2018 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled at 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on May 7, 2018 for final approval.

This item was presented at the April 16, 2018 Government Operations Committee meeting where it received a vote of 7-2 in favor.

Attachments *(please list):*

Memo

Letter

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a Late-Night Permit for the RAM Restaurant Group/dba “The Grandstander” located 11 N. 3rd Street (Class B).



Memo

Date: April 9, 2018
To: Raymond Rogina, Liquor Commissioner
From: James Keegan, Chief of Police
CC: Mark Koenen, City Administrator
Re: RAM Restaurant Group INC/dba "The Grandstander" 11 N. 3rd Street/Late-Night Permit Request (Formerly Abby's)

I've had a chance to review the application material of "The Grandstander" and the associated written documentation.

The Grandstander is seeking approval of a late-night permit to operate as a bar/restaurant with a full-service kitchen. According to their application, the RAM Restaurant Group Inc. (Mr. Robert Mondri-formerly Abby's) is looking to transition "The Grandstander" concept from Geneva to St. Charles. Mr. Mondri is looking to partner with Chef David Reyes (owner and operator of the Finery in St. Charles) as a local manager. They will be focusing on food with a barbeque/smoker theme. The business plans on hosting weekly men's, women's and co-ed dart leagues (7 dart boards) and offer other bar games such as Golden tee, Claw machine and Deer Hunter. The Grandstander is seeking video gaming machines.

The business would like to be open Monday through Thursday 11:00am to 1:00am, Friday 11:00am to 2:00am, Saturday 10:00am to 2:00am, and Sunday 10:00am to 1:00am. The Grandstander is seeking a late-night permit which the Abby did not have but was licensed until midnight pursuant to a Class B license.

The police department could not find anything of a derogatory nature concerning Abby's or The Finery has not had any problems associated with either of their licenses. The police department supports and recommends in favor of both a dba change and the aforementioned late-night permit.

As always, I can answer any questions or concerns.



Memo

Date: 04/09/18
To: Chief Keegan
From: Commander Pierce
Re: Review of D.B.A. from Abby's to The Grandstander

The purpose of this memo is to outline my review for the change of D.B.A. that was once Abby's to a new business name called, The Grandstander. Both business have been and will be located at 11 N. 3rd Street.

On 03/22/18, Mr. Robert Mondi came to the City and filled out an application to change the name on his liquor license from "Abby's" to "The Grandstander". Mr. Mondi currently holds a Class B liquor license under the name Abby's with the parent company being RAM Restaurant Group INC. The Grandstander will also be run under the RAM Restaurant Group. According to Mr. Mondi, Abby's closed in October of 2017. Mr. Mondi has filed a letter with the Commission asking for the name change. The following is a quick overview Abby's application when it was first submitted and The Grandstander's application.

In the application for Abby's dated 3/05/15, Mr. Mondi included a business plan that touted Abby's as a breakfast and lunch restaurant with a focus on breakfast due to St. Charles not having a downtown breakfast restaurant. The hours of operation were from 7:30am to 3:30pm, 7 days a week. In the application they noted the desire to have a liquor license so they could sell, "Bloody Marys, Mimosas, wine, and a few craft beers with lunch and breakfast". On this application Mr. Mondi and a subject named James McCoy were listed as the only managers and subjects who were Basset trained. The lease for 11 N. 3rd St. was dated 03/01/15 to 02/28/2025. As stated above Abby's was closed in October of 2017.

In the application for The Grandstander dated 03-22-18, Mr. Mondi included a business plan. The Grandstander is a Bar/Restaurant according to the application. The application indicates that The Grandstander was a bar located in Geneva which has now closed. Mr. Mondi would like to move The Grandstander to St. Charles. He will be partnering with David Reyes who according to the application owns the Finery in St. Charles and owned The Grandstander when it was in Geneva. The business would like to be open Monday through Thursday 11:00am to 1:00am, Friday 11:00am to 2:00am, Saturday 10:00am to 2:00am, and Sunday 10:00am to 1:00am. *The Grandstander is asking for a late-night permit which the Abby did not have.* Mr. Mondi has indicated he has an application



pending for 5 video gaming machines. The bar will also have 7 dart boards and other bar games such as Golden tee, Claw machine and Deer Hunter. The business plans on hosting a weekly men's, women's and co-ed dart league. They will be selling food with a focus on barbeque and smoked food. The lease for the building is the same as the one turned in for Abby's dated until 02/28/2025.

CP

The Honorable Ray Rogina
Mayor-Liquor Commissioner
2 Main Street
St. Charles, IL 60174

January 31, 2018

RE: RAM Restaurant Group, Inc. d.b.a. Abby's Breakfast and Lunch

Dear Ray Rogina,

As you are aware, I closed Abby's Breakfast and Lunch in October due to health issues. We are in the process of potentially re-opening Abby's under a different concept that would utilize the current liquor license and also include a gaming license.

I am writing to you to request the RAM Restaurant Group, Inc.'s liquor license be granted an extension and not be forfeited, which under 5.08.150 it states- if a business is closed 30 days it is deemed forfeited. This was recently brought to my attention which is why I am requesting an extension at this time. I have attached copies of both my state and city license which if we were open would still be in effect.

Thank you in advance for this consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert C. Mondri', with a stylized flourish at the end.

Robert C Mondri

RAM Restaurant Group, Inc.

630-917-3439



RAYMOND P. ROGINA *Mayor*
MARK KOENEN, P.E. *City Administrator*

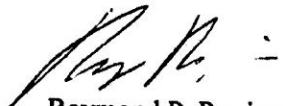
February 6, 2018

Dear Rob,

I'd like to thank you for your letter of January 31, 2018 in which you explained the circumstances behind your request for an extension of your liquor license with the City of St. Charles. An extension of your license has been granted until the license expiration date of April 30, 2018 at which time you may renew your liquor license with the City or apply for a new license.

If you are in need of anything further please let me know.

Sincerely,


Raymond P. Rogina
Mayor

Heritage. Community. Service. Opportunity.

TWO EAST MAIN STREET

ST. CHARLES, IL 60174

PHONE: 630 377 4400

www.stcharlesil.gov



Letter ID: L1971288144

RAM RESTAURANT GROUP, INC
11 N 3RD ST STE 2
SAINT CHARLES IL 60174-1858

License No.: 1A-1125785
Expiration Date: 03/31/18
License Type: RETAILER
Account ID: 41642740

LICENSE

Granting this license does not entitle the licensee to operate or maintain a business in violation of any other law or ordinance

LICENSE NO. **8318-1**

KEEP POSTED IN PUBLIC VIEW STD B LIQUOR LICENSE

VALID FROM 05 01 2017 TO 04 30 2018

ACCOUNT NUMBER
43791

UNDER THE MUNICIPAL CODE OF THE CITY OF ST. CHARLES, THIS CERTIFICATE WHEN PROPERLY VALIDATED, AFFIRMS THAT THE APPROPRIATE LICENSE FEE HAS BEEN PAID

SEAL

LICENSEE: Ram Restaurant Group Inc
11 N 3rd Street #2
St. Charles IL 60174

Raymond P. Rozi
MAYOR

[Signature]
CITY CLERK

ABBY'S BREAKFAST & LUNCH

ANNUAL QUARTER DAILY

DATE ISSUE		
MONTH	DAY	YEAR
05	01	2017

DATE DUE		
MONTH	DAY	YEAR
04	30	2017

DATE EXPIRES		
MONTH	DAY	YEAR
04	30	2018

\$1,200.00



STATE OF ILLINOIS LIQUOR CONTROL COMMISSION

Governor Bruce Rauner

Letter ID: L1971288144

1A-1125785

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:

RAM RESTAURANT GROUP, INC
ABBY'S BREAKFAST & LUNCH
11 N 3RD ST
STE 2
SAINT CHARLES IL 60174-1858

Kane

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS	RETAILER ON-PREMISES
ISSUE DATE	03/28/17 Effective 04/01/17
THIS LICENSE EXPIRES ON	03/31/18

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Sales Tax Acct # 41642740

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSEE'S PREMISES
Waterhouse: N/A

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: 3-22-18 New Application Renewal Application

APPLICATION CHECKLIST

Check items to confirm all are attached to this application

	Applicant	Office Use Only
Application Fee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input 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 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 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 type="checkbox"/>
Copy of Business Plan, to include: Hours of Operation <u>12-2 M-TH FS Su 11-2</u> 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 checked="" type="checkbox"/>	<input 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 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 INFORMATION

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

B. Business Name: RAM RESTAURANT GROUP, Inc.

C. Business Address: 11 N 3rd Street St Charles IL 60174

D. IL Tax ID Number:

E. Business Phone:

630 377-0747

G. Business Website:

H. Contact Person:

Rob Monni

I. Title:

President

J. Phone No.:

K. If Corporation, Corporation Name:

RAM RESTAURANT GROUP, Inc.

L. Corporation Address (city, state, zip code):

11 N 3rd Street Geneva IL 60134

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Type of Establishment: Package Restaurant Tavern Hotel/Banquet/Arcade/Q-Center Other

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

11 N 3rd Street St Charles

C. Number of Parking Spaces:

Public

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

N/A

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

X

F. Total Building s.f.:

12,000

G. Total Number of Seats:

80

H. Number of Bar Seats:

18

I. Sale Counter s.f.:

X

J. Live Entertainment Area s.f. [5.08.010-H]:

N/A

K. Kitchen s.f.:

1,200

L. Cooler s.f.:

8x9

M. Dry Storage s.f.:

15

N. Seating Area s.f.:

1,700

O. Retail/public Area s.f.:

X

P. Service Bar s.f. [5.08.010-O]:

10

Q. Brief Business Plan description based on type of establishment listed above:

The Grandstander will be a high end Pub with Gaming and Darts. It will have a sports bar feel with TV's and small plates w/ an emphasis on smoked / Barbecue foods

MANAGER INFORMATION

Full Name, include middle initial: David Reyes

Title: Manager

Birthdate:

[Redacted]

Birthplace: Chicago, IL

Driver's License#:

[Redacted]

Home Phone:

[Redacted]

Home Address:

[Redacted]

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:

CLASS B LICENSES

1. Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following (*check off once complete*):
 - a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
 - b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);
 - c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided. **
2. The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license.
3. A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
4. It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.

CLASS C LICENSES

1. Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following (*check off once complete*):
 - a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
 - b. The designated use of each room or segregated area (e.g. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas, where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);
 - c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided. **
2. The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee by noting the same on the approved site drawing or as provided on the face of the license.
3. A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
4. It shall be unlawful for any Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.

****THE FIRE PREVENTION BUREAU WILL FURNISH ALL FINAL, PERMITTED OCCUPANCY NUMBERS FOR THIS LICENSE.**

CORPORATION / PREMISES QUESTIONS

1. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? Yes No
 Is any individual a naturalized citizen? Yes No
 If yes, print name(s), date(s), and place(s) of naturalization:

2. List the type of business of the applicant (5.08.070-3): Restarant / Bar

3. Number of years of experience for the above listed type of business (5.08.070-4): 3 yrs License Since 2015

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ Food Inventory 7,000 Liquor 12,000

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):
11 N 3rd Street, St. Charles IL 60174 unit B/c
Business will be a barbeque / Smokehouse with
Gaming and Darts

6. Is the premises owned or leased (5.08.070-6A)? Owned Leased

7. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: Terry Grove
Address of Building Owner: 311 N Second Street St 304
St Charles IL 60174
Mailing Address of Building Owner (if different): same
Phone Number: 630-377-9150 **E-mail Address:** Propertymanagers.grove@gmail.com
Name of Building Owner: _____
Address of Building Owner: _____
Mailing Address of Building Owner (if different): _____
Phone Number: _____ **E-mail Address:** N/A
Name of Building Owner: _____
Address of Building Owner: _____
Mailing Address of Building Owner (if different): _____
Phone Number: _____ **E-mail Address:** _____

8. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? Yes No
 If yes, please list the business name(s) and address(es):

9. Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? Yes No
If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.

10. Are any improvements planned for the building and/or site that will require a building permit? Yes No
If yes, has a building permit been applied for? Yes No
If yes, date building permit was applied for with Building & Code Enforcement:

11. Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? Yes No
If yes, what was the disposition of the application? Explain as necessary:

12. 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)? Yes 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? Yes No

13. **List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.**
 Government Unit: State of IL
 Date: 2018 Location, City/State: IL IA1125785
 Special Explanations:
 This is our existing License for this Location
 Government Unit: City of St. Charles
 Date: 2018 Location, City/State: St Charles IL 8318-1
 Special Explanations:
 This is our existin License for this Location

14. Have any liquor licenses possessed ever been revoked (5.08.070-9)? Yes No
If yes, list all reasons on a separate, signed letter accompanying this application.
 Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?
 Yes No
If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.

15. Complete ONLY if yes was answered to the questions above (14):

Name:

Name of Business:

Position with the Business:

Date(s) of Denial:

Reason(s) for Denial of License:

N/A

16. Date of Incorporation (Illinois Corporations) (5.08.070-10):

Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):

17. 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)?

Yes No

Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? Yes No

Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? Yes No

Have you ever been convicted of a gambling offense? Yes No (If a partnership or corporation, include all partners and the local manager(s).)

Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?

Yes No

18. **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).

Has this been done? Yes No

If yes, date(s):

19. **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)? Yes No

If already furnished, date of delivery:

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.

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

Empty space for comments or additional information.

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: Robert (First) MONDI (Last) CHARLES (Middle) Manager
Home Street Address: [Redacted]
City, State, Zip: [Redacted]
Date of Course: _____ Place Course was Taken: _____
Birthdate: [Redacted] Certificate Granted: _____ Expiration: _____

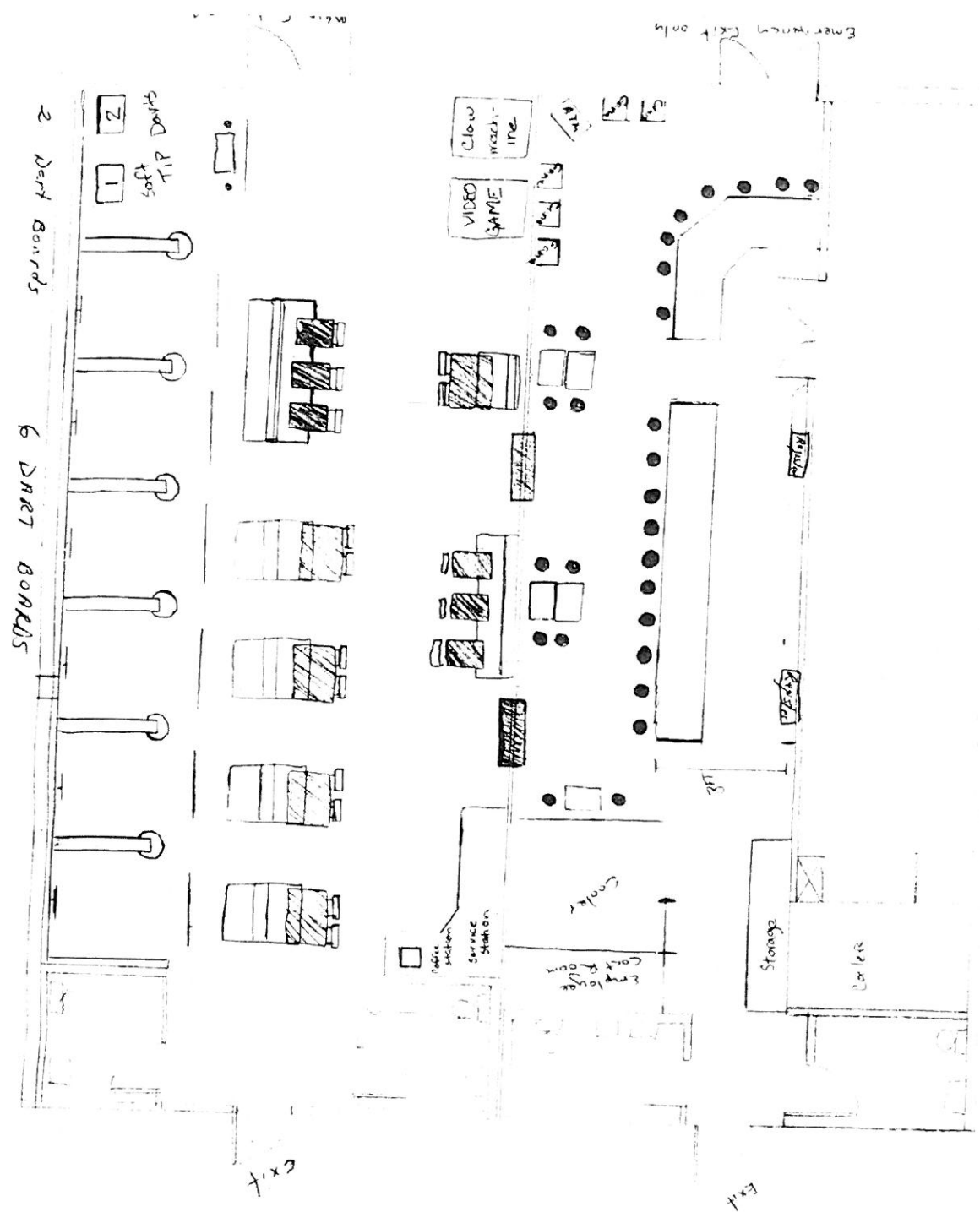
Name: DAVID (First) Reyes (Last) _____ (Middle) Manager
Home Street Address: [Redacted]
City, State, Zip: [Redacted]
Date of Course: 5-6-15 Place Course was Taken: 360training.com
Birthdate: [Redacted] Certificate Granted: yes Expiration: _____

Name: _____ (First) Juliette (Last) Reyes (Middle) Manager
Home Street Address: [Redacted]
City, State, Zip: [Redacted]
Date of Course: 5/6/15 Place Course was Taken: 360training.com
Birthdate: [Redacted] Certificate Granted: 5/6/15 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.



195 = 11

Allocation of Space

Kitchen	800	20%
Bathrooms (4)	200	5%
Video Gaming	100	2.5%
Bar	600	15%
Dining in Bar	400	10%
Dining	1,300	32.5%
Darts/Games	600	15%
	<u>4,000</u>	<u>100%</u>

**RAM RESTAURANT GROUP, INC.
BUSINESS PLAN**

Ram Restaurant Group, Inc. previously doing business as Abby's Breakfast and Lunch is changing it's name to The Grandstander which was formerly located in Geneva, IL. The goal is to be re-open by mid may. Abby's closed mid October last year due to health issues of Owner Rob Mondì.

The Hours of Operation will be Monday through Thursday 11:00 to 1:00
Friday hours will be 11:00 to 2:00 and Saturday will be 10:00 to 2:00 and Sunday 10:00 to 1:00.

The menu will be the same as the current menu in Geneva but with the addition of more Barbeque/Smoked foods. - See Attached

There will not be live music at this time. There will not be outdoor seating or designated outdoor smoking areas at this time.

There is an application currently pending for 5 video game machines as well as a few other games (Golden Tee, Claw Machine, Deer hunter) In addition there will be 7 dart boards with a combination of steel tip and soft tip options. There will be weekly league play (men's, Women's, Co-ed, etc.) The darts will also be available for customers. A small space will eventually be designated for retail dart products.

David Reyes, owner of the Finery will be the general manager and eventually partner in this venture. He brings a wealth of knowledge and experience. David In addition to owning the Finery, Reyes is the owner of The Grandstander in Geneva. We feel the concept will do much better in St. Charles than Geneva and the addition of Darts and Barbecue will be a nice addition to the community as there is nothing like this around.

APPLICATION FOR LATE NIGHT PERMIT

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

To: St. Charles Liquor Control Commission

Date: 3-18-18

I now possess or have applied for a liquor license Class

Applicant's Name: Robert Mondri

Name of Business: RAM RESTAURANT Group dba The Grandstander

Business Address: 11 N 3rd Street St. Charles IL 60174

Business Phone: 630-377-0797

SUPPLEMENTAL PERMIT APPLIED FOR

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

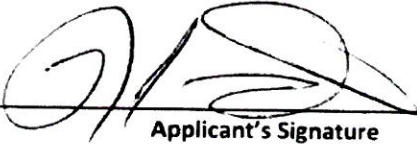
1:00 a.m. Late Night Permit – fee of \$800.00

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's Signature

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:

Name of Applicant:

Name of Business:

Address of Business:

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:
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
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 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 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: _____ Date: _____
14.	Other necessary data:

**SIGNATURES
ENDORSEMENTS AND APPROVALS**

INVESTIGATING OFFICER

Investigating Officer Signature Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: Yes No

Signature Of Chief of Police Date

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments:

Liquor Commissioner

ENDORSEMENT OF THE FIRE CHIEF

Recommend Issuing: Yes No Date: _____

Comments:

Fire Chief

ENDORSEMENT OF THE BUILDING COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments:

Zoning Classification: _____

Building Commissioner

ENDORSEMENT OF THE FINANCE DIRECTOR

Recommend Issuing: Yes No Date: _____

Comments:

Finance Director

APPROVAL OF THE CITY COUNCIL

Approved for Issuing: Yes No Vote: Ayes _____ Nays _____

Date: _____

Attested to by City Clerk

COMMERCIAL LEASE

AM/Mond - Restaurant Lse.doc

DATE OF LEASE: February 2, 2015

TERM OF LEASE: March 1, 2015 through February 28, 2025

LANDLORD: Terry F. Grove, 311 North Second Street, Suite 304,
St. Charles, Illinois 60174, hereinafter called
Landlord

TENANTS: Ram Restaurant Group, Inc., an Illinois corporation

GUARANTORS: Robert C. Mondie, J. Mathew McCoy and Abednejo Meija

RENT: Each monthly payment of base rent and maintenance, real estate taxes, insurance and garbage collection charges shall be made at the office of Landlord (Terry F. Grove, 311 No. 2nd St., Ste. 304, St. Charles, IL 60174) on or before the 1st day of each month. If two of Tenants' personal checks are returned for non-sufficient funds during any twelve (12) month period, Tenants are obligated under this Lease from that point of time until the end of the lease period to give to Landlord a Cashier's Check, certified check or bank check for each month's rent. Note that the monthly rent listed below is the base rent. In addition to base rent, Tenants will also pay ~~10~~% (their proportionate share) of maintenance, real estate taxes, insurance and garbage collection costs, currently estimated to be \$~~1,000.00~~. With regard to garbage collection, it is currently collected once a week. If due to volume or smell due to restaurant waste additional pickups have to be made, then Tenants will pay for those additional pickups in addition to the 18% shared cost. The charges for maintenance, real estate taxes, insurance and garbage collection will be from time-to-time adjusted. The monthly base rental payment amounts shall be as set forth on Schedule A hereto unless and until Tenant exercise its option under paragraph 22 or right of first refusal under paragraph 23 to lease the Antique Market III space, in which case base rent will be as per Schedule B attached hereto, and in addition to the base rent set forth in Schedule B, Tenant shall pay thirty-three percent (~~33~~%) of maintenance, real estate taxes, insurance and garbage collection costs, currently estimated for both spaces to be \$~~1,000.00~~ per month.

LATE FEE: If the monthly base rental check plus charges for maintenance, real estate taxes, insurance and garbage collection is not received by the first of the month, then a \$10.00 a day late fee shall be assessed.

LOCATION: 11 North Third Street, St. Charles, Illinois 60174

**BUSINESS OF
TENANTS:** Restaurant

UTILITIES:

1. Tenants will pay all utilities serving the Premises.

SECURITY DEPOSIT:

2. Tenants shall pay the Landlord at the time this lease is signed a security deposit in the amount of ~~500.00~~ to be held by Landlord and returned to Tenants at the expiration of the lease less any amounts retained for damage to the premises. The security deposit shall not be used by Tenants to make any of their rental payments including the last month's rent. No interest will be paid on the security deposit.

PREMISES:

3. Landlord agrees to provide the space in an "as is" condition. Except for non-structural alterations not exceeding Ten Thousand and No/100 Dollars (\$10,000.00), Tenants shall not make any alterations in the premises without the written consent of Landlord. Landlord represents and warrants that it has not received any notice from any governmental body regarding code violations of noncompliance with the Americans with Disabilities Act, nor does Landlord have any knowledge of such any code violations or noncompliance.

MAINTENANCE:

4. Tenants agree to keep the premises in good repair at their own expense including, but not limited to, maintenance and repair of all heating, air conditioning, plumbing, electrical serving the Premises and replacement of broken glass and shall pay for all damages caused to the unit and/or any other unit caused by Tenants' failure to maintain the premises, unless any of the foregoing repairs are required as a result of the gross negligence or intentional acts of Landlord, its employees or agents. The foregoing to the contrary notwithstanding, Landlord, at its sole cost and expense, shall make all necessary repairs and replacements to, and shall keep in condition and repair, the structural portions and exterior of the building in which the Premises are located, including, but not limited to, the roof (including drains, downspouts, flashing and parapets, but excluding any roof penetrations made by Tenant), exterior or other load-bearing walls (excluding glass), foundations, floor construction, sidewalks and items of similar character, and pipes, sewer lines and conduits leading to the Premises from utility installations.

LIABILITY INSURANCE:

5. Except for injuries or death resulting from the gross negligence or intentional act of Landlord, its employees or agents, Landlord shall not be liable for injuries, including accidental death, to any person or damage to any property due to the condition of the premises or to the occurrence of any accident on or about the premises as a result of any act or neglect of Tenants or of any other occupant of the premises or of any other person. Tenants shall be responsible and liable to Landlord for any damage to the premises and for any act done thereon by Tenants or by any person coming onto the premises by the license of Tenants, expressed or implied, and Tenants do hereby indemnify and save harmless the indemnified parties from any and all liability for any injury, including

accidental death, to any person and/or damage to any property resulting from Tenants' use or tenancy of the premises. Tenants shall protect against Tenants' liability hereunder by maintaining and providing, at Tenants' sole cost and expense, public liability insurance (including but not limited to public liability insurance with respect to all exterior signs) in amounts not less than Five Hundred Thousand Dollars (\$500,000.00) for injuries, including accidental death, to any one person and subject to the same limits for each person, in an amount not less than \$1,000,000.00 on account of any one accident and for damage to property in an amount not less than One Hundred Thousand Dollars (\$100,000.00). Tenants shall at Landlord's request increase the public liability insurance limits to such amounts as may be designated from time-to-time by Landlord, or which may be required by Landlord's mortgagee. All such public liability insurance shall be maintained with reputable insurers licensed to do business in Illinois who are rated by Best as AVI or better and who are acceptable to Landlord in its reasonable discretion, and shall provide that such policies will not be canceled without at least thirty (30) days prior written notice to Landlord and Landlord's mortgagee. Landlord and, if requested, Landlord's mortgagee and other persons designated by Landlord as having a title interest in the premises, shall be named as an additional party insured on said liability insurance policy. Copies, certificates or other evidence of the maintenance of such insurance policies, as the insurers may customarily issue, shall be delivered to Landlord from time-to-time and at least thirty (30) days to the end of the insuring term of any prior policy in effect.

Landlord shall maintain such public liability insurance with respect to the premises as Landlord shall determine in its sole discretion. Such insurance shall not insure any liability of Tenants.

If Tenants desire to serve alcoholic beverages, then Tenants will obtain liquor liability insurance (dram shop insurance) in the amount of at least \$1,000,000.00, which will name Landlord as an additional insured.

NON-LIABILITY OF LESSOR:

6. Except for loss or damage caused by the gross negligence or intentional acts of Landlord, its employees or agents, the Landlord shall not be liable for any loss of property or defects in the building or in the premises, or any accidental damages to the person or property of the Tenants in or about the building or the premises, from water, rain or snow which may leak into, issue or flow from any part of the building or the premises, or from the pipes or plumbing work of the same nor from any failure of the heating and/or cooling systems. The Tenants hereby and agree to make no claim for any such loss or damage at any time.

SIGNS:

7. Landlord must approve any signs or awnings or any other items attached to or placed on the outside of the building and such approval will not be unreasonably withheld, conditioned or delayed.

ASSIGNMENT SUBLETTING:

8. Tenants shall neither sublet the Premises or any part thereof nor assign this lease nor permit by any act or default any transfer of Tenants' interest by operation of law, nor offer the Premises or any part thereof for lease or sublease, nor permit the use thereof for any purpose other than as above mentioned without in each case the written consent of Landlord.

SURRENDER OF PREMISES:

9. If Tenant has not exercised option to lease Antique Market III, then at the termination of this lease, by lapse of time or otherwise, Tenants agree to yield up immediate and peaceable possession to Landlord in a vanilla-box condition, which means replacement of any damaged ceiling tiles, removal of any carpeting or any other type of floor covering leaving only smooth, cement floors and freshly painted white walls with any nail holes filled and sanded (a "Vanilla Box"). In the event Tenant fails to surrender

a Vanilla Box to Landlord or Tenant fails to secure a new tenant that agrees to accept the Premises "as is," Tenant shall pay to Landlord a surrender fee equal to one month's rent and Landlord shall be entitled to retain the Security Deposit. In the event Tenant fails to surrender the Premises at the termination of this Lease, Tenant shall pay to Landlord as liquidated damages, for the whole time such possession is withheld, a sum equal to 150% times the then current daily rental rate per day, or in case the Premises shall be abandoned, deserted or vacated, and remain unoccupied fourteen days consecutively, the Tenants hereby authorize and request the Landlord as Tenants' agent to re-enter the Premises and remove all articles found therein, place them in some regular storage warehouse or other suitable storage place, at the cost and expense of Tenants and proceed to re-rent the Premises at the Landlord's option and discretion and apply all money received after paying the expenses of such removal toward the rent accruing under this lease. This request shall not in any way be construed as requiring any compliance therewith on the part of the Landlord. If the Tenants shall fail to pay the rent at the times, place and in the manner above provided, and the same shall remain unpaid five days after the day whereon the same should be paid, the Landlord by reason thereof shall be authorized to declare the term ended, and the Tenants hereby expressly waive all right or rights to any notice or demand under any statute of the state relative to forcible entry or detainer and Landlord and Tenants agree that the Landlord, his agents or assigns may begin suit for possession or rent without notice or demand.

REMOVED PROPERTY:

10. In the event of re-entry and removal of the articles found on the Premises as hereinbefore provided the Tenants hereby authorize and request the Landlord to sell the same at public or private sale with or without notice, and the proceeds thereof, after paying the expenses of removal, storage and sale to apply towards the rent reserved herein, rendering the balance remaining, if any, to Tenants upon demand.

COMPLIANCE WITH ALL LAWS:

11. Tenants at all times shall be in compliance with all state laws and city ordinances regarding their premises and type of business.

NO ADDITIONAL LOCKS:

12. No additional locks shall be placed upon any exterior doors without the written consent of the Landlord firsthand and endorsed upon this lease (such consent not to be unreasonably withheld, conditioned or delayed); and upon the termination of this lease, Tenants will surrender all keys to premises.

ADDITIONAL RULES & REGULATIONS:

13. The Landlord reserves the right to make such other and further reasonable rules and regulations as in his judgment may from time to time be needful for the safety, care and cleanliness of the premises and for the preservation of good order therein.

PLURALS; SUCCESSORS:

14. The words "Landlord" and "Tenants" wherever used in this lease shall be construed to mean Landlord or Tenants in all cases where there is more than one Landlord or Tenants, and to apply to individuals, male or female, or to firms or corporations, as the same may be described as Landlord or Tenants herein, and the necessary grammatical changes shall be assumed in each case as though fully expressed. All covenants, promises, representations and agreements herein contained shall be binding upon, apply and inure to the benefit of Landlord and Tenants and their respective heirs, legal representatives, successors and assigns.

PARKING:

15. Tenants agree that they will cause themselves and their employees to park their cars in parking lots designated for eight hours or more parking.

NOTICES:

16. All notices to be given pursuant to this lease shall be deemed to have been given when hand-delivered to the addresses set forth below:

If to Landlord to: Terry F. Grove, 311 N. 2nd St., Ste. 304, St. Charles, IL 60174

If to Tenants to: Robert C. Mondt, 2410 Danbury Court, Geneva, Illinois 60134
Home No. (630)262-5734 -- Cell. No. (630)917-3439

MISCELLANEOUS

17. Tenant shall have ten (10) days to cure any monetary default under this Lease and thirty (30) days to cure any non-monetary default hereunder, such cure periods to commence upon Tenant's receipt of written notice from Landlord setting forth an alleged event of default. In the event Tenant shall have commenced to cure a non-monetary default within the aforesaid 30 day cure period and it shall be impossible or impractical for the completion of such non-monetary cure within the 30 day cure period, Tenant shall be granted a reasonable extension thereto within which to complete such non-monetary cure, provided Tenant shall at all times diligently pursue such non-monetary cure.

18. Landlord represents and warrants that Landlord has not received any notice from any governmental body, nor does Landlord have any knowledge, of any hazardous material in, on or under the Premises

19. Each party shall bear its own attorneys' fees and costs in connection with any matter arising under this Lease. No party shall be entitled to seek reimbursement for any such attorneys' fees or costs from the other party.

20. If either Landlord or Tenant fails to perform timely any of the terms, covenants or conditions of this Lease to be performed by Landlord or Tenant, as the case may be, and such failure is due in whole or in part to any civil disorder, failure of power, restrictive governmental laws or regulations, riots, insurrections, war, fuel shortages, accidents, casualties, acts of God, acts caused directly or indirectly by the other party, or by the other party's agents, employees, contractors, licensees or invitees, or any other cause beyond the reasonable control of Landlord or Tenant, as the case may be, then Landlord or Tenant, as the case may be, shall not be deemed in default under this Lease as a result of such failure and any time for performance by Landlord or Tenant, as the case may be, provided for herein shall be extended by the period of delay resulting from such cause.

21. At the end of each lease year, Landlord shall supply Tenant with a summary of all maintenance, real estate taxes, insurance and garbage collection costs and expenditures. Tenant or its agents shall have the right to review the books and records of Landlord to verify all costs and expenditures and the determination of Tenant's proportionate share of such expenses, provided Tenant makes such request of Landlord within one (1) month after the receipt of each summary.

ANTIQUE MARKET III SPACE OPTION AND RIGHT OF FIRST REFUSAL

22. The space adjacent to the Premises is currently occupied by Antique Market III (the "Antique Market III Space") on a three (3) month-to-month tenancy, and will be occupied on a five-month lease. As part of this Lease, Tenant shall have the exclusive option (the "Option") to lease the Antique Market III Space on the terms and conditions set forth in this Lease, except that rental for the combined spaces shall be as set forth on Schedule B hereto. Upon tenant exercising its option to lease Antique Market III space, Landlord will provide Antique Market III with one calendar month notice of termination of its lease and, after such notice of termination expires, Tenant shall accept the Antique Market III space in "as is" condition. Upon the termination of the Lease, Tenant shall return the space to Landlord in "vanilla box" condition. In the event Tenant fails to surrender the Antique Market III in "vanilla box" condition to Landlord, or Tenant fails to

SCHEDULE A

3/1/2015	through	2/29/2016	\$2,100 / month
3/1/2016	through	2/28/2017	\$2,100 / month
3/1/2017	through	2/28/2018	\$2,100 / month
3/1/2018	through	2/28/2019	\$2,100 / month
3/1/2019	through	2/28/2020	\$2,100 / month
3/1/2020	through	2/28/2021	\$2,100 / month
3/1/2021	through	2/28/2022	\$2,100 / month
3/1/2022	through	2/28/2023	\$2,100 / month
3/1/2023	through	2/29/2024	\$2,100 / month
3/1/2024	through	2/28/2025	\$2,100 / month

SCHEDULE B

3/1/2015	through	2/29/2016	\$\$\$ / month
3/1/2016	through	2/28/2017	\$\$\$ / month
3/1/2017	through	2/28/2018	\$\$\$ / month
3/1/2018	through	2/28/2019	\$\$\$ / month
3/1/2019	through	2/28/2020	\$\$\$ / month
3/1/2020	through	2/28/2021	\$\$\$ / month
3/1/2021	through	2/28/2022	\$\$\$ / month
3/1/2022	through	2/28/2023	\$\$\$ / month
3/1/2023	through	2/29/2024	\$\$\$ / month
3/1/2024	through	2/28/2025	\$\$\$ / month

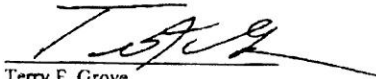
secure a new tenant that agrees to accept the premises "as is," Tenant shall pay to Landlord a surrender fee for Antique Market III of ~~\$10,000~~ ~~and \$10,000~~ Dollars ~~(\$20,000)~~. The Option shall terminate if not exercised by December 31, 2016.

23. In the event Tenant has not exercised its Option and during the term of this Lease Landlord receives a bona fide good faith offer to lease the Antique Market III Space to a third party, Landlord shall promptly notify Tenant of such offer in writing, and Tenant shall have fourteen (14) days within which to notify Landlord of its intent to enter into a lease for the Antique Market III space on the terms and conditions set forth in this Lease. If Tenant does not notify Landlord within the 14 day time period aforesaid that Tenant intends to enter into a lease for the Antique Market III space then this right of first refusal is terminated and Tenant will no longer have the right of first refusal. This right of first refusal shall expire on December 31, 2016.

24. In the event Tenant exercises its Option or the Right of First Refusal, the tenancy for the Antique Market III Space shall be governed by this Lease, except that (i) the term of the tenancy of the Antique Market III Space shall be equal to the term remaining on this Lease and (ii) Tenant shall be entitled to occupy the Antique Market III Space rent-free for the initial six (6) months.


Witness the hands and seals of the parties hereto, as of the date of lease stated above.

Landlord:


Terry F. Grove

Tenant:

RAM RESTAURANT GROUP, INC.

By: 
ROB MONDL
Its: President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/20/2018

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 FAX (A/C, No): 630-549-7698
E-MAIL ADDRESS: DONNA.TONOVITZ@COUNTRYFINANCIAL.COM

INSURED 4351408
RAM RESTAURANT GROUP INC
11 N 3RD ST
ST CHARLES IL 60174

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: COUNTRY Mutual Insurance Company 20990
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 <input type="checkbox"/> ECT <input type="checkbox"/> LOC		AM9236877	3/5/2018	3/5/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000
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 Covered on Businessowners		AM9236877	3/5/2018	3/5/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000		AJ9236471	3/5/2018	3/5/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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 <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	LIQUOR LIABILITY		AM9236877	3/5/2018	3/5/2019	Each Person BI Limit \$ 0 AGGREGATE \$ 2,000,000

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

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED	
POLICY NUMBER AM9236877		RAM RESTAURANT GROUP INC 11 N 3RD ST ST CHARLES, IL 60174	
CARRIER COUNTRY Mutual Insurance Company	NAIC CODE 20990	EFFECTIVE DATE: 3/20/2018	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

(POLICY INFORMATION CONTINUED)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/26/2018

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 FAX (A/C, No.): 630-549-7698 E-MAIL ADDRESS: DONNA.TONOVITZ@COUNTRYFINANCIAL.COM	
INSURED 4351408 RAM RESTAURANT GROUP INC 11 N 3RD ST ST CHARLES IL 60174		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: COUNTRY Mutual Insurance Company 20990 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR 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		AM9236877	3/5/2018	3/5/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AM9236877	3/5/2018	3/5/2019	COVERED ON BUSINESSOWNERS COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000		AU9236471	3/5/2018	3/5/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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 N/A					WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	LIQUOR LIABILITY		AM9236877	3/5/2018	3/5/2019	Each Person BI Limit \$ 0 AGGREGATE \$ 2,000,000

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 STATE OF ILLINOIS 100 WEST RANDOLPH ST SUITE 7-801 CHICAGO, IL 60601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED	
POLICY NUMBER AM9236877		RAM RESTAURANT GROUP INC 11 N 3RD ST ST CHARLES, IL 60174	
CARRIER COUNTRY Mutual Insurance Company	NAIC CODE 20990	EFFECTIVE DATE: 2/26/2018	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

(POLICY INFORMATION CONTINUED)

Illinois Business Authorization

RAM RESTAURANT GROUP, INC
DBA: ABBY'S BREAKFAST & LUNCH
11 N 3RD ST STE 2
SAINT CHARLES IL 60174-1858

Loc. Code: 045-0022-9-001
St. Charles (Kane)
Kane County

Certificate of Registration

Expiration Date:
5/1/2020

Sales and use taxes and fees

(4164-2740)


Director
DEPARTMENT OF REVENUE
Issued Date: 05/01/2015

FORM **BCA 2.10**
ARTICLES OF INCORPORATION
 Business Corporation Act

Filing Fee \$150
 Franchise Tax: \$ 25
Total: \$175

File #: 69784631

Approved By: JXR

FILED
AUG 30 2014
Jesse White
Secretary of State

1. Corporate Name: RAM RESTAURANT GROUP INC.,

2. Initial Registered Agent: ROB MONDI

First Name	Middle Initial	Last Name
[REDACTED]		

Initial Registered Office:

Number	Street	Suite No.	City	State	ZIP Code	County
[REDACTED]				IL	60134-1737	KANE

3. Purposes for which the Corporation is Organized:
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	300	300	\$ 300

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated <u>AUGUST 30</u>	<u>2014</u>	<u>[REDACTED]</u>
Month & Day	Year	Street
<u>ROBERT C MONDI</u>	<u>GENEVA</u>	<u>IL 60134</u>
Name	City/Town	State ZIP Code



Rob Mondri <rmondri@gmail.com>

Illinois Secretary of State's CyberService

1 message

ecommerce@ilsos.net <ecommerce@ilsos.net>
To: RMONDI@gmail.com

Sat, Aug 30, 2014 at 4:50 PM

Proposed Name: RAM RESTAURANT GROUP INC.,

Thank you for using Secretary of State Jesse White's CyberService Express!

Your application to file Articles of Incorporation has been received and payment processed. Please allow 24 business hours for the processing of your application.

You can check the status of your filing at <http://www.ilsos.gov/corparticles/status.jsp>

If you have any problems in finding the status of your application, please contact the Web Master at webmaster@ilsos.net.

Packet Number: 140943515204536036

Authorization Number: 03005Q

Total Amount: \$281.25

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Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: David Reyes

Date of Completion: 05/06/2015

School Name:
360training.com dba Learn2Serve



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

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

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



learn2
serve

Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

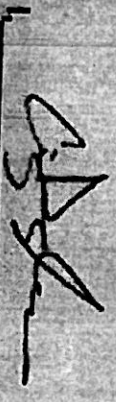
Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Juliette Reyes

Date of Completion: 05/06/2015

School Name:

360training.com dba Learn2Serve



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

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

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

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