

**Please practice social distancing while attending this meeting.  
If social distancing is not possible please wear a mask.**

**AGENDA  
CITY OF ST. CHARLES  
GOVERNMENT OPERATIONS COMMITTEE  
ALD. MAUREEN LEWIS, CHAIR  
MONDAY, NOVEMBER 16, 2020  
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING  
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET**

**1. Call to Order**

**2. Roll Call**

**3. Omnibus Vote**

Items with an asterisk (\*) are considered to be routine matters and will be enacted by one motion. There will be no separate discussion on these items unless a council member/citizen so requests, in which event the item will be removed from the consent agenda and considered in normal sequence on the agenda.

**4. Police Department**

- a. Recommendation to approve a Proposal for an A6 Liquor License Application for the 7-11 Mini-Mart and Gas Station, Located at 51 S. Randall Rd., St. Charles.
- b. Recommendation to approve a Proposal for a B1 Liquor License Application for Knead Urban Eatery, Located at 131 S. 1st St., St. Charles
- c. Recommendation to approve a Proposal for a B1 Liquor License Application for MOD Pizza Located at 845 S. Randall Road, St. Charles.

**5. Finance Department**

- \*a. Budget Revisions October, 2020

**6. Additional Items from Mayor, Council, Staff, or Citizens.**

**7. Executive Session**

- Personnel – 5 ILCS 120/2(c)(1)
- Pending Litigation – 5 ILCS 120/2(c)(11)
- Probable or Imminent Litigation – 5 ILCS 120/2(c)(11)
- Property Acquisition – 5 ILCS 120/2(c)(5)
- Collective Bargaining – 5 ILCS 120/2(c)(2)
- Review of Executive Session Minutes – 5 ILCS 120/2(c)(21)

**8. Adjournment**

***ADA Compliance***

Any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the ADA Coordinator, Jennifer McMahon, at least 48 hours in advance of the scheduled meeting. The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at [jmcmahon@stcharlesil.gov](mailto:jmcmahon@stcharlesil.gov). Every effort will be made to allow for meeting participation. Notices of this meeting were posted consistent with the requirements of 5 ILCS 120/1 et seq. (Open Meetings Act).

**AGENDA ITEM EXECUTIVE SUMMARY****Agenda Item number: 4a**

Title:

Recommendation to approve a Proposal for an A6 Liquor License Application for the 7-11 Mini-Mart and Gas Station, Located at 51 S. Randall Rd., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: November 16, 2020

Proposed Cost: \$

Budgeted Amount: \$

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

The 7-11 mini-mart and gas station located at 51 S. Randall Rd. is requesting permission to sell alcohol.

The owner has owned this store for several years and also owns and operates a 7-11 in Hoffman Estates.

*Pursuant to this item being presented at the Government Operations Committee Meeting on November 16 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, 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 December 7, 2020 for final approval.*

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

Summary, Floor Plan, Liquor License, Memo

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

Recommendation to approve a proposal for an A6 Liquor License application for the 7-11 mini-mart and gas station located at 51 S. Randall Rd., St. Charles.



# Memo

Date: 10/30/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

J. Keegan

Re: Background Investigation/7-11 Mini-Mart & Gas Station/51 S. Randall Road (Class A-6)

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The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

This request allows alcohol sales inside gas station/mini-marts as follows: *(Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage).* Sales can only occur between 7:00 am and 12:00 am daily.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan, floor plan, Dram Shop insurance and liquor training certificates. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with alcohol sales, subject to City Council approval.

The owner has owned this store for several years and additionally owns and operates a 7-11 in Hoffman Estates (since 1995). We spoke with HEPD and they stated Mr. Ahmed is a responsible business owner and reported no issues with liquor sales. The owners have installed locking mechanisms on beer coolers and spirits will be located behind the sales counter.

Thank you in advance for your consideration in this matter.

# LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): SASID AHMED

BUSINESS: 7-11

ADDRESS: 51 S. RANDALL RD. ST. CHARLES IL

	REQUESTED	COMPLETED
APPLICATION	<u>X</u>	<u>X</u>
BUSINESS PLAN/FLOOR PLAN/MENU	<u>X</u>	<u>X</u>
LEASE (OR LETTER OF INTENT)	<u>X</u>	<u>X</u>
BASSET CERTIFICATE(S)	<u>X</u>	<u>X</u>
FINGERPRINTS (ALL MANAGERS)	<u>X</u>	<u>X</u>
DRAM SHOP (CERTIFICATE OF INSURANCE)	<u>X</u>	<u>X</u>
TLO	<u>X</u>	<u>X</u>
I-CLEAR	<u>X</u>	<u>X</u>
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	<u>N/A</u>	<u>N/A</u>
POLICE RECORDS CHECK	<u>X</u>	<u>X</u>
APPLICANT'S HOMETOWN RESIDENCY LETTER	<u>X</u>	<u>X</u>
ILLINOIS LIQUOR COMMISSION	<u>X</u>	<u>X</u>
SITE VISIT	<u>X</u>	<u>X</u>

\* COMMENTS: \_\_\_\_\_

INVESTIGATOR ASSIGNED: MURAWSKI/371

SUPERVISOR REVIEW: KEEGAN # 300



# Memo

Date: 101620  
To: Commander Majewski (via chain of command)  
From: Detective Murawski #371  
Re: Liquor License Background, 7-11 Sajid Ahmed

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The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for a Class A-6 license for the business, 7-11 Sajid Ahmed. This business is to be located at 51 S. Randall Rd.

**Applicant:**

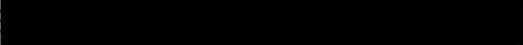


**Application:**

The application was received on or around 10/07/2020. The application is complete to include a signed lease, a menu, floor plan and a quote for Certificate of Insurance (dram shop). Sajid is listed as President of the establishment.

**Records Checks:**

Sajid provided 1 residence in the past 10 plus years;

Current address of: 

A check with Naperville Police records and TLO showed nothing that would prohibit obtaining a liquor license. I CLEAR showed no contacts for Sajid. SCPD showed one contact of Sajid, reference a stolen gift card incident, in which Sajid was the complainant and the victim being 7-11 (see attached report 20-14371).

A check of the Kane and DuPage County Circuit Court Clerk database revealed nothing that would prohibit Sajid from obtaining a liquor license.

Sajid advised he operates 1 similar business;

7-11 2310 Hassell Rd. Hoffman Estates, IL 60169

*Service, Courage, Professionalism, Dedication*



Contact was made with Hoffman Estates Police Department and the respective city administration. Sajid's 7-11 was not involved in any police matter nor had he been cited for any issues pertaining to sale of alcohol.

Sajid has a current BASSET certification. Sajid's fingerprints were submitted to the FBI and Illinois Bureau of Identification; their reply indicated nothing that would deny the issuance of a Liquor License.

Illinois Secretary of State LLC check on Sajid showed no violations and a valid state liquor license, exp. 04/30/21.

**SITE VISIT and INTERVIEW WITH APPLICANTS:**

On 10/09/20, I met with Sajid at the location for 7-11. The interior of the business was clean and already stocked with food and drink items. Sajid advised he would begin selling liquor as soon as his license was granted. Sajid has one other business (7-11) and I asked if the menu would be similar to the other establishments. Sajid stated he would keep all items the same. Sajid stated he would sell "name brand" beers at first, then move to craft if the demand warrants it. Sajid is also interested in selling pints and "airplane" bottle of liquor. I asked what brought Sajid to St. Charles and he stated the site was the best available for a 7-11 store at the time. Sajid has owned this 7-11 for several years.

Notes in the application on the business plan indicate the hours of operation will be 24 hours a day, seven days a week. Sajid stated he follow local regulations regarding the times of selling packaged alcoholic beverages. There will be no live music and no outdoor seating. Smoking area will be in front of the building.

This concludes this background investigation.

RTM #371

Liquor License Application Checklist/Interview

How long have you lived at current address? 22 YEARS

Where have you resided for at least the past 10 years? ↑

Are you a US Citizen? ✓

Why the move to St. Charles location? BEST AVAILABLE

Is there any liquor inventory at this time? NO

Are you a current or past liquor license holder? YES

If so, any past violations? NO

Date you plan sell liquor? YES

Previous Restaurant ownership? HOFFMAN, S-ELLY, LOMEOSVILLE.

Site Visit date?

10/05/20



7-Eleven Plan of Operation for Alcohol Sales  
51 S. Randall Rd., St. Charles IL 60174

Although the store will be open 24 hours/ 7 days a week liquor sales will be limited to hours permitted by the City

Cooler Doors will remain locked during non-selling alcohol hours

Hard liquor will be on a shelf behind the sales counter

Wine will be displayed in site of employees near sales counter

Each employee will be made fully aware of the consequences of selling to a minor. They will be trained that sting operations happen on an ongoing basis and liquor sales to minors will not be tolerated.

Automatic termination will occur for any employee that sells liquor to a minor.

All policies and procedures will be reviewed with all employees on a regular basis.

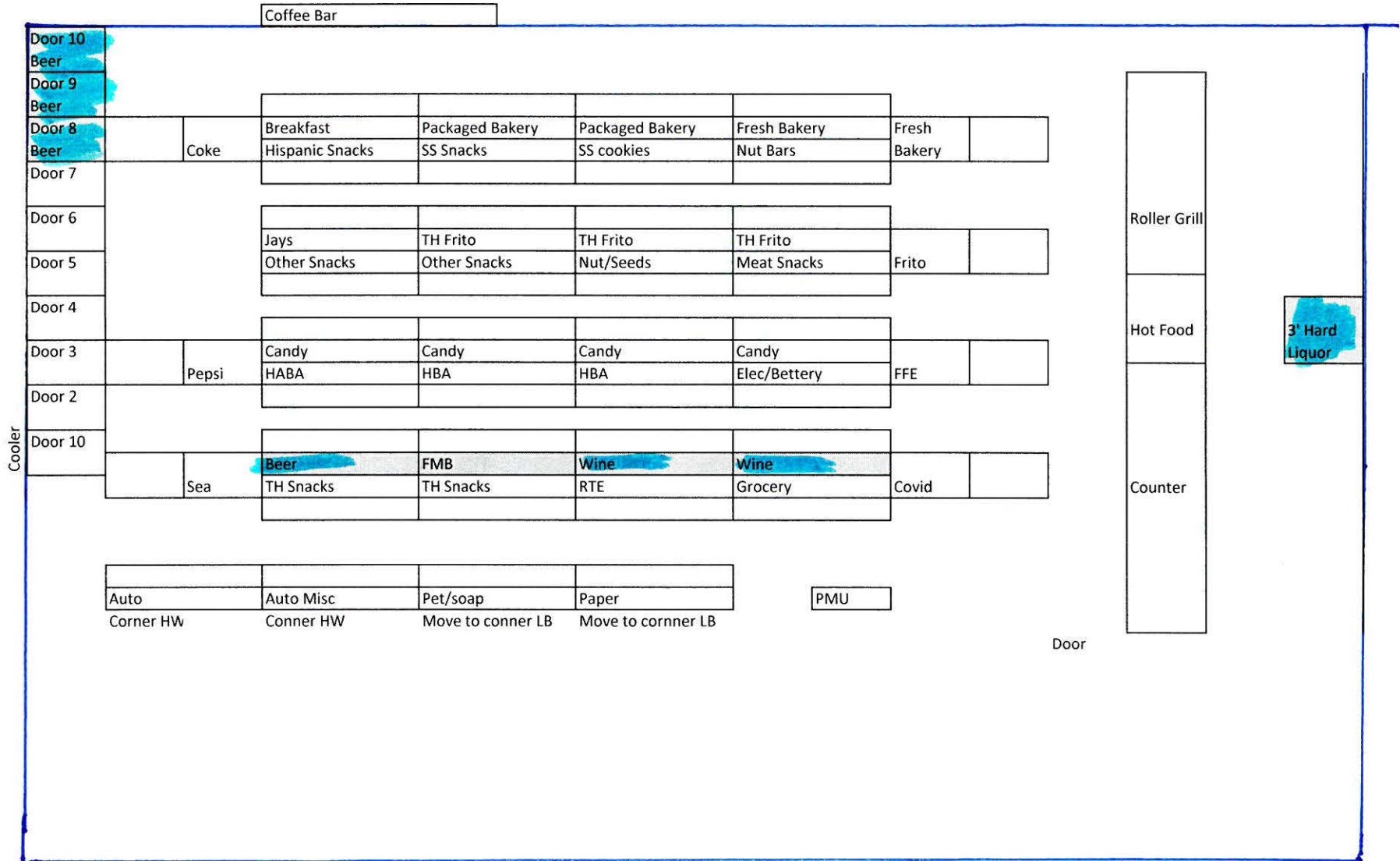
Signage will be posted near all coolers and liquor shelves making the public aware of the hours of liquor sales for the village.

All employees will go through training for 7-Eleven "Come of Age" certification which is a BASSETT State Certified program

All employees will be instructed that the only form of identification accepted will be a state issued driver's license or i.d. card. ALL id's will be scanned at the register and a sale will only be made after the id scans for age verification.

Sajid Ahmed (Owner)  
7-Eleven #30153B  
51 S. Randall Rd., St. Charles IL

9 NORTH



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.

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

**APPLICATION CHECKLIST**

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) Non-refundable	<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 (deed)	<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 <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 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input type="checkbox"/> <b>Do not include a marketing or financial plan with this business plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact <b>Building &amp; Code Enforcement at 630.377.4406</b> and/or <b>Fire Prevention Bureau at 630.377.4458</b> 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. <i>Muh+ Scheidte</i>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**OFFICIAL USE ONLY**

*MURAWSKI* Signature of Investigating Officer      *371* Badge Number & Rank

Approval Recommended\*       Approval NOT Recommended  
*J. IG* Signature of Chief of Police      *10-30-20* Date

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

**LICENSE INFORMATION:**

A Package \$3200-3600

B Restaurant \$2400-3600  Late Night Permit 1:00am \$800 (B/C only)

C Tavern \$2400-3600  Late Night Permit 2:00am \$2300 (B/C only)

D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies

G Brewery/Restaurant or Site License - \$varies

\*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: SSV Corporation D/B/A 7-Eleven # 30153B

3. Business Address: 51 S. Randall Rd, St. Charles IL 60174

4. Type of Business (5.08.070-3): <u>Convenience Store</u>	5. Length of Time in this Business (5.08.070-4): <u>11/1992</u>	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): <u>\$ 70,000.00</u>
7. Business Phone: <u>(630) 443-4032</u>	8. Business E-mail:	9. Business Website:
11. Applicant/Contact Person Name: <u>Sajid Ahmed</u>		12. Title: <u>President/Owner</u>
14. Applicant Home Address, and all addresses for the last 10 years: [REDACTED]		17. Birthplace: <u>Hyderabad</u>
18. If Corporation, Corporation Name: <u>SSV Corporation</u>		
19. Corporation Address (city, state, zip code): [REDACTED]		

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

Full Name, include middle initial: Sajid Ahmed Title: President/Secretary 100%

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: 51 S. Randall Road	2. # Parking Spaces: 9	3. Outside Dining s.f. [17.20.020-R]: N/A	4. Total Building s.f.: 2,165
5. Total # Seats: 0	6. Live Entertainment Area s.f. [5.08.010-H]: N/A		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): Convenience store with gas - retail sales			

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

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

- Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
  - The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
  - 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);
  - 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.
- 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.
- A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
- 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**

If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)?  Yes  No

1. Is any individual a naturalized citizen?  Yes  No  
 If yes, print name(s), date(s), and place(s) of naturalization:  
 SATID AHMED SEP 14<sup>th</sup> 1996 CHICAGO IL

2. Is the premises owned or leased (5.08.070-6A)?  Owned  Leased Owned by 7-Eleven, Inc.

3. 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:** 7-Eleven, Inc. **Phone Number:** (972) 828-7011  
**Address of Building Owner:** 3200 Hackberry Rd. **E-mail Address:**  
 Irving, TX 75063  
**Mailing Address of Building Owner (if different):**  
 (Same as above)

**Name of Building Owner:** 7-Eleven, Inc. **Phone Number:** (972) 828-7011  
**Address of Building Owner:** **E-mail Address:**  
**Mailing Address of Building Owner (if different):** (Same as above)

**Name of Building Owner:** **Phone Number:**  
**Address of Building Owner:** **E-mail Address:**  
**Mailing Address of Building Owner (if different):**

4. 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):

5. 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. (5.08.050)

6. 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 Date of permit application \_\_\_\_\_

7. 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: APPROVED

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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No</p>
9.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit: <u>HOFFMAN ESTATE 2310 WASSILL HOFFMAN IL</u> Location, City/State:</p> <p>Date: <u>1995</u> Special Explanations: <u>still operation</u></p> <p>Government Unit: _____ Location, City/State: _____</p> <p>Date: _____ Special Explanations: _____</p>
10.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>
11.	<p>Complete ONLY if yes was answered to the question above (10):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____ Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
12.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <u>11-19-1991</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <u>N/A</u></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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="radio"/> Yes <input checked="" type="radio"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p>

Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?  
 Yes  No

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 (5.08.070-A12).  
 Has this been done?  Yes  No  
 If yes, date(s):

15. 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:

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 (5.08.230)?  
 Yes  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): [REDACTED] Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 07-24-2016 Place Course was Taken: 7-24-2016 Certificate Granted?  Y  N Expiration:

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 08-18-2016 Place Course was Taken: 7-24-2016 Certificate Granted?  Y  N Expiration:

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 08-28-2016 Place Course was Taken: Certificate Granted?  Y  N Expiration:

Name (First, Middle, Last): [REDACTED] Birthdate: [REDACTED]  
 Home Street Address, Incl City, State, Zip: [REDACTED]  
 Date of Course: 08-28-2016 Place Course was Taken: 7-24-2016 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.**



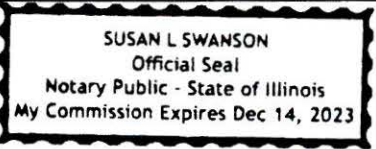
COMMENTS/ADDITIONAL INFORMATION

Business Name:

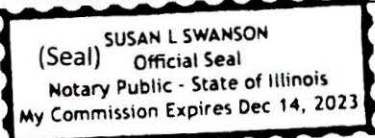
SIGNATURES

*[Handwritten Signature]*

Applicant's Signature



Subscribed and sworn before me this 18<sup>th</sup> day of September, 2020



*[Handwritten Signature]*  
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 100920 Name of Applicant: SASTO AHMED

Name of Business: 7-11

Address of Business: 51 S. RANDALL RD. Ward Number: 3

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:  
AS SOON AS I GET LICENSE
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

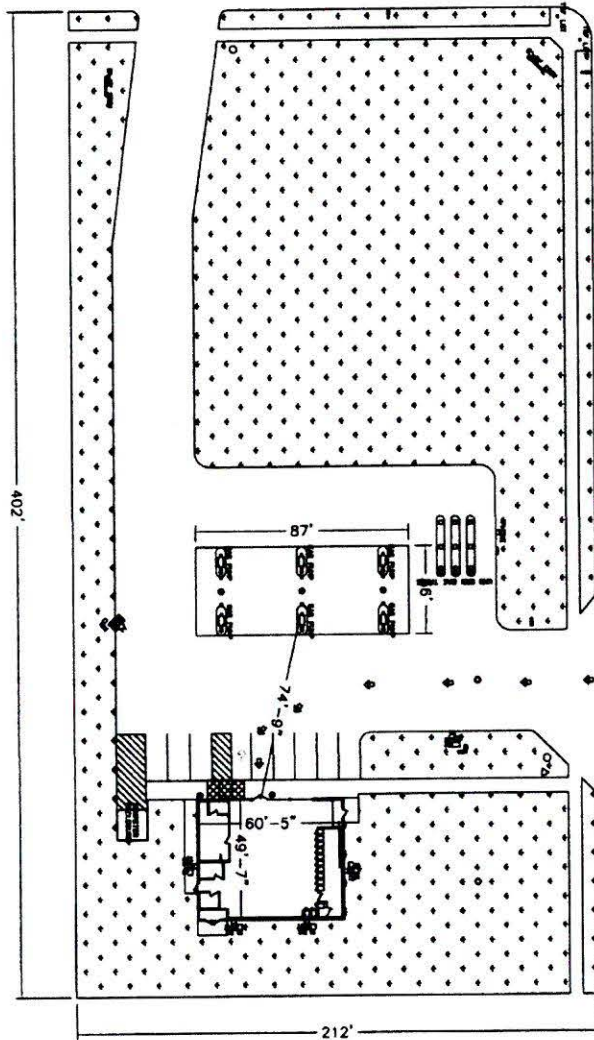
	<p>licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>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.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>CONV. STORE</b></p>
8.	<p>Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11.	<p>It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: <b>MURAWSKI 371</b> Date: <b>10 10 20</b></p>
14.	<p>Other necessary data:</p>

**DISCLAIMER**  
 THE INFORMATION CONTAINED  
 HEREIN IS FOR GENERAL  
 INFORMATION ONLY. IT IS NOT  
 INTENDED TO BE USED AS A  
 SUBSTITUTE FOR PROFESSIONAL  
 ENGINEERING DESIGN.

WEST MAIN STREET



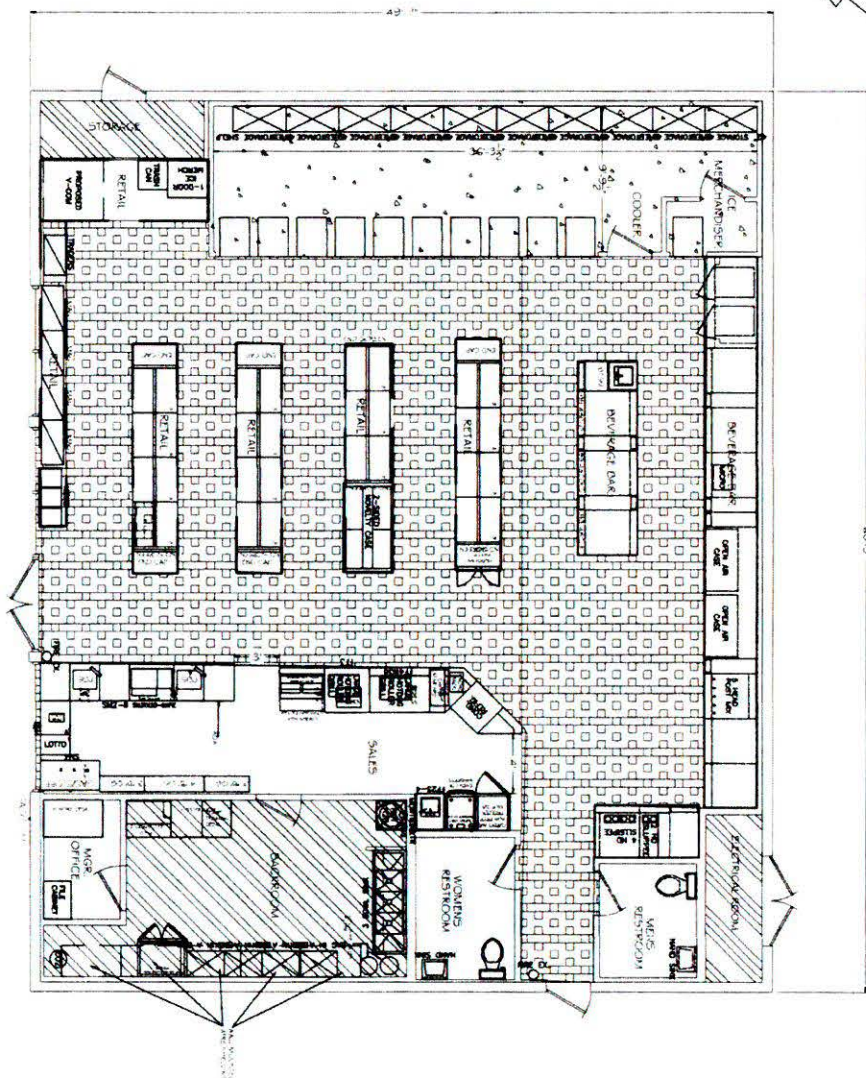
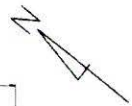
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 Sheet 1 of 1  
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 30153SP

7-ELEVEN  
 STORE # 30153  
 51 SOUTH RANDALL ROAD  
 ST CHARLES, ILL. 60175-1046



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 30153FF HF1

**7-ELEVEN**  
 30153  
 51 SOUTH RANDALL ROAD  
 SAINT CHARLES, IL  
 60174

REVISIONS		
REV#	DATE	DESCRIPTION
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DISCLAIMER:  
 THIS IS NOT A LEGAL  
 DOCUMENT INFER TO  
 SHOW CURRENT  
 EQUIPMENT CONDITIONS

**7-ELEVEN**  
 HF1 2015





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/24/2020

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> AON RISK SERVICES SOUTHWEST INC - CSC CONSOLIDATE 1300 SAWGRASS PKWY #300 SUNRISE, FL 33323		<b>CONTACT NAME:</b> Chubb Customer Service Center <b>PHONE (A/C, No, Ext):</b> 866-972-2727 <b>E-MAIL ADDRESS:</b> chubbesc@chubb.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> 30153 32203 32821 SSV CORPORATION DBA 7-ELEVEN 51 SOUTH RANDALL ROAD SAINT CHARLES IL 60174		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Pacific Employers <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 22748

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	RTLILD9471834A9Q	01/31/2020	01/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			RTLILD9471834A9Q	01/31/2020	01/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Occurrence/Aggregate \$ Incl in GL Limits	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Liquor Liability coverage			RTLILD9471834A9Q	01/31/2020	01/31/2021	Each Person BI/Property \$1,000,000 Loss of Means/Society \$1,000,000 Aggregate Limit \$2,000,000	

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

Location #2: 51 S Randall Rd Saint Charles, IL 60174

The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies. City of St. Charles is listed as Additional Insured, per the terms and conditions of the Chubb Businessowners Liability Enhancement Endorsement (BOP-47635a, or its equivalent) included in the policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of St. Charles 2 E. Main St St. Charles IL 60174	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> <i>Reina Swearingen</i>
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# Certificate Completion

*This acknowledges that*

**Monal Patel**

HAS SUCCESSFULLY COMPLETED  
Age Restricted Sales - Illinois

Friday, August 28, 2020



State of Illinois BASSET License #5A-1133112

# **Certificate    Completion**

*This acknowledges that*

**Sushma Arif**

**HAS SUCCESSFULLY COMPLETED**  
**Age Restricted Sales - Illinois**

**Friday, August 28, 2020**



**State of Illinois BASSET License #5A-1133112**

# **Certificate Completion**

*This acknowledges that*

**Arpan Patel**

**HAS SUCCESSFULLY COMPLETED  
Age Restricted Sales - Illinois**

**Friday, August 28, 2020**



**State of Illinois BASSET License #5A-1133112**



# **Certificate    Completion**

*This acknowledges that*

**Sajid Ahmed**

HAS SUCCESSFULLY COMPLETED

Age Restricted Sales - Illinois

Friday, July 24, 2020



State of Illinois BASSET License #5A-1133112

7-ELEVEN #30153B  
51 S. RANDALL ROAD, ST. CHARLES IL 60174

- Open 24 Hours/ 7 days a week
- 6-8 employees
- No live music will be played
- No outdoor seating
- Convenience store engaged in the sale of retail goods for individual and household consumption. This store offers the following items:
  - Groceries
  - Household items
  - Dry goods
  - Prepared take-out foods (hot and cold) intended for consumption off premises
  - Tobacco
  - Lottery
  - Gasoline

Copy of menu attached

# 7-Eleven Store Menu

*Note – All animal proteins are fully pre-cooked under verified HACCP plans in federally inspected production facilities.*

## Fresh and Fast Foods

- Refrigerated sandwiches – up to 3-day shelf life
- Freeze to thaw sandwiches, burritos, Hot Pockets, burgers and sandwiches – up to 14-day shelf life
- Whole and cut fruits – shelf life up to 9+ days
- Green Salads – shelf life up to 5-days
- Pasta/potato salads – shelf life up to 7-days
- Fresh donuts and pastries – 24 hour shelf life
- Fresh packaged bakery items – up to 5-day shelf
- \*Pre-cooked (re-heated at store level) breakfast sandwiches – up to 2-hours shelf life held  $\geq 140^{\circ}\text{F}$
- \*Pre-cooked (re-heated at store level) chicken tenders, chicken wings, tacos and meat patties – heated to  $140^{\circ}\text{F}$  with a shelf life up to 4-hours held  $\geq 140^{\circ}\text{F}$
- \*Pre-cooked (re-heated and assembled at store level) products i.e. Chicken sandwiches and Cheeseburgers –
  - Meat patties heated to  $140^{\circ}\text{F}$  with a shelf life up to 1-hour held  $\geq 140^{\circ}\text{F}$
  - Shelf stable sauces, decanted, held at ambient temperatures up to 48-hours
  - Condiments i.e. pickles held at ambient temperatures up to 24-hours
  - Condiments i.e. cheese held at chill temperatures  $\leq 40^{\circ}\text{F}$  for the approved shelf life
- \*Re-thermalized par-cooked potato products, cheese sticks and pizzas – heated to  $165^{\circ}\text{F}$  with a shelf life of up to 2 hours held  $\geq 140^{\circ}\text{F}$ .
- Pre-cooked (re-heated at store level) hot dogs and Taquitos – up to 4-hour shelf life  $\geq 140^{\circ}\text{F}$
- Pre-cooked (re-heated at store level) chili and cheese sauces – up to 48-hour shelf life held  $\geq 140^{\circ}\text{F}$
- Fresh Bakery – baked in store (limited areas) – shelf life up to 24 hours
- Nachos
- Fresh condiments
  - Onions
  - Tomatoes
  - Pico Di galo
  - Pickled relish & jalapenos
  - Fresh and/or bottled salsa

\* Indicates the new items added to our current Fresh Food assortment in select stores.

## Beverages – Self Serve

- Coffee
- Hot Chocolate
- Iced Coffee
- Fountain
- Slurpee (frozen carbonated beverages)
- Iced Tea

## Grocery (Packaged foods)

- Large assortment of packaged grocery items:
  - Cereals
  - Canned goods
  - Condiments
  - Crackers
  
- Fresh Breads
- Ice Cream (take home and novelty)
- Frozen Meals
  
- Fresh Dairy
  - Fluid dairy
  - Yogurt
  - Butter
  - Eggs
  
- Refrigerated Food Products
  - Deli Meats
  - Cheese
  
- Snacks
  - Chips
  - Dried Meat Jerky
  - Nuts/seeds
  
- Confectionary
  - Chocolate
  - Non-chocolate
  - Gums
  - Hard Candies
  - Novelty

## From the Cold Vault

- Canned/bottled Soda
- Juices
- Energy Drinks
- Bottled Water
- Alcoholic Beverages
  - Beer
  - Wine
  - Hard liquor (some stores with a limited selection)

## Non –Food Items

- Cigarettes and tobacco
- Large assortment of health and beauty items
- Cleaning products
- Auto products
  - Motor Oil
  - Antifreeze
  - Various auto fluids
- Home use paper products
- Stationary
- Film & batteries
- Cell phones/accessories

*Product assortment list may vary from store to store and area by area.*

**AGENDA ITEM EXECUTIVE SUMMARY****Agenda Item Number: 4b****Title:**

Recommendation to approve a Proposal for a B1 Liquor License Application for Knead Urban Eatery, Located at 131 S. 1<sup>st</sup> St., St. Charles.

**Presenter:**

Police Chief James Keegan

**Meeting:** Government Operations Committee**Date:** November 16, 2020

Proposed Cost: \$

Budgeted Amount: \$

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

Knead Urban Eatery is located in the former Isacco's restaurant, located at 131 S. 1<sup>st</sup> Street. The owners of Knead also own and operate a similar business, Osteria Bigolaro, in Geneva.

Please see the attached documents supporting this request.

*Pursuant to this item being presented at the Government Operations Committee Meeting on November 16 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, 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 December 7, 2020 for final approval.*

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

Summary, Floor Plan, Liquor License Application

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

Recommendation to approve a proposal for a B-1 liquor license application for Knead Urban Eatery, located at 131 S. 1<sup>st</sup> St., St. Charles.



# Memo

Date: 11/9/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation- Knead Urban Eatery/131 S. 1<sup>st</sup> Street (Class B)

---

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above-mentioned establishment.

As you are aware, this location housed the former Isacco's. The perspective new owner's own and operate Osteria Bigolaro in nearby Geneva and are seeking to operate a similar full-service Italian restaurant; with a focus on sandwiches and salads.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with an on-site consumption license, subject to City Council approval.

This is a Class B request; hours of operation are 11:00 a.m. to 9:00 p.m./7-days per week.

Please see the application material, floor-plan and business-plan for further details.

Thank you in advance for your consideration in this matter.

# LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Anthony Gargano

BUSINESS: Knead: Urban Eatery

ADDRESS: 131 S. 1st St.

	REQUESTED	COMPLETED
APPLICATION	_____	X _____
BUSINESS PLAN/FLOOR PLAN/MENU	_____	X _____
LEASE (OR LETTER OF INTENT)	_____	X _____
BASSET CERTIFICATE(S)	_____	X _____
FINGERPRINTS ( <u>ALL</u> MANAGERS)	_____	X _____
DRAM SHOP (CERTIFICATE OF INSURANCE)	_____	X _____
TLO	_____	X _____
I-CLEAR	_____	X _____
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	_____	X _____
POLICE RECORDS CHECK	_____	X _____
APPLICANT'S HOMETOWN RESIDENCY LETTER	_____	X _____
ILLINOIS LIQUOR COMMISSION	_____	X _____
SITE VISIT	_____	X _____

\* COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INVESTIGATOR ASSIGNED: Detective Losurdo

SUPERVISOR REVIEW: Commander Majewski





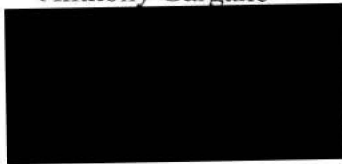
# Memo

To: Commander Eric Majewski  
From: Detective John Losurdo  
Re: Knead: Urban Eatery (Knead LLC) – License Class: B

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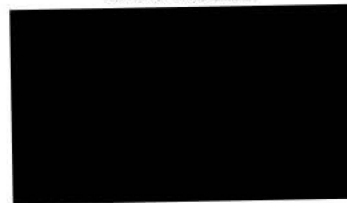
**Applicant**

Anthony Gargano



**General Manager**

Jake Rosko



**Application**

This application was received on, or around, 10/14/2020. The application appears to be complete including signed releases, Certificate of Insurance, and floor plans.

Jake Rosko holds a valid BASSET Certification which is included in the application.

**Records Checks**

Anthony Gargano was fingerprinted on 10/21/2020. Responses from both the FBI and Illinois Bureau of Identification show the following:

- 02/16/2004 Arrest for Criminal Damage to Property by Streamwood PD (04-1064)
- 06/09/2004 Arrest for Retail Theft by Schaumburg PD (04-22462)
- 03/08/2006 Arrest for Driving While License Suspended by Streamwood PD (06-3102)

Jake Rosko was fingerprinted on 10/21/2020. Responses from both the FBI and Illinois Bureau of Identification have not received as of the time of the memo.

I checked the following circuit clerk court records which yielded their respective results:

*Service, Courage, Professionalism, Dedication*



## **Gargano**

- Kane
  - 14TR17848 - Disobey Traffic Control Device (South Elgin)
  - 19TR46583 - Speeding 21-25 mph Over (Saint Charles )
- McHenry
  - 06TR44087 – Speeding 15-20 mph Over (Huntley)
- Grundy
  - 2005TR5503 – Operating Uninsured Motor Vehicle (Gundy Co.)
  - 2005TR5504 – Disregard Stop Sign (Grundy Co.)
- DuPage
  - 2003TR110731 - Improper Backing (Addison)
  - 2010TR179812 - Overweight Vehicle and Operating Uninsured Motor Vehicle (Bloomingtondale)
- Cook – no records

## **Rosko**

- Kane
  - 12TR29520 – Speeding 15-20 mph over (Elburn)
- Cook – no records
- Portage (OH) – no records
- DuPage – no records

A check of the Illinois Liquor Control Commission showed a current active license for Anthony Gargano to Osteria Bigolaro (Pastative Vibes LLC) located at 317 W. State St. in Geneva. I contacted the Liquor Commission of Geneva and was informed Gargano has held a liquor license with them for about four years. Geneva has had no issues with Gargano holding a license with them and they have always paid on-time and have been up-to-date on their insurance.

Gargano currently resides in South Elgin. I checked local police department contacts for the following cities which yielded the following the results:

- South Elgin – 2014 traffic ticket for Disobeying Traffic Control Device
- Streamwood
  - 02/16/2004 Criminal Damage to Property (Arrestee)
    - Gargano damaged two Port-o-lets (mobile restrooms) that needed to be replaced. Cost was \$800 (04-1064)
  - 03/08/2006 Driving While License Suspended (Arrestee)(06-3102)
  - 09/03/2006 Unlawful Consumption of Alcohol by a Minor (Arrestee)
    - Gargano was at a party and was cited for the above offense.
- Huntley – no contacts
- Palatine – no contacts
- Saint Charles – 09/30/2019 Speeding Ticket
- Geneva – 02/25/2020 Victim of a Theft (20-2759)

- Schaumburg
  - 06/09/2004 Retail Theft (Arrestee)
    - Gargano stole a pair of shoes at a mall (04-22462).
- Chicago (checked through CLEAR) *the below listed discoveries through CLEAR appear to be the incidents involving Streamwood PD and Schaumburg PD, and not Chicago PD.*
  - 02/16/2004 – Criminal Damage to Property over \$300 but less than \$10K (Arrestee)
  - 06/09/2004 – Retail Theft under \$150 (Arrestee)
  - 03/08/2006 – Driving While License Suspended / No registration Light / Improper Display (Arrestee)

Rosko currently resides in Chicago. I checked local police department contacts for the following cities which yielded the following the results:

- Chicago – no contacts
- Sugar Grove
  - Warning issued for No Valid Registration
- Kent (OH) – no contacts
- Saint Charles – no contacts

A Check of the Illinois Secretary of State yielded no results for Gargano, Rosko, or Knead LLC/Knead Urban Eatery. Pastative Vibes LLC did show for Gargano and appeared to be in good standing.

### **Interview with Applicant**

On 10/21/2020 I spoke with Gargano. Gargano clarified that when he was arrested by Schaumburg PD in 2004 it was for stealing a pair of shoes at a mall. I read Schaumburg PD's report and it shows that Gargano's statements match the report. Gargano stated he was arrested by Streamwood PD in 2004 for damaging two Port-o-lets that needed to be replaced. Gargano explained that his previous "run-ins" with the police were when he was "young and stupid" and that he no longer has negative contacts with police. Gargano informed that he wants to open a business in Saint Charles because he is very excited about what the City is doing with the downtown area. Gargano explained that Saint Charles used to be known as a bar town and has been changing its image with the influx of different businesses and addition of living spaces in the downtown area. Gargano explained that he hopes to open the business in the last week of November or the first week of December and stated there currently is no alcohol on-site. Gargano added that the business is still being renovated. I scheduled to do a site visit on 10/26/2020.

**Site Visit**

On 10/26/2020 I visited the site for Knead Urban Eatery. The location was still under construction but I found the business layout to be very similar to the floor plan provided with the application. No Alcohol was on-site at this time. Gargano added that he hopes the business is open at the end of November 2020.

This concludes my background investigation of Knead Urban Eatery (Knead LLC).

Respectfully,

A handwritten signature in black ink, appearing to read 'John Losurdo #364', with a long horizontal stroke extending to the left.

Detective John Losurdo #364

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

**APPLICATION CHECKLIST**

Check items to confirm all are attached to this application	Applicant	Office Use
<b>Application Fee of \$200 (5.08.070C)</b> Non-refundable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Completed Application</b> for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Copy of Lease/Proof of Ownership</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Copy of Dram Shop Insurance</b> or a letter from insurance agent with a proposed quote	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Copy of Articles of Corporation</b> , if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Completed B.A.S.S.E.T. (Beverage Alcohol Sellers &amp; Servers Training) form</b> – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is <b>only</b> needed for <b>each manager</b> . 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"/>
<b>Copy of Site Plan for Establishment (Drawn to scale</b> including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Copy of Floor Plan for Establishment (Drawn to scale and must include</b> 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Copy of Business Plan, to include:</b> <input checked="" type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <i>N</i> <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <i>N</i> <b>Do not include a marketing or financial plan with this business plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Are any building alterations planned for this site?</b> If not sure, please contact <b>Building &amp; Code Enforcement at 630.377.4406</b> and/or <b>Fire Prevention Bureau at 630.377.4458</b> to discuss whether or not a walk-thru and/or permit are necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All managers have been fingerprinted who are employed by your establishment.</b> 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"/>
<b>Alcohol Tax Acknowledgement and Business Information Sheet</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**OFFICIAL USE ONLY**

Signature of Investigating Officer: [Signature] Badge Number & Rank: 364 / Detective

Approval Recommended\*       Approval NOT Recommended  
 Signature of Chief of Police: [Signature] Date: 11-9-20

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

Date Application Received: 10-14-20

**LICENSE INFORMATION:**

A Package \$3200-3600

B Restaurant \$2400-3600

C Tavern \$2400-3600

D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies

G Brewery/Restaurant or Site License - \$varies

Late Night Permit 1:00am \$800 (B/C only)

Late Night Permit 2:00am \$2300 (B/C only)

*\*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: KNEAD: URBAN BAKERY

3. Business Address: 131 S 7th St ST CHARLES, IL 60174

4. Type of Business (5.08.070-3): <u>RESTAURANT</u>	5. Length of Time in this Business (5.08.070-4): <u>1 MONTH</u>	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): <u>\$ 5,000 - 7,000</u>	
7. Business Phone: <u>224-489-3521</u>	8. Business E-mail: <u>ANTHONY@OSTERIABIBOLARO.COM</u>	9. Business Website: <u>WWW.KNEADURBANBAKERY.COM</u>	10. Illinois Tax ID Number: <u>85-3268131</u>
11. Applicant/Contact Person Name: <u>ANTHONY GARGANO</u>		12. Title: <u>OWNER</u>	13. Email: <u>ANTHONY@OSTERIABIBOLARO.COM</u>
14. Applicant Home Address: [REDACTED]			
15. DL#: [REDACTED]		16. Date of Birth: [REDACTED]	17. Birthplace: <u>IL</u>

18. If Corporation, Corporation Name:

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

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

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 1ST ST. ST. CHARLES, IL 60174	2. # Parking Spaces: N/A	3. Outside Dining s.f. [17.20.020-R]: N/A	4. Total Building s.f.: 1,350
5. Total # Seats: 30	6. Live Entertainment Area s.f. [5.08.010-H]: N/A		

7. Brief Business Plan description based on type of establishment listed above (5.08.070-6):  
 A CASUAL EATERY THAT will serve Gourmet Sandwiches. We will offer local beer, wine and jaded cocktails. We will also have a small market that we will sell Breads, pasta and condiments.

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

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

- Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
  - The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
  - 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);
  - 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.
- 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.
- A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
- 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. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)?  Yes  No

1. Is any individual a naturalized citizen?  Yes  No  
 If yes, print name(s), date(s), and place(s) of naturalization:

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

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3. 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:** FIRST STREET DEVELOPMENT Phone Number: 630-587-5555  
**Address of Building Owner:** 423 S. 2ND STREET ST. CHARLES, IL 60174 E-mail Address: DAVE@PCWINVEST.COM  
**Mailing Address of Building Owner (if different):**

**Name of Building Owner:** Phone Number:  
**Address of Building Owner:** E-mail Address:  
**Mailing Address of Building Owner (if different):**

**Name of Building Owner:** Phone Number:  
**Address of Building Owner:** E-mail Address:  
**Mailing Address of Building Owner (if different):**

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4. 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):

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5. 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. (5.08.050)

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6. 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 Date of permit application \_\_\_\_\_

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7. 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:



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> _____ <b>Location, City/State:</b> _____</p> <p><b>Date:</b> _____ <b>Special Explanations:</b> _____</p> <p><b>Government Unit:</b> _____ <b>Location, City/State:</b> _____</p> <p><b>Date:</b> _____ <b>Special Explanations:</b> _____</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</b>, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes</b>, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>
11.	<p><b>Complete ONLY if yes was answered to the question above (10):</b></p> <p><b>Name:</b> _____ <b>Name of Business:</b> _____</p> <p><b>Position with the Business:</b> _____ <b>Date(s) of Denial:</b> _____</p> <p><b>Reason(s) for Denial of License:</b> _____</p>
12.	<p><b>Date of Incorporation (Illinois Corporations) (5.08.070-10):</b> 9/25/2020</p> <p><b>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):</b> _____</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)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p>

	<p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
14.	<p>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 (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s):</p>
15.	<p>Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If already furnished, date of delivery:</p>
16.	<p>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)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**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): [REDACTED] Birthdate: [REDACTED]

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

Date of Course: ~~5/26/2019~~ 10/7/2020 Place Course was Taken: ~~10/7/2020~~ Certificate Granted?  Y/N Expiration: 10/7/2024

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**

**Business Name:** KNEAD: URBAN ESTERY

**SIGNATURES**

*[Handwritten Signature]*

Applicant's Signature

Subscribed and sworn before me this 14th day of October, 2020



*[Handwritten Signature]*  
Notary Public

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**

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

Date: 11/9/2020 Name of Applicant: Anthony Gargano

Name of Business: Knead: Urban Estery

Address of Business: 131 S. 1st St. Ward Number: 4

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:  
End of November 2020
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  
  
NA  
SL
 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

NA JC	<p>licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
8.	<p>Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11.	<p>It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: <i>Lesurdb 364</i> Date: <i>10/21/20</i></p>
14.	<p>Other necessary data:</p>

## ILLINOIS LIQUOR LIABILITY QUOTE

**PLEASE READ CAREFULLY. THIS QUOTATION IS NOT A BINDER OF INSURANCE. IT DOES NOT NECESSARILY PROVIDE THE TERMS AND/OR COVERAGE REQUESTED IN YOUR PROPOSAL. THIS QUOTE IS VALID FOR 30 DAYS FROM: 13 October 2020**

**BUSCHBACH INSURANCE AGENCY INC  
5615 W 95TH ST  
OAK LAWN  
IL  
60455**

**1. Name and address of Assured (Licensee in respect of Location 1)**

KNEAD LLC  
URBAN EATERY  
Illinois

**2. Sale or gifts of alcohol made by the licensee/s above limited to the following location**

Illinois

**3. Period:** From 01 December 2020 to 01 December 2021 both days at 12:01 a.m. Central Standard Time

**4. Insurance to be effected with certain UNDERWRITERS AT LLOYD'S, LONDON: 100%**

<b>5. Classification of Risk</b>	<b>Amount of Gross Annual Receipts</b>
RESTAURANT	\$80,000

<b>Total Premium:</b>	<b>\$912.00</b>
<b>Policy Fee:</b>	<b>\$25.00</b>
<b>Agency Fee:</b>	<b>\$30.00</b>
<b>Total Payable:</b>	<b>\$967.00</b>

LIMIT OF LIABILITY  
Combined Single Limit **\$1,000,000**

FORMS ATTACHED:  
LH 12 (01/07)  
AIF 2273

**COVERAGE IS SUBJECT TO SIGNED AND DATED APPLICATION. PLEASE REFER ANY REQUEST TO BIND TO COVERHOLDER.**

# Certificate of Completion

**American  
Safety Council**

JAKE ROSKO

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Has diligently and with merit completed the  
On-Premise BASSET Alcohol Certification on 10/7/2020

from the American Safety Council.



---

Jeff Pairan



## Illinois BASSET Training

This card certifies that:

**JAKE ROSKO**

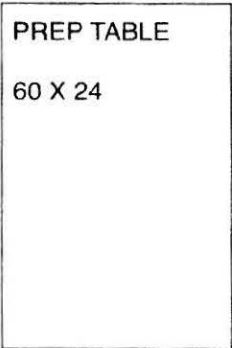
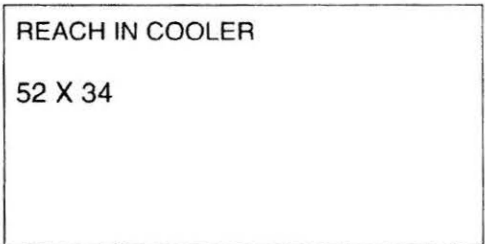
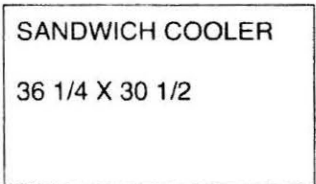
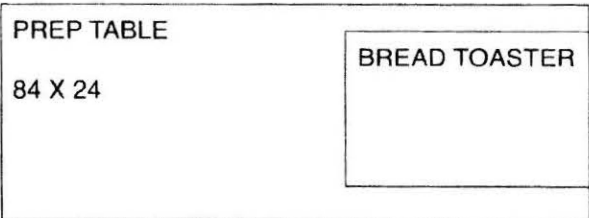
has completed the  
On-Premise BASSET Alcohol Certification

A handwritten signature in black ink, appearing to read "J. Rosko", written over a horizontal line. Below the signature, the name "J. Rosko" is printed in a small font.

J. Rosko

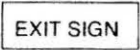
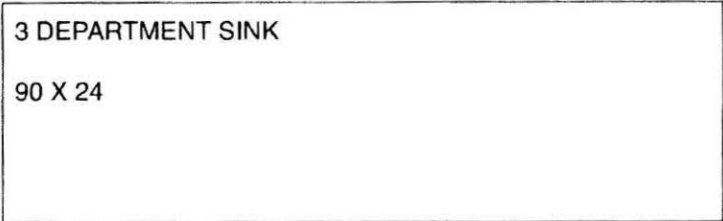
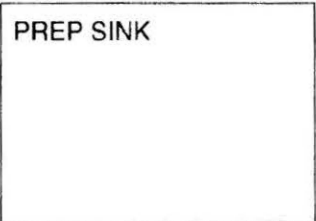
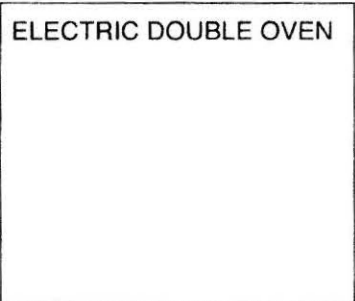
**11/6/2020**

Exp. Date



**KITCHEN**

**245 SQ FT**





FIRE EXTINGUISHER

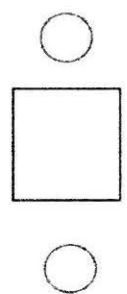
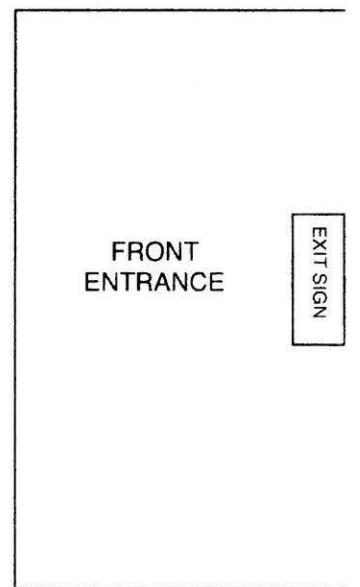
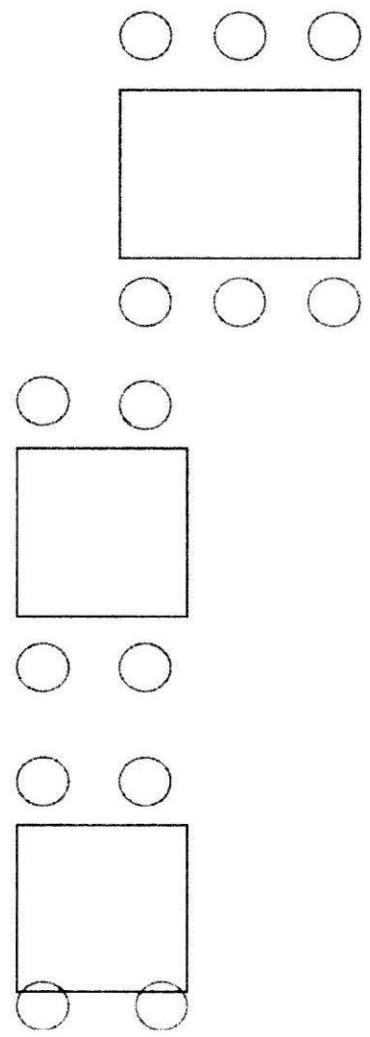
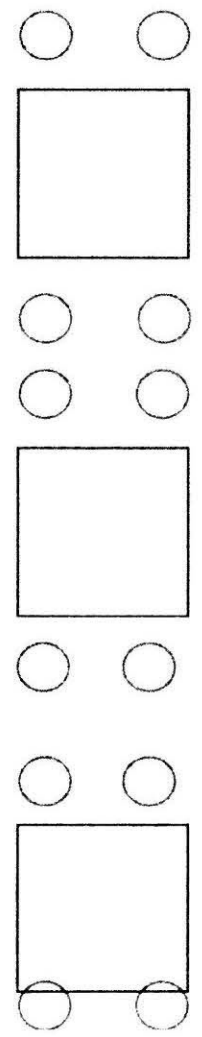
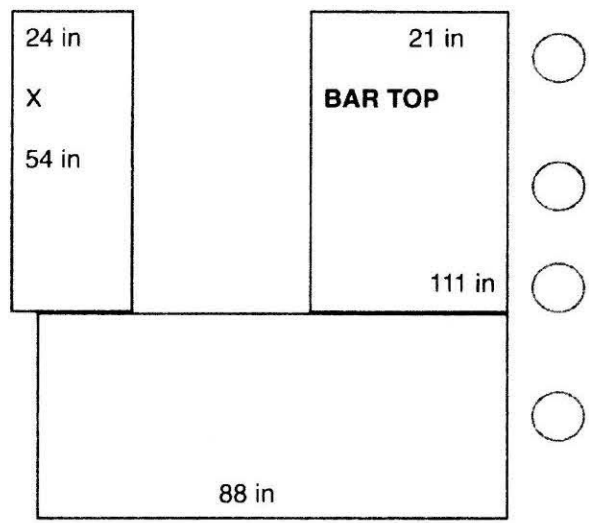
POS STATION/  
CASH  
REGISTER

DINNING ROOM

HAND  
SINK

**DINING**  
**607 SQ FT**

**BAR**  
**98 SQ FT**



# KNEAD : urban eatery

---

gourmet sandwiches, bar & market

Our focus at KNEAD: urban eatery is giving our guests the best quality food around. We will have a casual walk up service to order your meal. We specialize in gourmet sandwiches built with daily fresh baked bread. The sandwiches that we will offer have influences from all over the world. Those sandwiches will include, but not be limited to: Korea, India, Italy and, of course, some staples from the United States. And what pairs perfectly with a sandwich? Beer. KNEAD: urban eatery will offer great local beers, a few wine options and cocktails. Located inside KNEAD we will offer a market for guests to enjoy some of our favorites to bring home. That will include our fresh baked bread, homemade pastas provided by our sister restaurant Osteria Bigolaro located at 317 W. State St. Geneva, IL, as well as a few other great options. We will operate for lunch and dinner 7 days a week. Our hours of operation will be 11am-9pm.

# KNEAD : urban eatery

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**gourmet sandwiches, bar & market**

---

## TO SHARE

### **meatballs 8**

shishito peppers & sambal aioli

### **onion bread 10**

caramelized onion stuffed bread with  
smoked cheddar cheese sauce

## TARTINES

### **squash 12**

house made strachettella cheese, butternut  
squash, pumpkin seeds, brown butter  
vinaigrette & sage

### **avocado 12**

radish, soft boiled egg, pickled red onion

## SALADS

### **brussels caesar 11**

shaved brussels sprouts, mixed greens,  
homemade caesar dressing, bread  
crumbs, red onion

### **+chicken 3**

### **fall 11**

mixed greens, red onion, squash  
currants, pumpkin seeds & pine nut  
vinaigrette

## SANDWICHES

served with kettle chips

### **caprese 10**

tomato jam, stracciatella cheese  
pesto aioli & arugula

### **porchetta 12**

pork belly, fig jam, garlic aioli, pickled red onions  
arugula

### **calabrian hot chicken 12**

chicken thigh, calabrian pepper hot sauce, coleslaw &  
pickles

### **butter chicken 12**

chicken thighs, indian makhani sauce  
pickles & cilantro

### **korean bulgogi beef 12**

braised beef & kimchi style hot giardiniera

### **pastrami 12**

smoked and peppered beef brisket, mustard, swiss cheese  
pickles served on our fresh baked rye bread

## DRANKS

### **non-alcoholic beverages 3**

sprite  
coke  
diet coke  
san pellegrino regular /  
flavored  
coffee  
espresso  
latte

### **beer 6**

crystal lake brewing beach blonde  
crystal lake to much cologne- kolsche ale  
moretti la rossa - doppelbock  
moretti - golden lager  
two brothers domaine dupage - country  
ale  
two brothers pinball - pale ale  
penrose taproom ipa

### **cocktails 10**

spritz  
old fashion  
manhattan  
martini  
gin & tonic  
margarita

**AGENDA ITEM EXECUTIVE SUMMARY****Agenda Item number: 4c**

Title:

Recommendation to approve a Proposal for a B1 Liquor License Application for MOD Pizza Located at 845 S. Randall Road, St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: November 16, 2020

Proposed Cost: \$

Budgeted Amount: \$

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

MOD Pizza is located in a new building that is currently under construction with an anticipated opening in January 2021. Beer and wine are a part of this national chain's menu.

Pursuant to this item being presented at the Government Operations Committee Meeting on November 16, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, 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 December 7, 2020 for final approval

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

Summary, Floor Plan, Liquor License

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

Recommendation to approve a proposal for a B1 Liquor License application for MOD Pizza located at 845 S. Randall Road, St. Charles.



# Memo

Date: 11/2/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police *J. K.*

Re: Background Investigation-845 S. Randall Road (Class B) dba Mod Pizza (MOD Super-Fast Pizza LLC)

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The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

As you're aware, this location is currently under construction and is a national chain that features fast-casual pizza and salads. Alcohol sales (beer & wine) account for about 5% of their total sales. Mod anticipates opening in January of 2021.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed the business plan and menu. We found nothing of a derogatory nature that would preclude either the site location or the applicant(s) from moving forward with an on-site consumption license, subject to City Council approval with the following contingencies:

- This site is not yet built out but building plans and seating plans appear to be adequate and sufficient (see attachment). The Liquor license would be contingent upon an occupancy permit being issued from the Fire Department and final inspection by the Building Department.
- Although a local manager has been selected and has ties to our area (former manager at Pheasant Run), limited hiring has taken place so our background is limited at this point.

This is a 3,000 square foot restaurant with dedicated outdoor dining space. The hours of operations are as follows:

M-T 10:30 am to 10:00 pm

F-S 10:30 am to 11:00 pm

S 10:30 am to 10:00 pm

I am recommending a liquor license subject to the above-mentioned contingencies. Thank you in advance for your consideration in this matter.

# LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Orien J. Darby

BUSINESS: Mod Pizza / MOD Super Fast Pizza, LLC.

ADDRESS: 845 South Randall Road

	REQUESTED	COMPLETED
APPLICATION	_____	X
BUSINESS PLAN/FLOOR PLAN/MENU	_____	X
LEASE (OR LETTER OF INTENT)	_____	X
BASSET CERTIFICATE(S)	_____	X
FINGERPRINTS ( <u>ALL</u> MANAGERS)	_____	X
DRAM SHOP (CERTIFICATE OF INSURANCE)	_____	X
TLO	_____	X
I-CLEAR	_____	NA
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	_____	NA
POLICE RECORDS CHECK	_____	X
APPLICANT'S HOMETOWN RESIDENCY LETTER	_____	NA
ILLINOIS LIQUOR COMMISSION	_____	X
SITE VISIT	_____	X

\* COMMENTS: Original address on application was 839 S. Randall Rd. but the correct address is 845 S. Randall Rd.

INVESTIGATOR ASSIGNED: Detective Losurdo

SUPERVISOR REVIEW: Commander Majewski 6/23/17

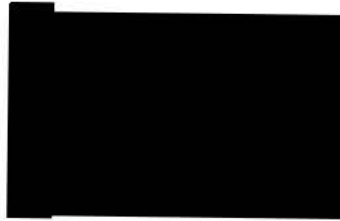


# Memo

To: Commander Eric Majewski  
From: Detective John Losurdo  
Re: Liquor License Background: MOD Pizza / MOD Super Fast Pizza, LLC. (License Class: B)

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## Applicant



## Application

This application was received on, or around, 03/05/2020. The application was missing a copy of the Dram Shop Certificate of Insurance and since no managers have been selected yet, no BASSET certificates were included. The investigative release form was not included so one was emailed to Darby to complete and send back on 03/18/2020. Additionally, Darby informed he would be the on-site Manager for the Saint Charles location. Due to this, I also requested a copy of Darby's BASSET certification in my email. Both documents, being the release form and BASSET certificate, were provided to me by Darby on 03/19/2020. On 03/30/2020 I received a copy of the Dram Shop Certificate of Insurance. The application appears to be complete including floor plans, business plan, and menu.

## Records Checks

Darby fingerprinted on 10/28/2020. Responses from both the FBI and Illinois Bureau of Identification show no arrests and nothing that would cause the license to be denied.

A check of Kane, DuPage, and Cook County court records showed no contacts for Darby. A search of McHenry County court records revealed several petty offense traffic citations.



A check of the Illinois Liquor Control Commission showed current active licenses for MOD Pizza in 27 different Illinois locations. Darby informed me he is only associated with the liquor license for the one in Rockford on State Street. I contacted the Liquor Commission of Rockford and was informed that they have had zero issues with MOD Pizza.

Darby currently resides in Cary and has also lived in Lake in the Hills over the past 10 years. Records from Cary PD and Lake in the Hills PD showed no contacts that would preclude Darby from obtaining a liquor license from the city. Darby shows no record of ever being arrested in Illinois. I ran Darby through Aegis Link, Zeus, and New World which all yielded the same results of Darby being noted in the following cases, all of which are SCPD cases:

- 18-19283 1<sup>st</sup> Degree Murder (witness)
- 18-13649 Assault (complainant)
- 18-484 Unwanted Subject (complainant)

*It should be noted that none of Darby's involvement in the above listed cases reflect poorly on Darby. Darby was simply the Manager for Pheasant Run at the time of these incidents which is where all of them occurred.*

A check of TLO and I-Clear (law enforcement databases) showed the information concerning the identity of Darby to be accurate and no areas of concern were noted. I ran a criminal history inquiry on Darby which yielded no results.

A Check of the Illinois Secretary of State showed MOD Super Fast Pizza LLC to be in good standing.

Once I was informed MOD Pizza wished to continue their application, I re-checked the previously stated records and nothing new was discovered.

### **Interview with Applicant**

On 03/23/2020 I spoke with Darby over the phone. Darby indicated that the business was originally scheduled to open on June 9<sup>th</sup> but that date has been moved back indefinitely due to the recent COVID-19 situation. No alcohol is on site yet and he was uncertain as to the construction progress of the project. Darby did inform that he is no longer associated with the Rockford MOD Pizza and is currently the General Manager of the Algonquin MOD Pizza. Darby informed that the MOD Pizza's he has been associated with have never had any liquor violations and they have never been late in payment/renewing their liquor licenses.

On 10/15/2020 I was informed that MOD Pizza wished to continue with their application. Darby stated he would come in the week of 10/19/2020 to be fingerprinted and we would set up a site visit at that time.

On 10/28/2020 Darby came to the Saint Charles Police Department to be fingerprinted. Darby stated he will set up to pay the \$50.00 fee with the City at a later



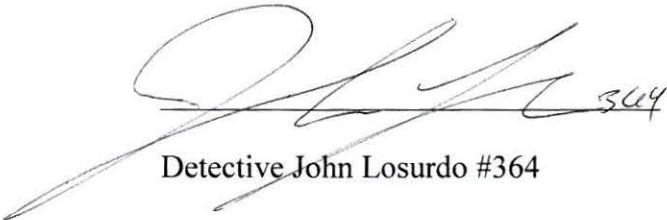
date. Darby stated that MOD Pizza plans on opening up on either 01/26/2020 or 01/27/2020. Darby explained that the business is still being renovated and that there was no liquor on-site.

**Site Visit**

On 10/29/2020 I visited the site for MOD Pizza. The interior of the building was still under construction but I found the business layout to be very similar to the floor plan provided with the application. No liquor was on-site. I noticed that the address on the building (845) differed from that on the city application (839). Darby informed that it must have been a mess-up on the application and stated that the correct address was to be 845 S. Randall Rd.

This concludes my background investigation of MOD Pizza (MOD Super Fast Pizza LLC.)

Respectfully,



Detective John Losurdo #364

received 3-5-20

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

APPLICATION CHECKLIST

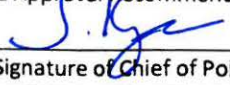
Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) <small>Non-refundable</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<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"/> Pending
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 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.	<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"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/> Pending

OFFICIAL USE ONLY

 364  
 Signature of Investigating Officer

364 / Detective  
 Badge Number & Rank

Approval Recommended\*       Approval NOT Recommended

      11-2-20  
 Signature of Chief of Police      Date

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

Date Application Received: \_\_\_\_\_

**LICENSE INFORMATION:**

**A** Package \$3200-3600

**B** Restaurant \$2400-3600  Late Night Permit 1:00am \$800 (B/C only)

**C** Tavern \$2400-3600  Late Night Permit 2:00am \$2300 (B/C only)

**D** Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies

**G** Brewery/Restaurant or Site License - \$varies

*\*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:  
MOD PIZZA

3. Business Address:  
839 S. RANDALL ROAD, ST. CHARLES, IL 60174

4. Type of Business (5.08.070-3): <b>RESTAURANT</b>	5. Length of Time in this Business (5.08.070-4): <b>SEPT. 2014</b>	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ <b>ZERO</b>
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7. Business Phone: <b>PENDING</b>	8. Business E-mail: LICENSING@MODPIZZA.COM	9. Business Website: <b>WWW.MODPIZZA.COM</b>	10. Illinois Tax ID Number: <b>4166-2997</b>
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11. Applicant/Contact Person Name:  
POLINA RIDDELL

12. Title:  
LICENSING MANAGER

13. Email: [REDACTED]

14. Applicant Home Address, and all addresses for the last 10 years:  
 Current 1305 Ivy Lane, Apt 104, Naperville, IL 60563  
 1717 Bellevue Ave, Apt 403, Seattle, WA 98122  
 2621 Magnolia Ln W, Seattle, WA 98199  
 655 Crockett Street, Seattle, WA 98109  
 Bibliotechnaya street 15/8, apt 1, Moscow, Russia 109544  
 1903 Ontario Tower, 4 Fairmont Ave, London, UK E14 9JB  
 Rose Cottage, 8 Rose Lane, St Andrews, UK KY16 9EW  
 1032 Lakeview Blvd E, Apt 6, Seattle, WA 98102

15. Ph #: (312) 843-8923	DL#: ID # 3406-6189-965R	16. Date of Birth: 12/24/1989	17. Birthplace: Palatka, Russia
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18. If Corporation, Corporation Name:  
MOD SUPER FAST PIZZA, LLC

19. Corporation Address (city, state, zip code):  
**PO BOX 6939, BELLEVUE, WA 98008**

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

Full Name, include middle initial: [REDACTED] Title: **LLC MANAGER/CEO**

Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]

Home Address, and all addresses for the last 10 years: [REDACTED] Email Address: [REDACTED]

Full Name, include middle initial: [REDACTED] Title: LLC MANAGER/PRESIDENT/COO

Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]

Home Address, and all addresses for the last 10 years: [REDACTED] Email Address: [REDACTED]

Full Name, include middle initial: Orien J. Darby Title: RESTAURANT MANAGER

Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]

Home Address, and all addresses for the last 10 years: [REDACTED] Email Address: oj.darby@modpizza.com

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

1. Exact Street Address for liquor license: <b>839 S. RANDALL ROAD</b>	2. # Parking Spaces:	3. Outside Dining s.f. [17.20.020-R]: 350 sf.	4. Total Building s.f.: <b>2,920 SQ. FT.</b>
5. Total # Seats: 142	6. Live Entertainment Area s.f. [5.08.010-H]: NOT APPLICABLE		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): <b>FAMILY STYLE RESTAURANT WITH INCIDENTAL LIQUOR SALES</b>			

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

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

- Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following:
  - The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;
  - 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);
  - 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.
- 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.
- A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
- 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="radio"/> Yes <input type="radio"/> No</p> <p>Is any individual a naturalized citizen? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Owned <input checked="" type="radio"/> 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><b>Name of Building Owner:</b> ST. CHARLES RETAIL MANAGEMENT, LLC Phone Number: N/A</p> <p><b>Address of Building Owner:</b> 30200 TELEGRAPH RD. STE 205, BINGHAM FARMS, MI 48025 E-mail Address: N/A</p> <p>Mailing Address of Building Owner (if different):</p> <p>SAME AS ABOVE</p> <p><b>Name of Building Owner:</b> N/A Phone Number:</p> <p><b>Address of Building Owner:</b> E-mail Address:</p> <p>Mailing Address of Building Owner (if different):</p> <p><b>Name of Building Owner:</b> N/A Phone Number:</p> <p><b>Address of Building Owner:</b> 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="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please list the business name(s) and address(es):</p> <p>N/A</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? <input type="radio"/> Yes <input checked="" type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, has a building permit been applied for? <input checked="" type="radio"/> Yes <input type="radio"/> No Date of permit application <u>01/13/2020</u></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="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary: N/A</p>



	<p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
14.	<p>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 (5.08.070-A12).</p> <p>Has this been done? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, date(s): <b>MANAGER TO BE DETERMINED</b></p>
15.	<p>Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If already furnished, date of delivery: <b>N/A</b></p>
16.	<p>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)?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><b>N/A</b></p>

**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.**

<b>Name (First, Middle, Last):</b>	<b>Birthdate:</b>
Home Street Address, Incl City, State, Zip:	
Date of Course:	Place Course was Taken:
Certificate Granted? Y/N	Expiration:

<b>Name (First, Middle, Last):</b>	<b>Birthdate:</b>
Home Street Address, Incl City, State, Zip:	
Date of Course:	Place Course was Taken:
Certificate Granted? Y/N	Expiration:

<b>Name (First, Middle, Last):</b>	<b>Birthdate:</b>
Home Street Address, Incl City, State, Zip:	
Date of Course:	Place Course was Taken:
Certificate Granted? Y/N	Expiration:

<b>Name (First, Middle, Last):</b>	<b>Birthdate:</b>
Home Street Address, Incl City, State, Zip:	
Date of Course:	Place Course was Taken:
Certificate Granted? Y/N	Expiration:

**NEW MANAGEMENT REQUIREMENTS**

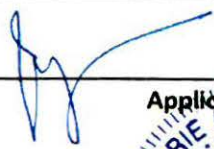
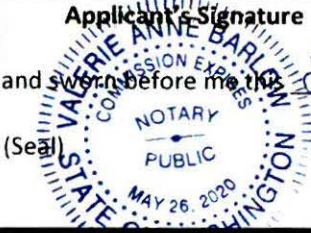
**Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.**

**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**

**Business Name:**  
 MOD SUPER FAST PIZZA, LLC D/B/A MOD PIZZA

**SIGNATURES**

  
 Applicant's Signature  
 Subscribed and sworn before me this 24th day of February, 2020  

 (Seal)  
Valerie Barlow  
 Notary Public

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**

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

Date: 10/30/2020 Name of Applicant: Oren J. Darby

Name of Business: MOD Pizza

Address of Business: 845 S. Randall Rd, Saint Charles, FL 60175 Ward Number: 5

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:  
1/27/2020
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



	<p>licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>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.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
8.	<p>Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11.	<p>It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: <i>Detective Wards 364</i> Date: <i>10/30/2020</i></p>
14.	<p>Other necessary data:</p>

1. The nature of the proposed establishment

***MOD is a fast-casual restaurant concept that will occupy approximately 2,920 square feet of interior commercial space, along with approximately 500 square feet dedicated to an outdoor patio, all of which will be located in a shopping center. MOD expects to accommodate approximately 34 customers within the interior of the restaurant and an additional 32 customers in its outdoor patio. As with its other Illinois locations, MOD anticipates that its sales of beer and wine will not exceed 5% of its overall gross sales. The hours of operation for Mod Pizza are as follow; Monday through Thursday 10:30am-10:00pm, Friday and Saturday 10:30am-11:00pm and Sunday 10:30am-10:00pm.***

2. Copy of the menu  
**[ATTACHED]**
3. No Entertainment to be provided at Mod Pizza located in St. Charles.
4. There will be outdoor seating. See attached the floor plan.

# MOD PIZZA

— SUPER FAST —

The ORIGINAL SUPER FAST PIZZA™



BUILD YOUR OWN  
any combination of toppings  
— OR —  
CHOOSE A MOD CLASSIC  
for the same price

**PIZZA**

MINI \$4.47  
9" (12 slices)

MOD \$7.17  
12" (16 slices)

MEGA \$9.17  
17" (24 slices)

- 1 MADDY** only \$6.17  
Classic Cheese Pizza
- 2 MAD DOG**  
Mozzarella, Pepperoni,  
Mild Italian Sausage,  
Crumbled Meatballs,  
MOD Red Sauce
- 3 TRISTAN**  
Mozzarella, Asiago,  
Roasted Red Peppers,  
Mushrooms, Pesto
- 4 SIENNA**  
Mozzarella, Parmesan,  
Garlic, Fresh Rosemary,  
Red Onions, Mushrooms
- 5 LUCY SUNSHINE**  
Mozzarella, Parmesan,  
Artichokes, Garlic,  
Dollops of MOD  
Red Sauce
- 6 JASPER**  
Mozzarella, Mushrooms,  
Spicy Italian Sausage,  
MOD Red Sauce
- 7 DILLON JAMES**  
Mozzarella, Asiago,  
Fresh Chopped Basil,  
Garlic, Sliced Tomatoes,  
MOD Red Sauce
- 8 ULYSSES**  
Mozzarella, Parmesan,  
Asiago, Gorgonzola,  
Fresh Chopped Basil,  
Garlic, Mushrooms
- 9 CALEXICO - it's hot!**  
Mozzarella, Gorgonzola,  
Chicken, Jalapenos,  
Hot Buffalo Sauce,  
MOD Red Sauce
- 10 CASPIAN**  
Mozzarella, Gorgonzola,  
Barbeque Chicken,  
Barbeque Sauce,  
Red Onions

### MOD KNOTS

Garlic, Cinnamon,  
Chocolate, Strawberry

**\$2.77**

— OUR PROMISE —

OUR MENU IS SIMPLE  
BUT YOUR OPTIONS ENDLESS...  
FEEL FREE TO MODIFY

IF YOU ARE NOT COMPLETELY  
HAPPY WITH YOUR PIZZA  
LET US MAKE YOU A NEW  
ONE ON THE HOUSE

WE ARE MOD

BUILD YOUR OWN  
— OR —  
CHOOSE A MOD CLASSIC  
for the same price

**SALADS**

MINI \$4.47  
SERVED 2 TO 4

MOD \$7.17  
SERVED 2 TO 4

MEGA \$9.17  
SERVED 2 TO 4

### STANDARD

Greens, Roasted  
Red Peppers, Asiago

### DELUXE

Greens, Chicken, Salami,  
Green Bells, Garbanzos,  
Tomatoes, Olives, Basil,  
Parmesan

### CAESAR

Romaine, Tomatoes,  
Asiago, Parmesan,  
Lemon Wedge

### PIZZA SALAD

Enjoy your salad on a  
warm 11" Asiago crust

**\$8.17**

### — PIZZA & SALAD TOPPINGS —

#### SAUCE

MOD Red Sauce  
MOD White Sauce  
Pesto  
BBQ Sauce  
Ranch  
Garlic Rub  
Hot Buffalo Sauce

#### MEAT

Italian Sausage (Mild or Spicy)  
Pepperoni  
Salami  
Grilled Chicken  
Crumbled Meatballs

#### SPICES

Garlic  
Rosemary  
Chopped Basil

#### EXTRAS

Spinach  
Mushrooms  
Tomatoes  
Black Olives  
Jalapenos  
Artichokes  
Red Onion  
Pineapple  
Sun Dried Tomatoes  
Green Bell Peppers  
Roasted Red Peppers  
Pepperoncini Peppers  
Kalamata Olives

#### CHEESE

Mozzarella  
Parmesan  
Feta Cheese  
Asiago  
Gorgonzola

### — DRINKS —

SELF SERVE SODA, ICED TEAS, LEMONADES  
MILKSHAKES,  
DRAFT BEER OR WINE

Vary by store

Order online at MODPIZZA.COM

Follow us on Facebook & Twitter

VISIT MODPIZZA.COM TO FIND YOUR CLOSEST MOD

ATTACHMENT A  
List of Illinois locations

**MOD\_PIZZA LOCATIONS**

<i>License No:</i> 1A-1139959 <i>City:</i> ALGONQUIN, IL	<i>Expires:</i> 09/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1127357 <i>City:</i> BLOOMINGDALE, IL	<i>Expires:</i> 07/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1141695 <i>City:</i> BOLINGBROOK, IL	<i>Expires:</i> 03/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1138096 <i>City:</i> BOLINGBROOK, IL	<i>Expires:</i> 04/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1142538 <i>City:</i> BUFFALO GROVE, IL	<i>Expires:</i> 06/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1142914 <i>City:</i> CARBONDALE, IL	<i>Expires:</i> 07/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1135199 <i>City:</i> CHICAGO, IL	<i>Expires:</i> 07/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1137043 <i>City:</i> CHICAGO, IL	<i>Expires:</i> 01/31/2021 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1127064 <i>City:</i> DEERFIELD, IL	<i>Expires:</i> 06/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1138858 <i>City:</i> DOWNERS GROVE, IL	<i>Expires:</i> 06/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1140512 <i>City:</i> EDWARDSVILLE, IL	<i>Expires:</i> 10/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1139471 <i>City:</i> ELGIN, IL	<i>Expires:</i> 08/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1135499 <i>City:</i> EVERGREEN PARK, IL	<i>Expires:</i> 05/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION

**ATTACHMENT A**  
**List of Illinois locations**

<i>License No:</i> 1A-1131040 <i>City:</i> GURNEE, IL	<i>Expires:</i> 07/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1128500 <i>City:</i> KILDEER, IL	<i>Expires:</i> 10/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1143746 <i>City:</i> LOCKPORT, IL	<i>Expires:</i> 08/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1137627 <i>City:</i> MACHESNEY PARK, IL	<i>Expires:</i> 03/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1139356 <i>City:</i> MOUNT PROSPECT, IL	<i>Expires:</i> 08/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1126744 <i>City:</i> NAPERVILLE, IL	<i>Expires:</i> 05/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1129779 <i>City:</i> NAPERVILLE, IL	<i>Expires:</i> 03/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1140148 <i>City:</i> NEW LENOX, IL	<i>Expires:</i> 10/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1137667 <i>City:</i> ROCKFORD, IL	<i>Expires:</i> 03/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1136914 <i>City:</i> SCHAUMBURG, IL	<i>Expires:</i> 12/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1128995 <i>City:</i> VERNON HILLS, IL	<i>Expires:</i> 12/31/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1138148 <i>City:</i> WAUKEGAN, IL	<i>Expires:</i> 04/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION
<i>License No:</i> 1A-1135017 <i>City:</i> WILLOWBROOK, IL	<i>Expires:</i> 04/30/2020 <i>Retail Type:</i> ON-PREMISES CONSUMPTION

ABBREVIATIONS	RESPONSIBILITY LEGEND
A-01 ARCHITECTURAL	ARCHITECT
E-01 ELECTRICAL	ELECTRICAL ENGINEER
M-01 MECHANICAL	MECHANICAL ENGINEER
P-01 PLUMBING	PLUMBING ENGINEER
...	...

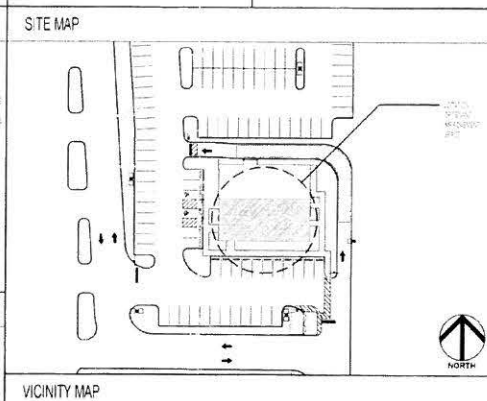
RESPONSIBILITY LEGEND	SCOPE OF WORK	SEPARATE PERMITS						
<table border="1"> <thead> <tr> <th>REVISION</th> <th>DATE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>11/15/20</td> <td>ISSUED FOR PERMIT</td> </tr> </tbody> </table>	REVISION	DATE	DESCRIPTION	1	11/15/20	ISSUED FOR PERMIT	<p>THIS PROJECT IS SUBJECT TO THE FOLLOWING PERMITS:</p> <ul style="list-style-type: none"> <li>1. COMMERCIAL BUILDING PERMIT</li> <li>2. ELECTRICAL PERMIT</li> <li>3. MECHANICAL PERMIT</li> <li>4. PLUMBING PERMIT</li> </ul>	<ul style="list-style-type: none"> <li>1. SEWER WORK</li> <li>2. FIRE ALARM PERMITTING</li> <li>3. FIRE EXHAUST PERMITTING</li> </ul>
REVISION	DATE	DESCRIPTION						
1	11/15/20	ISSUED FOR PERMIT						



**GENERAL NOTES**

1. SEE TITLE SHEET FOR PARKING.
2. VERIFY PERMITS AND REGULATIONS IN EACH JURISDICTION.
3. THE CONTRACTOR SHALL OBTAIN ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES AND AUTHORITIES.
4. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.
5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.
6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.
7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

BUILDING CODE INFORMATION	PROJECT DIRECTORY
<p><b>ADDITIONAL BUILDING CODES:</b></p> <ul style="list-style-type: none"> <li>INTERNATIONAL BUILDING CODE (IBC)</li> <li>INTERNATIONAL MECHANICAL CODE (IMC)</li> <li>INTERNATIONAL PLUMBING CODE (IPC)</li> <li>INTERNATIONAL FIRE CODE (IFC)</li> <li>INTERNATIONAL ENERGY CONSERVATION CODE (IECC)</li> <li>INTERNATIONAL RESIDENTIAL CODE (IRC)</li> <li>INTERNATIONAL ELECTRICAL CODE (NEC)</li> <li>INTERNATIONAL FIRE ALARM AND NOTIFICATION CODE (NFPA 72)</li> <li>INTERNATIONAL FIRE EXHAUST CODE (NFPA 95)</li> <li>INTERNATIONAL FIRE EXHAUST CODE (NFPA 95)</li> <li>INTERNATIONAL FIRE EXHAUST CODE (NFPA 95)</li> </ul>	<p><b>ARCHITECT:</b> CHARLES W. RAY, ARCHITECT  <b>MECHANICAL ENGINEER:</b> MOD ST. CHARLES  <b>ELECTRICAL ENGINEER:</b> MOD ST. CHARLES  <b>PLUMBING ENGINEER:</b> MOD ST. CHARLES  <b>PROJECT DIRECTORY:</b> MOD ST. CHARLES</p>



DRAWING INDEX
<p><b>MECHANICAL:</b></p> <ul style="list-style-type: none"> <li>M-01 MECHANICAL GENERAL NOTES</li> <li>M-02 MECHANICAL ROOF PLAN</li> <li>M-03 MECHANICAL DETAILS</li> <li>M-04 MECHANICAL DETAILS</li> <li>M-05 MECHANICAL DETAILS</li> <li>M-06 MECHANICAL DETAILS</li> <li>M-07 MECHANICAL DETAILS</li> <li>M-08 MECHANICAL DETAILS</li> <li>M-09 MECHANICAL DETAILS</li> <li>M-10 MECHANICAL DETAILS</li> <li>M-11 MECHANICAL DETAILS</li> <li>M-12 MECHANICAL DETAILS</li> <li>M-13 MECHANICAL DETAILS</li> <li>M-14 MECHANICAL DETAILS</li> <li>M-15 MECHANICAL DETAILS</li> <li>M-16 MECHANICAL DETAILS</li> <li>M-17 MECHANICAL DETAILS</li> <li>M-18 MECHANICAL DETAILS</li> <li>M-19 MECHANICAL DETAILS</li> <li>M-20 MECHANICAL DETAILS</li> </ul> <p><b>PLUMBING:</b></p> <ul style="list-style-type: none"> <li>P-01 PLUMBING GENERAL NOTES</li> <li>P-02 PLUMBING ROOF PLAN</li> <li>P-03 PLUMBING DETAILS</li> <li>P-04 PLUMBING DETAILS</li> <li>P-05 PLUMBING DETAILS</li> <li>P-06 PLUMBING DETAILS</li> <li>P-07 PLUMBING DETAILS</li> <li>P-08 PLUMBING DETAILS</li> <li>P-09 PLUMBING DETAILS</li> <li>P-10 PLUMBING DETAILS</li> <li>P-11 PLUMBING DETAILS</li> <li>P-12 PLUMBING DETAILS</li> <li>P-13 PLUMBING DETAILS</li> <li>P-14 PLUMBING DETAILS</li> <li>P-15 PLUMBING DETAILS</li> <li>P-16 PLUMBING DETAILS</li> <li>P-17 PLUMBING DETAILS</li> <li>P-18 PLUMBING DETAILS</li> <li>P-19 PLUMBING DETAILS</li> <li>P-20 PLUMBING DETAILS</li> </ul> <p><b>ELECTRICAL:</b></p> <ul style="list-style-type: none"> <li>E-01 ELECTRICAL GENERAL NOTES</li> <li>E-02 ELECTRICAL ROOF PLAN</li> <li>E-03 ELECTRICAL DETAILS</li> <li>E-04 ELECTRICAL DETAILS</li> <li>E-05 ELECTRICAL DETAILS</li> <li>E-06 ELECTRICAL DETAILS</li> <li>E-07 ELECTRICAL DETAILS</li> <li>E-08 ELECTRICAL DETAILS</li> <li>E-09 ELECTRICAL DETAILS</li> <li>E-10 ELECTRICAL DETAILS</li> <li>E-11 ELECTRICAL DETAILS</li> <li>E-12 ELECTRICAL DETAILS</li> <li>E-13 ELECTRICAL DETAILS</li> <li>E-14 ELECTRICAL DETAILS</li> <li>E-15 ELECTRICAL DETAILS</li> <li>E-16 ELECTRICAL DETAILS</li> <li>E-17 ELECTRICAL DETAILS</li> <li>E-18 ELECTRICAL DETAILS</li> <li>E-19 ELECTRICAL DETAILS</li> <li>E-20 ELECTRICAL DETAILS</li> </ul> <p><b>PREPARED BY:</b> CHARLES W. RAY, ARCHITECT  <b>DATE:</b> 11/15/20  <b>PROJECT:</b> MOD ST. CHARLES</p>

**MOD ST. CHARLES**  
 83645 RANDALL RD  
 ST. CHARLES, IL 60174

**INTERPLAN:**  
 ARCHITECTURE  
 ENGINEERING  
 INTERIOR DESIGN  
 PROJECT MANAGEMENT

**DESIGN TEAM:** CHARLES W. RAY, ARCHITECT  
 CHARLES W. RAY, ARCHITECT  
 CHARLES W. RAY, ARCHITECT  
 CHARLES W. RAY, ARCHITECT

**PERMIT SET:** A-001  
 GENERAL INFORMATION



INTERPLANE

INTERPLANE  
C.A. 2014  
C.A. 2015  
C.A. 2016  
C.A. 2017  
C.A. 2018  
C.A. 2019  
C.A. 2020  
C.A. 2021  
C.A. 2022  
C.A. 2023  
C.A. 2024



**MOD ST. CHARLES**  
839 R45 RANDALL RD  
ST CHARLES, IL 60174

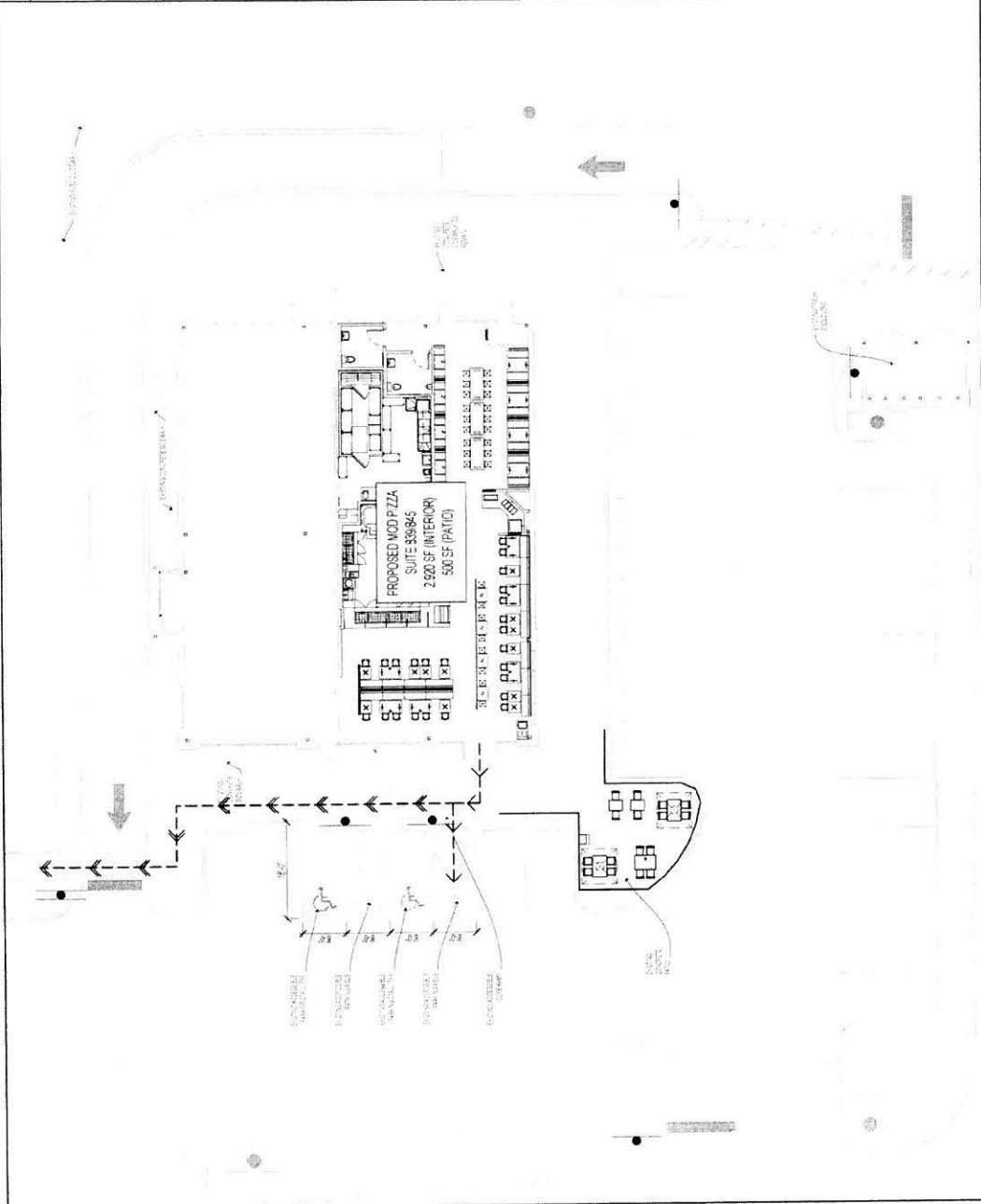
A-002

**SHEET NOTES**

- 1. INTERPLANE SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE LATEST EDITION OF THE IBC AND ALL APPLICABLE CODES.
- 2. INTERPLANE SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE LATEST EDITION OF THE IBC AND ALL APPLICABLE CODES.
- 3. INTERPLANE SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE LATEST EDITION OF THE IBC AND ALL APPLICABLE CODES.

**SHEET SYMBOLS**

- INTERPLANE
- INTERPLANE
- INTERPLANE





**INTERPLANE**  
 1100 N. WILSON AVENUE  
 SUITE 100  
 WILSONVILLE, IN 46094  
 (317) 566-3333  
 WWW.INTERPLANE.COM



**MOD ST. CHARLES**  
 83945 RANDALL RD  
 ST CHARLES, IL 60174

**A-003**  
 MOD ST. CHARLES  
 INTERPLANE

**CALCULATIONS**

MECHANICAL SYSTEMS SUMMARY  
 APPROPRIATE PER 2015

SYSTEM	UNIT	UNIT CAPACITY	UNIT TYPE
CENTRAL PLUMBING	1	1.00	1
PLUMBING	1	1.00	1
PLUMBING	1	1.00	1
PLUMBING	1	1.00	1
PLUMBING	1	1.00	1
PLUMBING	1	1.00	1

DESCRIPTION	UNIT	UNIT CAPACITY
MECHANICAL SYSTEMS SUMMARY	1	1.00
MECHANICAL SYSTEMS SUMMARY	1	1.00
MECHANICAL SYSTEMS SUMMARY	1	1.00
MECHANICAL SYSTEMS SUMMARY	1	1.00
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MECHANICAL SYSTEMS SUMMARY	1	1.00

DESCRIPTION	UNIT	UNIT CAPACITY
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**SHEET SYMBOLS**

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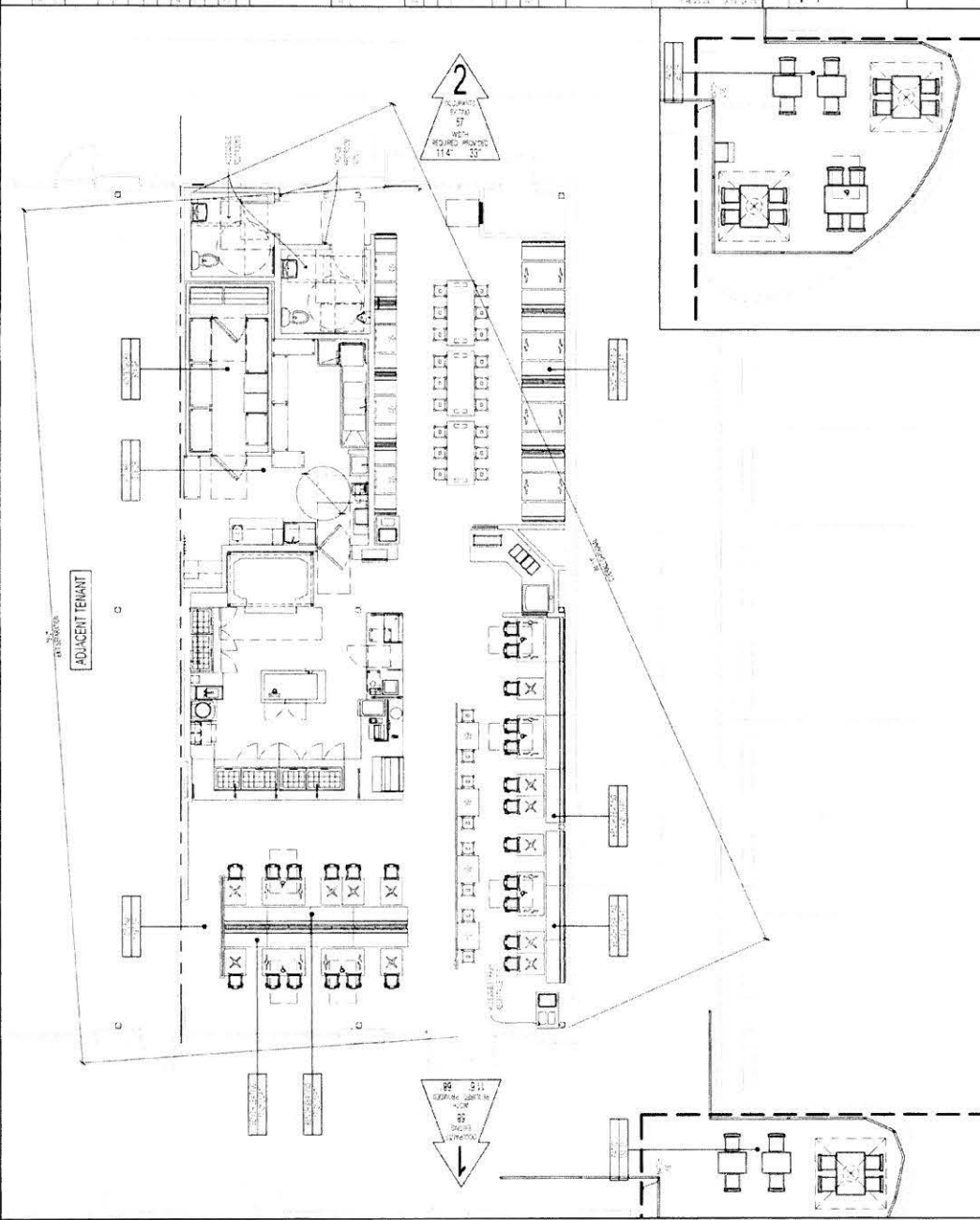
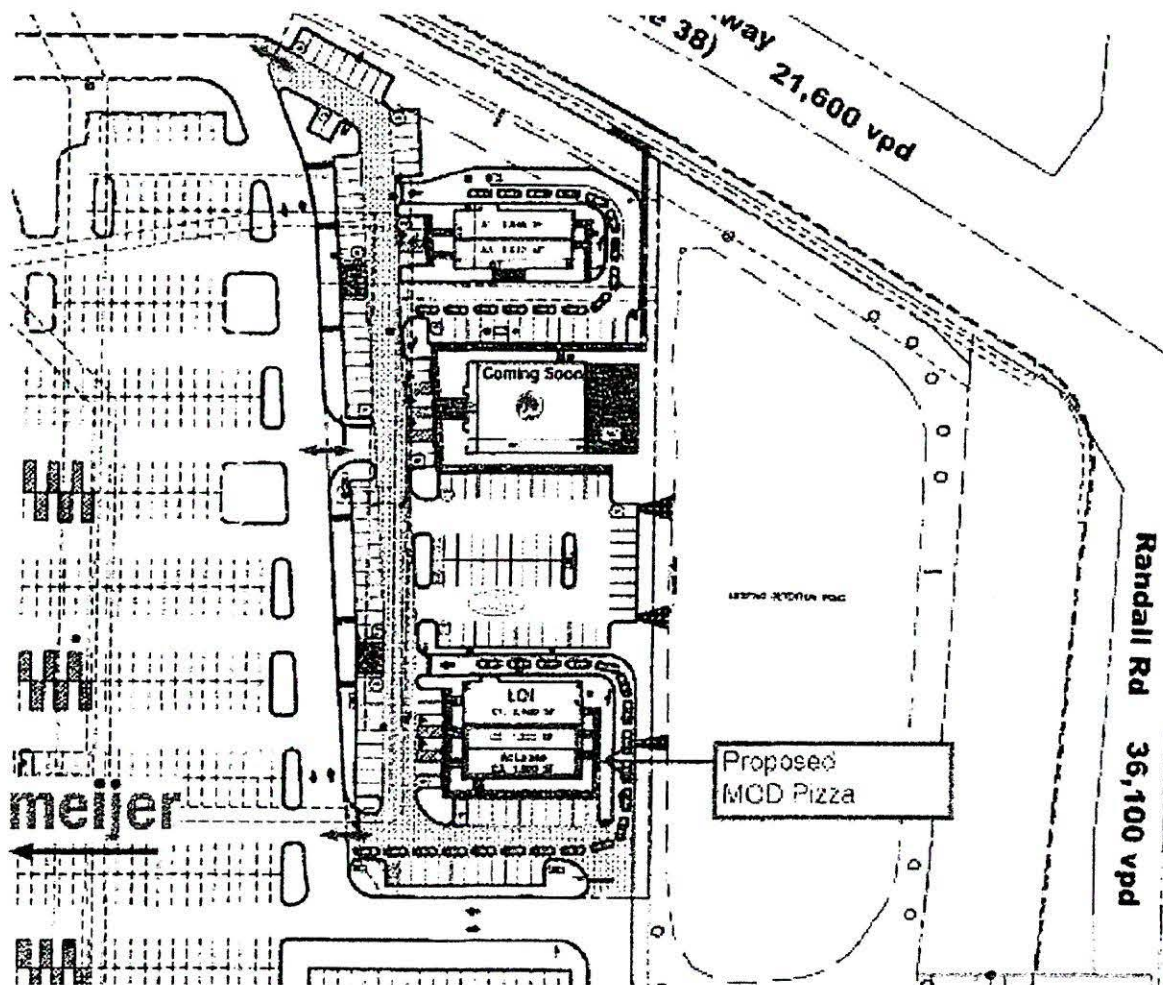




EXHIBIT A

DEPICTION OF PROPERTY WITH LOCATION OF THE PREMISES



# BASSET Card



August 28, 2017



Letter ID: L0254034768

O.J. DARBY  
3 SHEFFIELD CT.  
CARY IL 60013

License No.: 5A-1124536  
Expiration Date: 8/20/2020  
License Type: Basset Card

Your "Student ID number" is: 9DFG8-HB1G0JK

Your "Trainer's ID number" is: 5A-1124536

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**  
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS  
EDUCATION AND TRAINING [BASSET] CARD**

Date of Certification: 8/20/2017 Expires: 8/20/2020  
Trainer's IL Liquor License Number: 5A-1124536  
O.J. DARBY  
[REDACTED]

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/03/2020

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

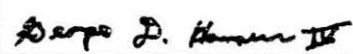
<b>PRODUCER</b> USI Insurance Services NW 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: PHONE (A/C, No, Ext): 206 441-6300 E-MAIL ADDRESS: MODSuperFastPizza@usi.com	FAX (A/C, No): 610-362-8530	
	INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Mutual Fire Insurance Company INSURER B : Great American Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 23035 16691
<b>INSURED</b> MOD Super Fast Pizza LLC Trade Name Mod Pizza PO Box 6939 Bellevue, WA 98008			

COVERAGES CERTIFICATE NUMBER: K1 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	TB7Z91465235049	08/15/2019	08/15/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	X AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	X	X	AS7Z91465235029	08/15/2019	08/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000	X	X	UMB9999754	08/15/2019	08/15/2020	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC7Z91465235079 Includes WA Stop Gap	08/15/2019	08/15/2020	X PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
A	Liquor Liability	X		TO2Z91465235059	08/15/2019	08/15/2020	\$1,000,000 Ea. Cause \$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The following are additional insured and coverage is primary and non-contributory on the general liability, liquor liability, automobile, and umbrella liability policies per the attached endorsements/forms, as required by written contract. Waiver of subrogation applies on the general liability, automobile, and umbrella liability policies per the attached endorsements/forms, as required by written contract. Waiver of subrogation applies on the workers' compensation policy only when specifically (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> City of St. Charles 2 E. Main Street Saint Charles, IL 60174	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: \*5a

Title: Budget Revisions for the City of St. Charles October, 2020  
Presenter: Chris Minick, Finance Director

Meeting: Government Operations Committee Date: November 16, 2020

Proposed Cost: \$ -0- Budgeted Amount: Not Budgeted:

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

Budget revisions for October, 2020.

**Attachments** *(please list):*  
Budget Revisions - October, 2020

**Recommendation/Suggested Action** *(briefly explain)*  
Budget Revisions for the City of St. Charles October, 2020

**CITY OF ST. CHARLES**  
**Budget Revision Listing**

**October 2020**

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Transfer	43	100	1000	2021	6	10/08/2020	200520	51300	\$ (500.00)	Software License
Budget Transfer	43	100	1000	2021	6	10/08/2020	200520	54250	\$ 500.00	Software License
Budget Transfer	43	100	1000	2021	6	10/08/2020	200521	52503	\$ 15,000.00	Testing Tool Replacement
Budget Transfer	43	100	1000	2021	6	10/08/2020	200521	56206	\$ (15,500.00)	Testing Tool Replacement
Budget Transfer	43	100	1000	2021	6	10/08/2020	200521	52306	\$ 500.00	Budget Transfer
<b>43 Total</b>									\$ -	
Budget Addition	44	100	1000	2021	6	10/12/2020	513511	56200	\$ 71,488.00	City Hall Facade
Budget Addition	44	100	1000	2021	6	10/12/2020	513900	31199	\$ (71,488.00)	City Hall Facade
Budget Addition	44	100	1000	2021	6	10/12/2020	100300	54251	\$ 43,720.00	VIRTRA annual software
Budget Addition	44	100	1000	2021	6	10/12/2020	100999	45107	\$ (43,720.00)	VIRTRA annual software
<b>44 Total</b>									\$ -	
Budget Transfer	45	100	1000	2021	6	10/12/2020	210541	52805	\$ 75,000.00	Pavement restoration funds
Budget Transfer	45	100	1000	2021	6	10/12/2020	210900	31199	\$ (75,000.00)	Pavement restoration funds
<b>45 Total</b>									\$ -	
Budget Transfer	46	100	1000	2021	6	10/12/2020	100222	52305	\$ 100.00	PPE purchase
Budget Transfer	46	100	1000	2021	6	10/12/2020	100222	54500	\$ (100.00)	PPE purchase
Budget Transfer	46	100	1000	2021	6	10/12/2020	100300	52305	\$ 100.00	Purchase of disinfecting wipes
Budget Transfer	46	100	1000	2021	6	10/12/2020	100300	52319	\$ (100.00)	Purchase of disinfecting wipes
<b>46 Total</b>									\$ -	
Budget Transfer	47	100	1000	2021	6	10/13/2020	200521	54301	\$ 6,100.00	LRS fees
Budget Transfer	47	100	1000	2021	6	10/13/2020	200520	54189	\$ (6,100.00)	LRS fees
<b>47 Total</b>									\$ -	
Budget Transfer	48	100	1000	2021	6	10/15/2020	100220	54134	\$ (20.00)	Fund collection fees
Budget Transfer	48	100	1000	2021	6	10/15/2020	100220	54135	\$ 20.00	Fund collection fees
<b>48 Total</b>									\$ -	
Budget Addition	49	100	1000	2021	6	10/15/2020	220552	54399	\$ 1,906.00	Homeowner Sewer Asst
Budget Addition	49	100	1000	2021	6	10/15/2020	220900	31199	\$ (1,906.00)	Homeowner Sewer Asst
<b>49 Total</b>									\$ -	
Budget Addition	50	100	1000	2021	6	10/20/2020	100300	52305	\$ 1,391.00	IPRF funding
Budget Addition	50	100	1000	2021	6	10/20/2020	100999	46209	\$ (1,391.00)	IPRF funding
Budget Addition	50	100	1000	2021	6	10/20/2020	100500	51601	\$ 400.00	IPRF funding
Budget Addition	50	100	1000	2021	6	10/20/2020	100999	46209	\$ (400.00)	IPRF funding
<b>50 Total</b>									\$ -	
Budget Addition	51	100	1000	2021	6	10/21/2020	200520	54110	\$ 41,199.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	200520	55320	\$ 38,863.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	200520	55321	\$ 9,163.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	200999	48200	\$ 345,730.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	200999	48400	\$ (398,617.00)	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	200900	31199	\$ (36,338.00)	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	210540	54110	\$ 34,371.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	210540	55320	\$ 32,943.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	210540	55321	\$ 7,367.00	For 2020 Bond Issue
Budget Addition	51	100	1000	2021	6	10/21/2020	210999	48200	\$ 331,426.00	For 2020 Bond Issue



**CITY OF ST. CHARLES**  
**Budget Revision Listing**

**October 2020**

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
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The revisions shown herewith have been approved by the City Council, except as noted below.

\_\_\_\_\_  
Chairman, Government Operations Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chairman, Government Operations Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Date

Exceptions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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