

**AGENDA
CITY OF ST. CHARLES
GOVERNMENT OPERATIONS COMMITTEE
ALD. DAN STELLATO, CHAIR**

**MONDAY, NOVEMBER 21, 2016
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET**

- 1. Call to Order**
- 2. Roll Call**
- 3. Omnibus Vote**
- 4. Police Department**
 - a. Recommendation to approve a proposal for a Massage Establishment license for Summer Spa to be located at 1550 E Main Street.
 - b. Recommendation to approve a proposal of a new class B liquor license for Brunch Cafe to be located at 172 S 1st Street, St. Charles.
 - c. Recommendation to approve a proposal of a Massage Establishment for Mixology Salon Spa, 116 W Main Street, St. Charles.
- 5. Fire Department**
 - a. Recommendation to approve the Listing and Marketing Agreement with FIRETEC Used Fire Apparatus Sales and the sale of the 1995 Seagrave Fire Apparatus.
 - b. Recommendation to approve the purchase of a replacement fire engine for the Fire Department and the sale of the current apparatus.
- 6. 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)
- 7. Additional Items from Mayor, Council, Staff, or Citizens.**
- 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. 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 of a Massage Establishment for Summer Spa, 1550 E Main Street, St. Charles
Presenter:	Chief Keegan, Police Department

Meeting: Government Operations Committee Date: November 21, 2016

Proposed Cost: \$ Budgeted Amount: \$ Not Budgeted: **Executive Summary** *(if not budgeted please explain):*

This is a request for a new Massage Establishment license for Summer Spa to be located at 1550 E Main Street, St. Charles (former Hung Da Spa business). Background investigation was conducted by a detective of the St. Charles Police Department and also reviewed the site inspection. Through this investigation, we determined that all the requirements have been met and the applicant, Hong Shen, is eligible for licensing subject to City Council approval.

At the time of the posting to this Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m. November 21 (same day) to process application and move it forward before this committee to seek approval of said application so it can go before the December 5 City Council for final approval.

Attachments *(please list):*

- Massage Establishment Application
- Background Check
- Site Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal of a Massage Establishment for Summer Spa, 1550 E Main Street, St. Charles.



City of St. Charles

Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4445 • Fax: 630-377-6034

Office Use Only	
Received:	10/14/10
Amount Paid:	300 -
Receipt:	

MESSAGE ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: Application must be **completed in full** and **notarized** before it will be accepted.
All fees must be paid at the time the application is submitted.

Annual License Application Fee: \$250.00 Fingerprint Fee: \$50.00 (if new owner)

NOTE: Applicant **must be fingerprinted by the St. Charles Police Department** and **must provide two passport-size photographs** (2 x 2 inches, head and shoulders area, facing forward) with this application.

1. New License Application Renewal Application Application Change

2. Please select the option that best describes your business:

Corporation Partnership Individual

3. Business Name: Summer SPA Sales Tax#: NA
Business Address: 1550 E Main St. St Charles, IL 60174 Business Phone: 630-584-2716

4. Name of Applicant: Hong Shen Home Phone: [REDACTED]
Home Address: [REDACTED] City/Zip: Oak Park
Social Security #: [REDACTED] Date of Birth: [REDACTED]
Driver's License #: [REDACTED] Issuing State: IL

****Must include a photocopy of government issued identification card.**

5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes No

6. If yes, explain in detail:

NA

7. Days/Hours of Operation: from 9:30am - 9:30pm ; 7 Days per week

8. Will the business be supervised and conducted by a manager:

Yes No

If no, please explain:

NA

9. Name of Manager: Hong Shen Home Phone: [REDACTED]
Home Address: [REDACTED] City/Zip: oak Park
Social Security: [REDACTED] Date of birth: [REDACTED]

10. List as indicated previous three years' employment history:

Employer: Thanks spa Phone: [REDACTED]
Address: [REDACTED] ⁷¹⁶ 60256 Occupation: massage therapist
Dates of employment: From: 06/01/16 To: current

Employer: reflexion spa L.L.C Phone: [REDACTED]
Address: [REDACTED] ⁶⁰⁶⁵⁷ Occupation: massage therapist
Dates of employment: From: 09/01/15 To: 03/04/16

Employer: T spa massage Phone: [REDACTED]
Address: [REDACTED] Occupation: massage therapist
Dates of employment: From: 06/18/14 To: 05/30/15

11. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses): Yes No

If yes, explain in detail:

NA

12. Will you operate by appointment only? Yes No

13. If you answered Yes to #12, will walk-ins be accepted? Yes No

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if needed):

Issuing authority: IDFPR Status: Active

Issuing authority: Florida Department of Health Status: Active

15. Have you or any of your licensed massage therapists been sanctioned by the Illinois Department of Professional Regulation concerning your licensure? **As a reminder and per Illinois law, all Massage Therapists practicing inside the State of Illinois must be licensed by State of Illinois. Out of state licensees are NOT valid in Illinois.** Yes No

16. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: NA Disposition: NA

Reason: NA Disposition: NA

17. Describe the building and specific location within the building where the Massage business will be conducted:

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

Approximate floor area devoted to the principal business: Same as before

Approximate floor area devoted to Massage stations: Same as before

Approximate total floor area of premises: Same as before

18. Describe other activities or business conducted at this location:

NA

19. List as indicated all massage therapists and employees. This list must be updated with the office of the Liquor Commissioner within 10 days of any employment change.

Name: Klong Shen Home phone: 
Address:  City/Zip: Oak Park
Position employed: Manager
State of Illinois Massage License Number: 227.016694

Name: MIN GIAMMARESE Home phone: 
Address:  City/Zip: CHICAGO IL 60634
Position employed: massage therapist manager
State of Illinois Massage License Number: 227.018662

Name: HU YAPING Home phone: 
Address:  City/Zip: HARWOOD HEIGHTS 26 60706
Position employed: massage therapist
State of Illinois Massage License Number: 227.016722

Name: _____ Home phone: _____
Address: _____ City/Zip: _____
Position employed: _____
State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only

1. List each officer, director or shareholder owning 20% or more stock or controlling interest of the corporation/partnership:

Name	Address	Home Phone #	Date of Birth
Hong Shen	[REDACTED] oak park ^o . 26. 60302	[REDACTED]	03/24/1971

2. Has any officer, manager, director or shareholder owning 20% or more of the stock of the corporation ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No

3. If yes, explain in detail:

Affidavit

State of Illinois)
) SS
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.

Signature of Applicant Hong Shen

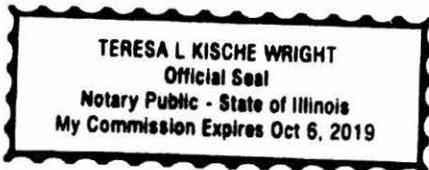
Signature of Applicant _____

I, Teresa L Kische Wright, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this 14 day of October, 2016.

SEAL

Teresa L Kische Wright
Notary Public



ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF BUILDING & CODE DIVISION/DIRECTOR OF COMMUNITY DEVELOPMENT

Recommend Issuing: Yes No Date: _____

Comments: _____

Bob Vann, Building & Code Enforcement Division Manager

Rita Tungare, Director of Community Development

ENDORSEMENT OF THE DIRECTOR OF FINANCE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE MAYOR

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature



Memo

Date: 10/21/2016
To: The Honorable Ray Rogina, Mayor-Liquor Commissioner
From: James Keegan, Chief of Police 
Re: Background Investigation: Summer Spa-1550 E. Main Street

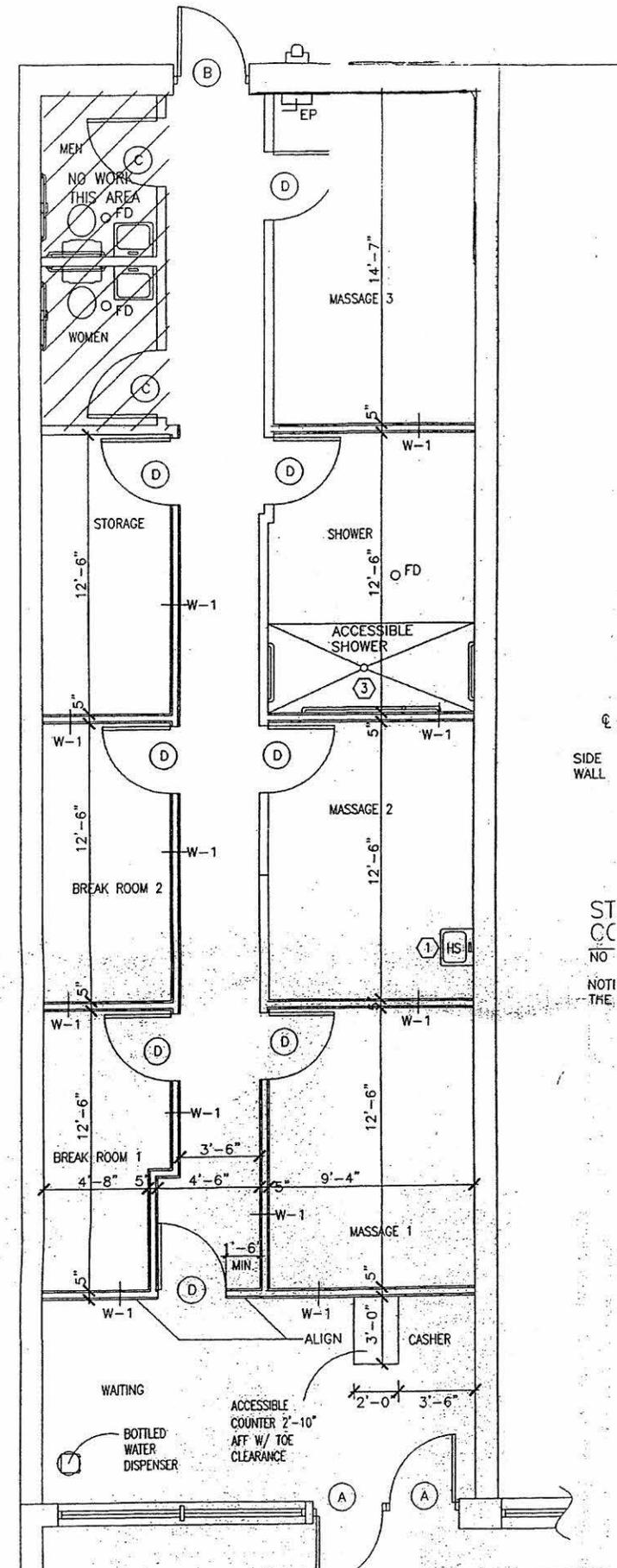
The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment located within the Tin Cup Pass Shopping Center.

As is customary procedure, a detective was assigned to this investigation and reviewed not only the site location via an inspection, but also the corresponding application and applicant. Our overall background investigation was very thorough and comprehensive. Highlights include the following:

- This location formerly housed Hong Da Spa (no reported violations at this location).
- Petitioner also owns and operates "Thanks Spa" located in Mount Prospect (no reported violations per Mount Prospect PD).
- Both the owner/manager and each of her associated massage therapists possess current and valid Illinois Department of Professional Regulation-Massage Therapy licenses. Each has no reported violations or discrepancies.

Our site visit and review of the application material found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with a massage license, subject to Council/Commission approval. Each of the associated City departments also reviewed the material to ensure compliance with our existing ordinances and zoning regulations.

Thank you in advance for your consideration in this matter.



SIDE WALL

ST
CC
NO
NOTI
THE

CONSTRUCTION PLAN

DOOR NO.	SIZE	
	W	H
A	3'-0"	6'-
B	3'-0"	6'-

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

Title:	Recommendation to approve a Proposal of a New Class B Liquor License for Brunch Cafe to be located at 172 S 1 st Street, St. Charles
Presenter:	Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: November 21, 2016

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for new class B liquor license for Brunch Cafe to be located at 172 S 1st Street, St. Charles, new building on 1st Street that's currently under construction and is planning to open in the next month. Operating hours will be from 6:30 a.m. to 2:30 p.m. – no late night permit. All paper work is in order, background checks have been completed by the Police Department, as well as fingerprints and BASSET certification. The license will not will be issued until a final occupancy permit has been released. Brunch Café also operates in Fox River Grove, Huntley, McHenry, and Roselle.

At the time of the posting to this Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., November 21 (same day) to process this application and to move it forward before this committee to seek approval of said application so it can go before the December 5 City Council for final approval.

Attachments *(please list):*

Liquor License Application
Background Check
Site Plan
Business Plan
Menu

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal of a new class B liquor license for Brunch Cafe to be located at 172 S 1st Street, St. Charles.

City of St. Charles, Illinois Liquor Control Commissioner
 CITY RETAIL LIQUOR DEALER LICENSE APPLICATION
 APPLICATION FEE IS NON-REFUNDABLE



Incomplete applications will not be accepted.
 Completed applications may be submitted to:
 Two East Main Street, St. Charles, IL 60174-1984

B-Class

Date Application Received: 11/2/16 New Application Renewal Application

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects, such as pool tables, bar stools, vending/amusement machines; as well as all exits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <ul style="list-style-type: none"> <input 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 <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input type="checkbox"/> Do not include a marketing or financial plan with this business plan 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business. <i>new building / construction</i>	<input type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

Approved* Denied Date Approved/Denied: _____ Customer Number: _____

Signature of Mayor, Liquor Control Commissioner

Date Issued

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

07.05.2016

Date: _____
 New Application
 Renewal Application

CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSIONER
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



City Retail Liquor Dealer License Application (rev. 12/13) Non-Refundable

Ordinance 5.08.050.A1 Application must be completed in full Incomplete applications will be rejected

Business Type: Circle one Individual Partnership Corporation Other _____

Business Name Brunch Cafe Sales Tax # 4225-6321

Business Address 172 S. First St St. Charles IL 60174 Business Phone # Applied

Contact Person Andy Title Pres Phone # _____

If Corporation, Corporate Name BNL, St. Charles Corp

Corporation Address 1110 W. Lake Cook Rd, Buffalo Grove IL 60089

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

Have you had a business within the City of St. Charles under any other corporate name: Yes No
If yes, list address of business _____

Full Name, include Middle Initial Andy D Zatos Title Pres

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

Home Address 1211 _____ Addison IL 60101

Full Name, include Middle Initial Ted Zatos Title VP

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

Home Address _____ Bloomington IL 60108

Full Name, include Middle Initial Peter Revel Title Sec

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

Home Address _____ Perlatine 60067

Type of Establishment: Package Restaurant Tavern Hotel/Banquet/ Arcada/Q-Center Other _____

Check as Applicable to Holding Bar [5.08.010-F] Service Bar [5.08.010-O] Live Entertainment [5.08.010-H]
Type of Establishment: Outside Dining [17.20.020-R]

Brief Business Plan Description based on type of establishment listed above:
Breakfast & Lunch Restaurant serving Bloody Marys and Mimosas

George Revelotis (Treas) IL _____ Initial: Liq Comm _____
_____ Police Chief _____

ETK Grove Village IL 60007

APPLICANT INFORMATION

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

B. Business Name: Brunch Cafe

C. Business Address: 172 S. First St. St. Charles IL 60174

D. IL Tax ID Number: 4225-6321

E. Business Phone: 247-312-5460

F. Business E-mail: stcharles@brunchcaf.com

G. Business Website: BrunchCafe.com

H. Contact Person: Andy Zatos

I. Title: Pres

J. Phone No.: [REDACTED]

K. If Corporation, Corporation Name: BML St. Charles Corp.

L. Corporation Address (city, state, zip code): 1110 W. Lake Cook Rd Buffalo Grove IL 60089

BUSINESS ESTABLISHMENT LOCATION INFORMATION

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

B. Address applying for liquor license (exact street address): 172 S. First St St. Charles IL 60174

C. Number of Parking Spaces: 110

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

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

F. Total Building s.f.: 5100

G. Total Number of Seats: 150

H. Number of Bar Seats: N/A

I. Sale Counter s.f.: N/A

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

K. Kitchen s.f.: 2700

L. Cooler s.f.: Part of Kitchen

M. Dry Storage s.f.: Part of Kitchen

N. Seating Area s.f.: 240

O. Retail/public Area s.f.:

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

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

Breakfast and Lunch Restaurant.

MANAGER INFORMATION

Full Name, include middle initial: Kyle Pepich

Title: Manager

Birthdate:

Birthplace: IL

Driver's License#:

Home Phone: [REDACTED]

Home Address:

[REDACTED] Carpentersville IL 60110

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

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

CLASS B LICENSES

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

CLASS C LICENSES

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

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

CORPORATION / PREMISES QUESTIONS

1.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>List the type of business of the applicant (5.08.070-3): <u>Restaurant</u></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): <u>20</u></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ <u>300-500</u></p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6): <u>172 S. First St</u> <u>St. Charles II 60174</u></p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
7.	<p>If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):</p> <p>Name of Building Owner: <u>First Street Development II, LLC</u></p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: <u>630-363-7270</u> E-mail Address: </p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): 8/2016.</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): Nov/2016.</p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business(5.08.070-11)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p>Mandatory: All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s): will schedule Completed 11/9/16</p>
19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.</p>

20.

Mandatory: Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)?

Yes No

COMMENTS/ADDITIONAL INFORMATION

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: Kyle Pepeich (First) (Last) (Middle) M Manager
Home Street Address: [Redacted]
City, State, Zip: Carpentersville
Date of Course: 10/5/15 Place Course was Taken: #SA-0105312
Birthdate: [Redacted] Certificate Granted: yes Expiration: 10/5/15

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

NEW MANAGEMENT REQUIREMENTS

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

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

APPLICATION FOR LATE NIGHT PERMIT

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C

To: **St. Charles Liquor Control Commission** Date:

I now possess or have applied for a liquor license Class

Applicant's Name:

Name of Business:

Business Address:

Business Phone:

SUPPLEMENTAL PERMIT APPLIED FOR

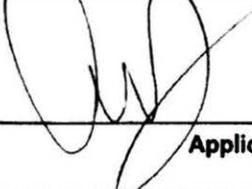
Payment of Late Night Permit fee is required at the time the permit is issued.

- 1:00 a.m. Late Night Permit – fee of \$800.00
- 2:00 a.m. Late Night Permit – fee of \$2,300.00

NOTE: Other permits that may be available upon request include:

- Class E – Special Event License (1 to 3-day event @ \$100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

SIGNATURES



Applicant's Signature



Christine Nilles



Liquor Commissioner hereby directs City Clerk to issue permit indicated above.

Liquor Commissioner's Signature

Date



Memo

Date: 11/15/2016
To: The Honorable Ray Rogina, Mayor-Liquor Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation-Brunch Cafe

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 is customary procedure, a detective was assigned this investigation and reviewed both the site location/floor plans and the corresponding application. In addition, the application material was reviewed by our Fire Department, Finance Department and Community/Economic Development. Each department reviewed the information submitted subject to their purview and area of responsibility; no issues were noted.

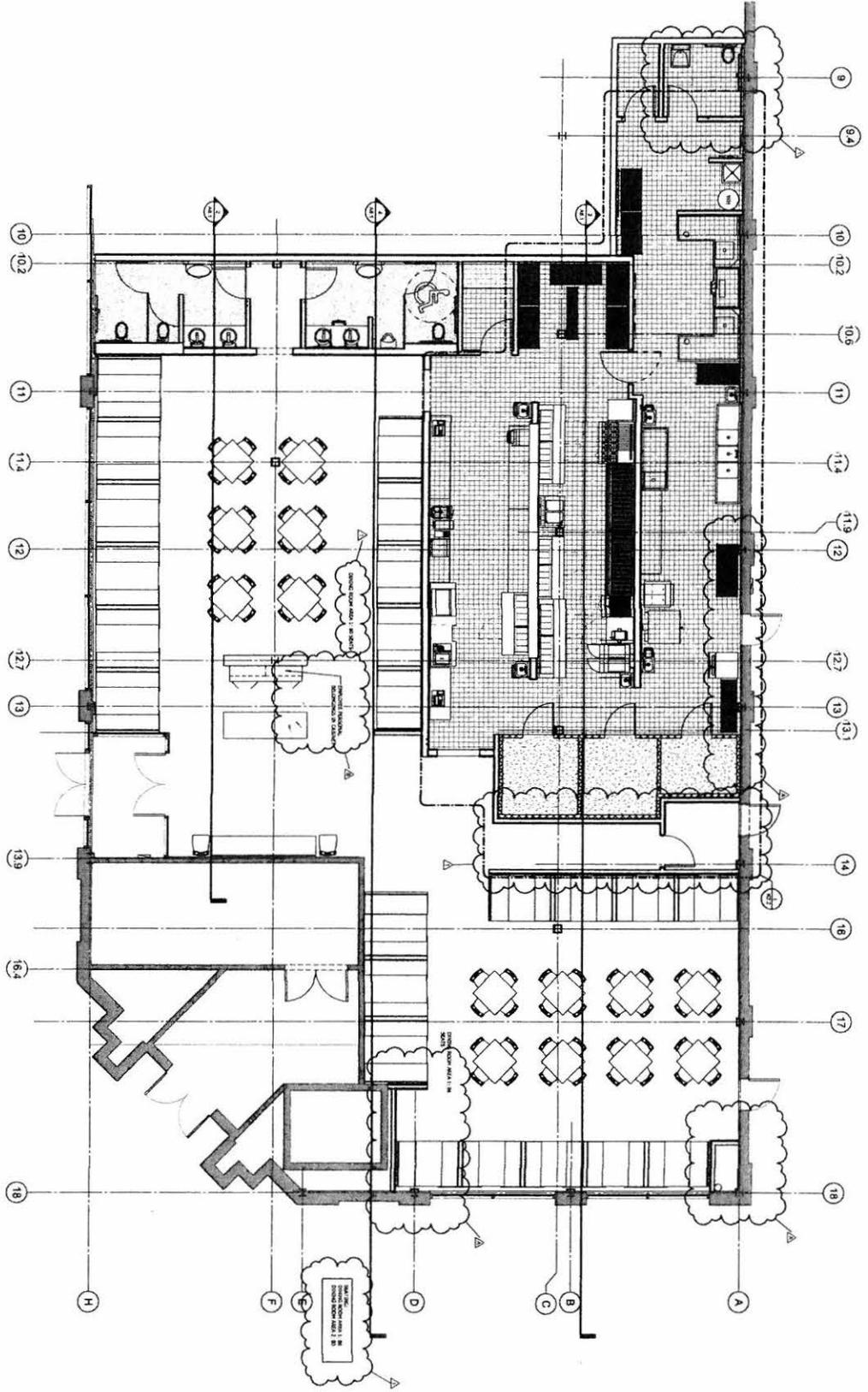
We as a police department found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with both liquors sales and on-site consumption, subject to City Council approval with the following contingency:

This site is not yet built out but building plans and seating plans appear to 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.

This is a Class B request. The hours of operation are from 6:30 a.m. to 2:30 p.m.; 7-days a week. The petitioner also operates Brunch Café's in Fox River Grove, Huntley, McHenry and Roselle.

Thank you in advance for your consideration in this matter.

1 RESTAURANT EQUIPMENT PLAN
1/16/15



← 1ST STREET →

<p>K2.1</p>	<p>DDCA architects</p> <p>Direct Design Ltd. Carroll Robinson</p>	<p>DETAILS TO BE REVIEWED FOR REVIEW</p>	<p>brunch Breakfast • Lunch <i>Cafe</i></p> <p>St. Charles, IL</p>
		<p>DETAILS TO BE REVIEWED FOR ENGINEERING</p>	
<p>DETAILS TO BE REVIEWED FOR PERMIT</p>	<p>DETAILS TO BE REVIEWED FOR HEALTH DEPARTMENT REVIEW</p>	<p>DETAILS TO BE REVIEWED FOR HEALTH DEPARTMENT COMMENTS</p>	<p>DETAILS TO BE REVIEWED FOR REVIEW COMMENTS</p>

Brunch Café
172 S 1st Street
St. Charles, IL 60174

- Family business serving breakfast and lunch
- Hours of operation will be 6:30 a.m. to 2:30 p.m.
- All service will be held in doors and will not have any music entertainment.

Have several other locations with the first one established in Fox River Grove in 2008, Roselle in 2009, McHenry in 2010, and Huntley in 2014.

entrée salads

stuffed avocado

fresh fruit, scoop of chicken salad and sliced avocado 9.99

chicken bruschetta salad

grilled chicken breast over romaine, diced tomatoes, feta cheese and olives tossed in our vinaigrette and garnished with our pita croutons 9.99

cobb

romaine topped with grilled chicken breast, bacon, tomatoes, avocado, egg, bleu and cheddar cheese 10.99

berry chicken

spring mix greens topped with a generous scoop of chicken salad, raspberries, strawberries, blueberries, pecans, and blueberry pomegranate vinaigrette 10.99

southwest

romaine, black beans, corn, diced tomatoes, cucumbers, bacon, cajun dusted grilled chicken, and shredded cheddar garnished with tortilla strips and served with chipotle ranch dressing 10.99

chopped

romaine, green onion, diced tomatoes, diced cucumbers, bacon, diced chicken, bleu and cheddar cheese, egg and pasta 10.99

paninis

all paninis are served with homemade potato chips or french fries and a pickle

caprese chicken

grilled chicken, provolone cheese, oven roasted tomatoes, basil and balsamic mayo 9.99

turkey avocado

oven roasted turkey, bacon, avocado, swiss cheese and chipotle mayo on focaccia 9.99

wraps

all wraps are served with homemade potato chips or french fries and a pickle

baja steak

skirt steak, corn, black beans, cheddar cheese, lettuce, tomato, and chipotle ranch dressing 10.99

grilled veggie

portobello mushrooms, roasted red peppers, spinach, red onion, tomato, provolone and balsamic mayo 9.99

kickin' chicken

crispy chicken smothered in spicy buffalo sauce, ranch dressing, romaine lettuce, tomatoes, and bleu cheese crumbles wrapped in a flour tortilla 9.99

chicken blt

crispy chicken, bacon, lettuce, tomato, cheddar cheese and ranch dressing 9.99

gourmet sandwiches

all sandwiches are served with homemade potato chips or french fries and a pickle

apple gouda melt

sliced ham off the bone, gouda cheese, cranberry mayo on grilled apple bread 9.99

manhattan

warm roast beef, grilled red onions, swiss cheese, garlic mayo on grilled marble rye bread 9.99

the brunch chicken

grilled chicken breast, sliced apple, avocado, bacon, swiss cheese, leaf lettuce, and french dressing on ciabatta 9.99

reuben new yorker

thinly sliced corned beef, sauerkraut, thousand island dressing, and swiss cheese piled high on grilled marble rye 10.99

chicken salad

white meat chicken salad mixed with pecans, diced apples and dried cranberries served on multigrain bread 9.49

turkey club

turkey, bacon, lettuce, tomato, american cheese, and mayo on toasted white bread 9.99

tuna melt

white albacore tuna salad, grilled tomatoes and mozzarella cheese on grilled multigrain bread 9.99

turkey california

slices of turkey, swiss cheese, guacamole, lettuce, tomatoes, on whole wheat toast 8.99

burgers (certified angus)

all burgers are served with homemade potato chips or french fries and a pickle

burger 8.99

add american, swiss, mozzarella, or cheddar .75
add bacon 1.00

patty melt

american cheese and caramelized onions on marble rye 9.99

kick my angus

onion ring, sliced jalapenos, cheddar cheese, chipotle ranch on a gourmet bun 10.99

turkey burger ♡

a seasoned lean turkey burger topped with swiss cheese, honey mustard, lettuce, tomato and red onion, served on a pretzel bun 9.99

brunch burger

(low carb...high protein)
8 oz. burger, grilled onion, tomato, swiss cheese, and topped with a fried egg, served on a bed of baby spinach leaves and a side of cottage cheese 9.99

brunch Breakfast • Lunch Cafe

12270 princeton dr
(frontage rd on route 47)
huntley il 60142
847.669.8437 • fax 847.669.8583

hours: 6:30 a.m. - 2:30 p.m.

take out • dine in • catering
Deliveries mon-Fri to any
Huntley location
Visit us at brunchcafe.com for our
complete catering menu, banquet
services and contact information



Visit us at brunchcafe.com for our complete catering menu and banquet services.

prices subject to change without notice. if you like us, tell others, if you don't tell us!

good morning

quality, freshness, and exceptional service

brunch cafe is committed to providing our guests with what we feel are the most important aspects of the breakfast and lunch experience our professional and courteous staff is dedicated to providing you with an enjoyable and tasty dining experience

hey batter, batter

our pancakes are dusted with powdered sugar and served with warm syrup and whipped butter

original buttermilk pancakes

plain and simple! 6.49

add: strawberries, blueberries, or raspberries 1.50

shorty

eating light? have a short stack, two moist buttermilk pancakes 5.49

chocolate bacon

sweet and savory! diced bacon and chocolate chips baked inside our buttermilk pancakes and drizzled with chocolate syrup 8.99

blueberry bliss cakes

our fluffy blueberry infused hot cakes layered with a creamy cheese filling then topped with plump blueberries and vanilla bean glaze 8.99

carrot cake

multigrain cakes topped and filled with pecans and shredded carrots layered with brunch cream and vanilla bean glaze 8.49

black & white

for the chocoholics! milk chocolate and white chocolate chips drizzled with chocolate and vanilla glaze 8.49

multigrain

heart healthy multigrain pancakes 7.49

add: strawberries, blueberries, or raspberries 1.50

gluten-free pancakes

add: strawberries, blueberries, or raspberries 1.50

belgian waffles

the original

served with warm maple syrup, whipped butter and dusted with powdered sugar 6.99

add: strawberries, blueberries, or raspberries 1.50

add: ice cream 1.75

churro

original waffle tossed in cinnamon sugar 7.49

berry explosion

raspberries, strawberries, blueberries... enough said! 8.99

stuffed waffle

our crispy belgian waffle stuffed with strawberries, bananas, and our strawberry cream cheese filling topped with whip cream 8.99

french toast frenzy

thick french toast

dusted with powdered sugar and served with warm syrup 6.99

apple bread french toast

two slices of our fresh baked apple bread with a vanilla bean glaze, and pecans 8.99

red velvet french toast

red velvet cake filled with cream cheese icing and topped with strawberries and whip cream 8.49

banana bread

one of our favorites! three slices of our banana bread french toast topped with slices of banana and pecans 8.49

cinnamon roll

three slices of our fresh baked cinnamon french toast topped with our vanilla bean glaze 8.49

sides

sausage 2.99

turkey sausage patties 2.99

bacon 3.99

ham off the bone 3.99

canadian bacon 3.99

corned beef hash 3.99

brunch potatoes 2.49

toast 1.99

enjoy your meal!

french toast frenzy

stuffed french toast

cream cheese filling, fresh strawberries, and topped with whipped cream 8.49

signature brunch french toast

slices of french bread soaked in our vanilla bean custard, baked, and topped with kiwis and strawberries 8.99

whole grain french toast

three pieces of whole grain french toast topped with fresh strawberries, blueberries, and raspberries 8.99

crepe expectations

plain crepes

dusted with powdered sugar and served with warm syrup 6.49

add: strawberries, blueberries, or raspberries 1.50

lemon poppyseed

topped with fresh blackberries, kiwi, and vanilla bean glaze 8.49

strawberry banana crepes

topped with strawberries, ripe bananas and served with strawberry glaze and vanilla bean glaze 8.49

berry berry crepe

filled with strawberry cream cheese filling and strawberries, topped with blueberries, raspberries, and strawberries 8.99

ham & swiss

our delicious crepes filled with swiss cheese and ham off the bone, topped with hollandaise sauce 8.99

california

scrambled eggs, avocado, spinach, bacon, jack and cheddar cheese, and topped with hollandaise sauce 9.99

"route 47"

spinach, mushrooms, onions, and cheddar cheese stuffed in our crepes and topped with hollandaise sauce 8.49

egg-ceptional

all eggs served with our brunch potatoes and your choice of toast or pancakes

just two eggs (any style) 5.99

with bacon, sausage, or ham 7.99

with canadian bacon 7.99

with corned beef hash 7.99

substitute egg beaters or egg whites for an additional 1.00

scramblers

served with brunch potatoes, and your choice of toast or pancakes

south beach

scrambled eggs, bacon, spinach, avocado, and monterey jack cheese 9.99

nacho

scrambled eggs, chicken, tortilla chips, tomatoes, green onion, pepperjack cheese, salsa verde, and sour cream 9.99

mardi gras

scrambled eggs, andouille sausage, spinach, oven roasted tomatoes, provolone cheese 9.99

health club

egg whites, turkey sausage, oven roasted tomatoes, mushrooms and pepper jack cheese (served with fruit) 9.99

brunch omelets

all omelets served with our brunch potatoes and your choice of toast or pancakes

baked potato

diced potato, bacon, cheddar cheese, sour cream and green onions, served with fruit 9.99

ham & cheese

ham off the bone with your choice of cheese 9.49

garden

mushrooms, onions, spinach, asparagus, tomatoes and green peppers 9.49

mile-high

green peppers, onions and ham 9.49

spinach & feta

sautéed baby spinach and feta cheese 9.49

butchershop

ham, bacon and sausage 9.99

mediterranean

oven roasted tomatoes, feta cheese, onions and basil 9.99

caliente

chorizo sausage, jalapenos, diced tomatoes, onions and cheddar cheese, served with salsa and sour cream 9.99

brunch favorites

breakfast burrito

scrambled eggs, diced potatoes, chorizo, tomatoes, onions, jalapenos and cheddar cheese wrapped in a warm flour tortilla 9.99

south of the border

we've taken the traditional quesadilla and given it a new look! our breakfast quesadilla starts with a delicious combination of scrambled eggs, melted cheddar cheese, green onions, tomatoes and bacon, folded in a large tortilla and topped with sour cream and avocado slices 8.99

stuffed potato pancakes

scrambled eggs, bacon, and cheddar cheese stuffed in our potato pancakes 9.99

country fried steak and eggs

topped with our delicious sausage gravy 9.99

breakfast sliders

made small for just the right bite! three mini breakfast sandwiches with scrambled eggs, sausage patties, and american cheese, served with brunch potatoes 8.99

biscuits & gravy

fluffy biscuits smothered with our rich sausage gravy. always a favorite! 6.99

panini

scrambled eggs, tomatoes, american cheese, and bacon and served with brunch potatoes 8.99

stuffed portobello

portobello mushroom stuffed with scrambled egg whites, spinach, red peppers, green onions, and low fat mozzarella cheese, served with a scoop of cottage cheese 9.99

little brunchers

12 years old and younger includes soft drink or milk, add 1.00 for juice

chocolate chip cakes 4.99

baby cakes with fruity pebbles 4.99

two eggs with bacon 4.99

french toast sticks 4.99

dippin' chicken fingers 5.99

cheeseburger 5.99

grilled cheese 5.99

mac-n-cheese with fruit 5.49

brunch bennies

all benedicts are made with two poached eggs

original

canadian bacon and hollandaise sauce served on an english muffin 8.99

veggie potato pancake

sautéed spinach, mushrooms, tomato, onion, green pepper, Monterey Jack cheese and hollandaise sauce. Served on two potato pancakes with fresh fruit 9.99

florentine

sautéed spinach, mushrooms, oven roasted tomatoes, and hollandaise sauce served on an english muffin 9.49

portobenny

fresh asparagus, goat cheese, and hollandaise sauce served on portobello mushroom caps 9.99

eggsquisite skillets

made with two eggs any way you like and served over our brunch potatoes with toast or pancakes

sweet potato

sweet potato tots, apples, ham, and smoked gouda cheese 9.99

irish

corned beef hash & swiss cheese 8.99

meat & potato

ham, bacon, sausage, and cheddar cheese 9.99

ay carambal

chorizo sausage, onions, tomatoes, jalapenos and cheddar cheese, served with salsa and sour cream 9.99

veggie

mushrooms, onions, spinach, green peppers, tomatoes, and monterey jack cheese 9.49

steak

sliced skirt steak, mushrooms, onions and provolone cheese 10.99

oatmeals

old fashioned oatmeal 4.49

apple cinnamon oatmeal

with brown sugar 5.99

cranberry pecan oatmeal with honey 5.99

berry bowl

strawberries, blueberries, raspberries served with our signature brunch cream 6.49

yogurt parfait

blueberries, strawberries, raspberries, granola and low fat yogurt 5.99

smoothies

banana strawberry 4.99

berry berry 4.99

juice

orange, apple, cranberry, tomato, and grapefruit sm. 2.49 | lrg. 2.99

strawberry orange juice sm. 2.99 | lrg. 3.99

specialty drinks

espresso 2.50 americano 3.25

cappuccino, latte 3.50

make it hazelnut, caramel, vanilla, sugar free vanilla or peppermint add .50

mocha 3.50 chai 3.50

hot chocolate 2.79

raspberry or pomegranate

flavored lemonade 2.85

raspberry or pomegranate

flavored iced tea 2.85

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

Title:	Recommendation to Approve a Proposal of a Massage Establishment for Mixology Salon Spa, 116 W Main Street, St. Charles
Presenter:	Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: November 21, 2016

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for a Massage Establishment license for Mixology Salon Spa located at 116 W Main Street, St. Charles. Background investigation was conducted by a detective of the St. Charles Police Department as well as the site inspection. Through this investigation, we determined that all the requirements have been met and the applicant, Phoebe Falese, is eligible for licensing subject to City Council approval.

At the time of the posting to this Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m. November 21 (same day) to process application and move it forward before this committee to seek approval of said application so it can go before the December 5 City Council for final approval.

Attachments (*please list*):

Massage Establishment Application
Background Check
Site Plan

Recommendation/Suggested Action (*briefly explain*):

Recommendation to approve a proposal of a Massage Establishment for Mixology Salon Spa, 116 W Main Street, St. Charles.



City of St. Charles

Office of the Mayor

Two East Main Street

St. Charles, Illinois 60174-1984

Phone: 630-377-4445 • Fax: 630-377-6034

Office Use Only	
Received: _____	
Amount Paid: _____	
Receipt: _____	

MASSAGE ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: Application must be completed in full and notarized before it will be accepted.
All fees must be paid at the time the application is submitted.

Annual License Application Fee: \$250.00

Fingerprint Fee: \$50.00 (if new owner)

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (2 x 2 inches, head and shoulders area, facing forward) with this application.

1. New License Application Renewal Application Application Change

2. Please select the option that best describes your business:

Corporation

Partnership

Individual

3. Business Name: Mixology Salon Spa Sales Tax#: [REDACTED]
Business Address: 116^W MAIN Street Business Phone: (630) 549-6870
St. Charles IL, 60174

4. Name of Applicant: Phoebe Falise Home Phone: _____

Home Address: _____ City/Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

****Must include a photocopy of government issued identification card.**

5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes

No

6. If yes, explain in detail:

7. Days/Hours of Operation: M - Closed Tue Fri. - 9-9 Sat. 8-4 Sun. 10-4

8. Will the business be supervised and conducted by a manager:

Yes No

If no, please explain:

Phoebé Falase
Taylor Falase

9. Name of Manager: Phoebé Falase / Taylor Home Phone: [REDACTED]
Home Address: [REDACTED] City/Zip: St. Charles 60175
Social Security #: [REDACTED] Date of birth: [REDACTED]

10. List as indicated previous three years' employment history:

Employer: Taylor Stevens Phone: [REDACTED]
Address: [REDACTED] Occupation: stylist
Algonquin, IL 60102
Dates of employment: From: 2005 To: 2014 1 year

Employer: Mario Tricoli Phone: [REDACTED]
Address: [REDACTED] Occupation: stylist
Geneva
Dates of employment: From: 2007 To: 2014

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

11. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses): Yes No

If yes, explain in detail:

12. Will you operate by appointment only? Yes No

13. If you answered Yes to #12, will walk-ins be accepted? Yes No

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if needed):

Issuing authority: _____ Status: _____

Issuing authority: _____ Status: _____

15. Have you or any of your licensed massage therapists been sanctioned by the Illinois Department of Professional Regulation concerning your licensure? **As a reminder and per Illinois law, all Massage Therapists practicing inside the State of Illinois must be licensed by State of Illinois. Out of state licensees are NOT valid in Illinois.** Yes No

16. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition: _____

Reason: _____ Disposition: _____

17. Describe the building and specific location within the building where the Massage business will be conducted:

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

Approximate floor area devoted to the principal business: 5200 sq. ft.

Approximate floor area devoted to Massage stations: 100 sq. ft.

Approximate total floor area of premises: 5200 sq. ft.

18. Describe other activities or business conducted at this location:

HAIR, COLOR, MAKEUP, MEN'S GROOMING,
WEDDING SERVICES, MANICURE, PEDICURE

19. List as indicated all massage therapists and employees. This list must be updated with the office of the Liquor Commissioner within 10 days of any employment change.

Name: BREANN KLUXDAL Home phone: [REDACTED]
Address: [REDACTED] City/Zip: SOUTH BLOOM, IL 60177
Position employed: MASSAGE THERAPIST [REDACTED]
State of Illinois Massage License Number: [REDACTED]

Name: _____ Home phone: _____
Address: _____ City/Zip: _____
Position employed: _____
State of Illinois Massage License Number: _____

Name: _____ Home phone: _____
Address: _____ City/Zip: _____
Position employed: _____
State of Illinois Massage License Number: _____

Name: _____ Home phone: _____
Address: _____ City/Zip: _____
Position employed: _____
State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only

1. List each officer, director or shareholder owning 20% or more stock or controlling interest of the corporation/partnership:

Name	Address	Home Phone #	Date of Birth
Phoebé Falase		[REDACTED]	
Sue Henry		[REDACTED]	
Both 50% Shareholder in Company / Both owners			

2. Has any officer, manager, director or shareholder owning 20% or more of the stock of the corporation ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No

3. If yes, explain in detail:

Affidavit

State of Illinois)
)) SS
 County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.

Signature of Applicant [Signature]
 Signature of Applicant _____

I, Phoebé Falase, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this 15 day of November, 2016.

"OFFICIAL SEAL"
CHRISTINE NILLES
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 9/21/2017

[Signature]
 Notary Public

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF BUILDING & CODE DIVISION/DIRECTOR OF COMMUNITY DEVELOPMENT

Recommend Issuing: Yes No Date: _____

Comments: _____

Bob Vann, Building & Code Enforcement Division Manager

Rita Tungare, Director of Community Development

ENDORSEMENT OF THE DIRECTOR OF FINANCE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE MAYOR

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature



Memo

Date: 11/18/2016
To: The Honorable Ray Rogina, Mayor-ATM Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation: Mixology Salon-116 W. Main Street

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 is customary procedure, a detective was assigned to this investigation and reviewed not only the site location via an inspection, but also the corresponding application and applicant.

We found nothing of a derogatory nature that would preclude either the site location or the applicant(s) from moving forward with a massage license, subject to Council/Commission approval.

Please see the attached materials for further information.

Thank you in advance for your consideration in this matter.



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: **5a**

Title:	Recommendation to Approve the Listing and Marketing Agreement with FIRETEC Used Fire Apparatus Sales and Sale of 1995 Seagrave Fire Apparatus
Presenter:	Fire Chief Joe Schelstreet

Meeting: Government Operations Committee

Date: November 21, 2016

Proposed Cost: \$0

Budgeted Amount: \$0

Not Budgeted:

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

The Fire Department recently replaced a 21 year old Seagrave Fire Apparatus as part of the normal budgeted apparatus replacement plan and schedule. The vehicle being replaced has been authorized for sale previously by Council. Due to the condition of the vehicle, the normal practice of utilizing the manufacturer's contacts for a trade in accommodation have not been successful. The Fire Department wishes to list the apparatus with FIRETEC Used Fire Apparatus Sales in order to obtain the best possible price while still acknowledging the vehicles condition. If no interested parties can be located, the vehicle can be listed on the normal City website utilizing the procedure for all surplus equipment.

Attachments *(please list):*

Listing and Marketing Commission Agreement with FIRETEC Used Apparatus Sales.

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve the Listing and Marketing Agreement with FIRETEC Used Fire Apparatus Sales and the sale of the 1995 Seagrave Fire Apparatus.

AMERICA'S SOURCE FOR USED FIRE APPARATUS

RIGHT TRUCK. REAL RESULTS.



Form is best viewed with latest version of Adobe Reader

Engine/Pumper

Use tab key to advance to next field

Customer:

Fire Department/Owner: St. Charles Fire Dept. Contact: Chief Joe Schelstreet
Daytime Phone: (630) 377-4458 Fax: (630) 762-7035 E-mail: jschelstreet@stcharlesil.go
Fire Department Address: 112 N. Riverside Ave
City: St. Charles State: IL Zip + 4: 60174
Nearest Airport (for scheduling inspections): Chicago O'Hare or Chicago Midway

Apparatus:

Year: 1,995 Manufacturer: Seagrave Model: JBSODF
Body Material: Stainless Steel # of Cabinets 11

Chassis:

Make: Seagrave Model: Commander II/78762
VIN# 1F9EV28J4TCST2011 Mileage: 107,213
Vehicle Dimensions: Height: Ft. 9 In. 0 Width: Ft. 8 In. 0 Length: Ft. 29 In. 0
GVW: 42540 Wheelbase: In. 192 # of Axles: 2 AWD: Y N
Cab Type: Custom - 4 door enclosed Cab Material: Stainless Steel Color: White over Lime/Yellow
of Occupants: 5 # of Seats 5 SCBA Seats: Y N # SCBA Holders: 4
Brakes: Air Hydraulic Anti-Lock Air Conditioner: Y N
Tire Condition: (tread & age) 3/8 F2808 R 5/8 1106 Tire Size: Front: 385165R225 Rear: 315/80R22.5

Engine:

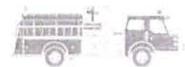
Make: Detroit Model: 6V92 Fuel: Diesel Turbo: Y N
Horsepower: 400 # of Cylinders: 6 Hours: 8545.2

Transmission:

Make: Allison Model: HT740 Type: Automatic
Speeds: 4 Engine Brake: None

Pump & Plumbing (If Applicable):

Make: Waterous Model: CMU GPM: 1500
Stages: 2 Location: Midship Last Pump Test: 2014
Pump & Roll: Y N If Yes, Describe Method (PTO etc.) _____
Water Tank Size: 750 Water Tank Material: Poly
Foam System: (make, model/gpm) None Foam Tank Material None



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Form is best viewed with latest version of Adobe Reader

Please provide number, size and location of the following:

Deck gun: One 3" deck gun discharge (no deck gun)
Booster reel: 1 with 200 feet of 1" red line w/nozzle
Discharges: 1 - 4" and 6 - 2 1/2"
Pre-connects: 2 - 1 3/4" crosslays & 2 - 2 1/2" rear hose bed
Intake suction: 2 - 6" & 2 - 3"
Dumps: None

Affixed Equipment:

Lightbar: (size/type/mfg.) Code 3 MX7000 - one 80" and two 18"
Warning lights: (type/make/model) Whelen 6x9 LED 9000, Code 3 3x6 LED, FS TCCF 3x6 LED
Siren: (type/make/model) Federal Signal Electric PA300, dual drivers
Mobile radio: (band/channels/make/model) None
Generator: (size/type/mfg.) None
Scene lights: (portable/type/quantity) Two - 110 volt dual 500 watt on telescope bracket on back of cab

Is this vehicle original, or has it been refurbished? (explain):

Original

Describe rusted or corroded areas (location & degree):

No rust on cab/body, stainless steel. Some paint peeling on bottom of 3 cab doors & front of body.

Mechanical or cosmetic repairs needed:

Needs in frame rebuild of diesel engine

Recent mechanical repairs:

Additional comments/special features:

Solid pumper with stainless steel cab&body and good 1500 gpm two-stage pump.

Overall condition of vehicle: Excellent Good Fair Poor

Reason for selling: Replaced by New Pumper

Asking price: _____ Availability date: 12/1/2016

Signed

Date



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Equipment List (Additional Items Included in Sale)

Check and Describe all equipment that will remain with the vehicle:

- SCBA: (make/model/quantity) _____
- SCBA bottles: (make/model/quantity) _____
- Ladders: (size/type/mfg.) 24ft Alco-Lite extension ladder, 14ft Alco-Lite roof ladder
- Suction hose: (hard/soft/size/quantity) One 6" x 10ft & One 3" x 10ft
- Hose: (type/size/thread) _____
- Hose bed cover: (type/material) _____
- Brass/appliances: (type/size/thread) _____
- Spanner/hydrant wrenches: (quantity) _____
- Adapters: (size/type/thread/quantity) _____
- Pike poles/hooks: (type/size) _____
- Axes: (type/weight) _____
- Extinguishers: (size/type/make) _____
- Hand lights: (make/model/quantity) _____
- Fans/blowers: (size/make/model) _____
- Other: (please describe) _____

Other: (please describe) _____

Other: (please describe) _____

Other: (please describe) _____

Signed _____ Date _____

Be sure the TITLE or MSO is readily available

Please email forms to firetec@firetec.com or print and fax completed forms (4 pages) to: 802-728-9206

Status of photos:

- Have been emailed to: photos@firetec.com (Please put your DEPARTMENT NAME on the subject line)
or mailing CD with photos on _____ (date) or will email photos on _____ (date)



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Form is best viewed with latest version of Adobe Reader

LISTING AND MARKETING COMMISSION AGREEMENT

The undersigned being duly authorized, hereby enter into the following contractual agreement: Randolph Center, Llc. doing business as Firetec Used Apparatus Sales agrees to advertise in national sales publications* and on its' websites www.firetec.com and www.usedfiretrucks.com the following apparatus:

Apparatus (year/make/model): _____

Owned by: _____

Firetec® will refer to Owner all qualified inquiries Firetec® receives regarding the specified apparatus. If Owner sells the marketed apparatus or any other apparatus to the customer referred by Firetec®, or anyone acting on behalf of the referred customer, the Owner will pay a commission of 10% of the sale price (or a minimum of \$500) to Firetec® within 10 days of the sale. While Firetec does not require an exclusive agreement, seller understands that Firetec blankets the market with information and photos of the apparatus it has been hired to sell. Occasionally buyers will contact sellers without mentioning Firetec's involvement. Firetec keeps meticulous records of its contacts on each apparatus and strives to notify sellers of all potential leads. However, it's the responsibility of the seller to confirm with Firetec the source of the lead prior to sale, as commission may be due.

Owner agrees to notify Firetec®, at the time of sale, as to the sale price and the name and address of the buyer.

This agreement shall be in effect for a period of one (1) year unless extended. Either party may terminate at any time by notifying the other party in writing. If any sale takes place subsequent to termination, to a party previously referred by Firetec®, the same commission will be paid as if the agreement were still in effect.

Agreed to by:

Firetec Apparatus Sales

Authorized Owner

Date

Date

*Firetec® reserves the right to advertise vehicles on website only. Frequency of print advertising at sole discretion of Firetec for all vehicles. November 2010.

When Submitting Form Please Insert
Department Name in the Subject Line



AMERICA'S SOURCE FOR USED FIRE APPARATUS

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FIRETEC

USED APPARATUS SALES

Requirements and Helpful Hints For Taking Apparatus Photos

Acceptable Format:

High resolution digital images or 35mm color prints. Check your camera's manual for directions on how to take high-resolution images. Desired Minimum size is 1024 pixels by 768 pixels. Larger is better. Do not send scratched or out of focus photos.

Unacceptable Format:

Polaroids, low-resolution digital images and ink jet prints.

Mail or E-mail Photos/Images:

Mail prints to address below. Digital photos may be e-mailed to: photos@firetec.com. Be sure to put your department name on the subject line.

Helpful Hints:

Positioning The Vehicle: Avoid clutter; it competes for the viewer's attention. If possible, select uncomplicated backgrounds (wires, poles, signs and other vehicles are distracting). You want to be close enough so that the vehicle is the main focus of the photo, but far enough away to capture all of what you are trying to show.

Choose A Sunny Day: It is best to take photos outside, on a sunny day. Be sure to keep the sun at the photographer's back (reposition the vehicle if necessary.) If this is not possible, use a flash. Take photos from multiple angles.

More Helpful Hints:

- The vehicle should be on a level surface.
- Do not alter the photos or digital images. Our staff will make any modifications that are necessary.
- For film, use the entire roll; for digital images, take at least a dozen pictures and remember to include shots of all the important features. *Provide photos that would be appealing to potential buyers.*

**Good Photos
Sell Trucks Faster!**

Call if you have any questions!

1-800-FIRETEC

(1-800-347-3832)

Firetec Apparatus Sales
P.O. Box 177
Randolph, VT 05060



**AGENDA ITEM EXECUTIVE SUMMARY**Agenda Item number: **5b**

Title:	Recommendation to Approve the Purchase of a Replacement Fire Engine for the Fire Department and the Sale of the Current Apparatus
Presenter:	Fire Chief Joe Schelstreet

Meeting: Government Operations Committee

Date: November 21, 2016

Proposed Cost: \$604,268

Budgeted Amount: \$626,000

Not Budgeted:

Executive Summary (*if not budgeted please explain*): The Fire Department currently possesses a 1996 Seagrave Fire Engine that is budgeted to be replaced in the FY 17/18 fiscal year. We have conferred with the Fleet Maintenance group and the City Vehicle Replacement Committee. Both have agreed that this piece of fire apparatus has met the appropriate criterion and should be replaced. The City is a member of the Houston Galveston Purchasing Cooperative (HGAC Buy) and the Fire Department desires to use this organization to complete the purchase utilizing their bidding agreement with Global Emergency Products for a Pierce Dash CF PUC Pumper similar to the unit purchased for this current fiscal year. The item is brought before committee at this time in order to avoid a 3% price increase and save the City approximately \$20,000. Additional savings will be made through the utilization of HGAC Buy (\$40,000) and from prepaying for the apparatus (\$22,532). While the order will be placed before the beginning of the fiscal year, the construction time of approximately 11 months will result in the delivery of the vehicle well into the budgeted year. The 1996 Seagrave will be sold and the monies recouped will revert back to the vehicle replacement fund. This is a budgeted expense.

Attachments (*please list*):

Bid document from Global Emergency Products

Recommendation/Suggested Action (*briefly explain*):

Recommendation to approve the purchase of a replacement fire engine for the Fire Department and the sale of the current apparatus.



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November 14, 2016

Chief Joe Schelstreet
St. Charles Fire Department
112 North First Street
St. Charles, IL 60174

Subject: **HGAC Proposal for One (1) Pierce Dash CF PUC Pumper
Bid #851**

Dear Chief Schelstreet,

With regard to the above subject, please find attached our completed proposal.

Pricing, is as follows, including 100% prepay option.

Pricing Summary:

Sale Price – \$ 666,800.00
 (\$40,000.00) – Discount provided by Pierce Mfg. through HGAC-Buy
Program
 \$ 626,800.00
 (\$22,532.00) – Prepayment Discount*
 \$ 604,268.00*
 \$1,878.00 – Performance Bond (if requested)
 \$ 606,146.00 (Includes all discounts plus Performance Bond)

Terms and Conditions:

Taxes – Not Applicable
Freight – F.O.B. – St. Charles, IL
Terms – Net due upon factory exit.
 *Net due at Contract signing for **Prepay discount** to be applicable.
Delivery – 9.5 – 10.5 months from receipt and acceptance of contract



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