

**AGENDA  
CITY OF ST. CHARLES  
GOVERNMENT OPERATIONS COMMITTEE  
ALD. MAUREEN LEWIS, CHAIR**

**MONDAY, OCTOBER 21, 2019  
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING  
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET**

- 1. Call to Order**
- 2. Roll Call**
- 3. Administrative**
  - a. Fuel Tax Receipts August, 2019 – Information Only
  - b. Video Gaming Statistics September, 2019– Information Only
- 4. 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.
- 5. Police Department**
  - a. Recommendation to approve a new class B1 liquor license for Sushi Diva Japanese Restaurant located at 2400 E Main Street, St. Charles IL 60174.
  - b. Recommendation to approve a Proposal for a B1 Liquor License Application, as well as a 2 a.m. Late Night Permit for Paradisio Restaurant & Bar, Located at 2049-51 Lincoln Highway, St. Charles.
  - c. Recommendation to Approve a Proposal for a New Class E-1 Temporary Liquor License for the “Hops for Hope 5K” to be held at Mount Saint Mary Park on May 16, 2020.
- 6. Finance Department**
  - a. Recommendation to authorize the Finance Director to Execute the Risk Insurance Program Renewal for the Year Beginning December 1, 2019 in the Amount of \$671,029.
  - \*b. Budget Revisions, September, 2019
- 7. Additional Items from Mayor, Council, Staff, or Citizens.**

**8. 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)

**9. 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: 3a

Title:

City of St. Charles Fuel Tax Receipts August, 2019 –  
Information Only

Presenter:

Chris Minick, Director of Finance

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

☐**Executive Summary** (*if not budgeted please explain*):**Attachments** (*please list*):

FY 18/19 City of St. Charles Local Fuel Tax Receipts – August 2019

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

None – For Information Only

**City of St. Charles**  
**Local Fuel Tax Receipts**  
**Fiscal Year 2019-2020**

LIABILITY PERIOD	PAYMENT RECEIVED	TOTAL REVENUE RECEIVED
May-19	June-19	\$ 42,299.33
June-19	July-19	\$ 42,043.16
July-19	August-19	\$ 40,732.23
August-19	September-19	\$ 38,158.87
September-19	October-19	\$ -
October-19	November-19	\$ -
November-19	December-19	\$ -
December-19	January-20	\$ -
January-20	February-20	\$ -
February-20	March-20	\$ -
March-20	April-20	\$ -
April-20	May-20	\$ -
<b>TOTALS</b>		<b>\$ 163,233.59</b>

*The local fuel tax rate is two cents per gallon (\$0.02/gallon) and applies to motor fuel retail purchases within the City of St. Charles.*



**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 3b

Title:	Video Gaming Statistics – Information Only
Presenter:	Jim Keegan, Chief of Police

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

Latest statistics on video gaming and what businesses have been approved by the state and city staff of the St. Charles Police Department, pending applications into the state for approval, and January 2012 – September 2019 report for St. Charles Video Gaming Revenue as of September, 2019.

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

Table – Current Licensed Video Gaming Establishments/Pending Applicants  
Illinois Gaming Board Video Gaming Report – January 2012 – September 2019  
Illinois Gaming Board Video Gaming Report - September 2019

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

None – For Information Only

**City of St. Charles**  
**Video Gaming Statistics**  
**September, 2019**

<b>LICENSED ESTABLISHMENTS</b>	<b>CORPORATION NAME</b>	<b>ADDRESS</b>	
<b>Alexanders Café</b>	Alexanders Café, Inc.	1650 W. Main St.	St. Charles
<b>Alibi Bar &amp; Grill</b>	Alibi Bar & Grill, Ltd.	12 N. 3rd St.	St. Charles
<b>Alley 64</b>	Alley 64, Inc.	212 W. Main St.	St. Charles
<b>Rookies</b>	BK & MM Ventures, LLC	1545 W. Main St.	St. Charles
<b>Crazy Fox</b>	Crazy Fox, LLC	104 E Main St	St. Charles
<b>Dawn's Beach Hut</b>	Dawn's Café, LTD	8 N Third St.	St. Charles
<b>Main Street Pub</b>	Main Street Pub	204 W Main St	St. Charles
<b>The Filling Station</b>	Health Nuts, Ltd.	300 W Main St.	St. Charles
<b>St. Charles Bowl</b>	LA Manson Corp.	2520 W Main St	St. Charles
<b>Second Street Bar &amp; Grill</b>	Mark VII Hospitality, Ltd.	221 S. 2nd Street	St. Charles
<b>Brown's Chicken</b>	NLHM, Inc.	1910 Lincoln Highway	St. Charles
<b>The Evergreen Pub &amp; Grill</b>	Northwoods Pub and Grill, LLC	1400 W Main St	St. Charles
<b>Riverside Pizza &amp; Pub</b>	Riverside Pizza, Inc.	102 E Main St	St. Charles
<b>Spotted Fox Ale House</b>	St. Charles Sports LLC	3615 E. Main St.	St. Charles
<b>Tap House Grill</b>	Tap House Grill St. Charles, LLC	3341 W Main St.	St. Charles
<b>St. Charles Moose Lodge 1368</b>	St Charles Moose Lodge 1368	2250 W Rt. 38	St. Charles
<b>PENDING ESTABLISHMENTS</b>	<b>CORPORATION NAME</b>	<b>ADDRESS</b>	
<b>Romano's</b>	Romano Mercato Italiano, Inc.	210 Cedar Street	St. Charles
<b>Yummy Place</b>	Yummy Place Burrito Los Asaderos, Inc.	2400 E. Main Street	St. Charles
<b>R House</b>	SCMC Enterprises, Inc.	214 W Main Street	St. Charles

**ILLINOIS GAMING BOARD  
VIDEO GAMING REPORT**

*St. Charles*

**September 2019**

10/16/2019

4:59 pm

Municipality	Establishment	License Number	VGT Count	VGT Wagering Activity			VGT Income			VGT Tax Distribution		
				Amount Played	Amount Won	Net Wagering Activity	Funds In	Funds Out	Net Terminal Income	NTI Tax	State Share	Municipality Share
St. Charles	ALIBI BAR & GRILL LTD.	150704430	5	\$12,932.04	\$12,344.33	\$587.71	\$3,952.00	\$3,344.29	\$607.71	\$279.60	\$237.24	\$42.36
St. Charles	Alley 64, INC.	160702383	5	\$518,187.89	\$484,736.82	\$33,451.07	\$186,843.00	\$153,391.93	\$33,451.07	\$11,038.82	\$9,366.27	\$1,672.55
St. Charles	BK & MM VENTURES LLC	160702415	5	\$370,283.68	\$339,452.60	\$30,831.08	\$113,754.00	\$82,922.97	\$30,831.03	\$10,174.30	\$8,632.74	\$1,541.56
St. Charles	CRAZY FOX, LLC	170701805	4	\$136,466.04	\$119,011.55	\$17,454.49	\$38,464.00	\$21,009.51	\$17,454.49	\$5,760.01	\$4,887.28	\$872.73
St. Charles	DAWN'S CAFE, LTD.	160702454	2	\$14,289.07	\$13,156.06	\$1,133.01	\$5,228.00	\$4,094.99	\$1,133.01	\$373.84	\$317.20	\$56.64
St. Charles	HDF Entertainment, LLC	180702511	5	\$68,902.00	\$66,204.97	\$2,697.03	\$25,160.00	\$22,462.84	\$2,697.16	\$890.05	\$755.20	\$134.85
St. Charles	HEALTH NUTS, LTD.	180702391	5	\$96,336.09	\$91,670.54	\$4,665.55	\$38,165.00	\$33,499.23	\$4,665.77	\$1,539.70	\$1,306.41	\$233.29
St. Charles	L. A. MANSON CORPORATION	160703156	5	\$136,844.88	\$127,853.40	\$8,991.48	\$42,592.00	\$33,600.52	\$8,991.48	\$2,967.17	\$2,517.60	\$449.57
St. Charles	MARK VII HOSPITALITY LIMITED	170702225	5	\$529,993.85	\$493,339.50	\$36,654.35	\$154,378.00	\$117,723.65	\$36,654.35	\$12,095.92	\$10,263.21	\$1,832.71
St. Charles	NLHM Inc.	160702847	4	\$113,647.47	\$106,296.44	\$7,351.03	\$30,524.00	\$23,172.97	\$7,351.03	\$2,425.85	\$2,058.30	\$367.55
St. Charles	Northwoods Pub & Grill Inc.	160702493	5	\$257,196.65	\$242,783.08	\$14,413.57	\$87,265.00	\$72,851.70	\$14,413.30	\$4,756.37	\$4,035.71	\$720.66
St. Charles	Riverside Pizza, Inc.	160702553	4	\$216,659.29	\$194,984.55	\$21,674.74	\$71,884.00	\$50,209.26	\$21,674.74	\$7,152.66	\$6,068.92	\$1,083.74
St. Charles	SAINT CHARLES SPORTS, LLC	160702605	5	\$274,654.48	\$252,778.58	\$21,875.90	\$82,590.00	\$60,714.10	\$21,875.90	\$7,219.03	\$6,125.23	\$1,093.80
St. Charles	St. Charles Lodge No. 1368, Loyal Order of Moose	160802392	5	\$160,012.32	\$150,152.15	\$9,860.17	\$54,139.00	\$44,278.96	\$9,860.04	\$3,253.81	\$2,760.81	\$493.00
St. Charles	TAP HOUSE GRILL ST. CHARLES, LLC	170702248	5	\$232,389.49	\$211,763.53	\$20,625.96	\$72,217.00	\$51,591.09	\$20,625.91	\$6,806.62	\$5,775.31	\$1,031.31
REPORT TOTAL:		15 Establishments	69	\$3,138,795.24	\$2,906,528.10	\$232,267.14	\$1,007,155.00	\$774,868.01	\$232,286.99	\$76,733.75	\$65,107.43	\$11,626.32

# ILLINOIS GAMING BOARD VIDEO GAMING REPORT

*St. Charles*

January 2012 - September 2019

10/17/2019

9:09 am

Municipality	Establishment	License Number	VGT Count	VGT Wagering Activity			VGT Income			VGT Tax Distribution		
				Amount Played	Amount Won	Net Wagering Activity	Funds In	Funds Out	Net Terminal Income	NTI Tax	State Share	Municipality Share
St. Charles	A'Salute' Inc.	160702452	2	\$2,091,601.88	\$1,923,949.67	\$167,652.21	\$577,279.00	\$409,626.79	\$167,652.21	\$50,296.35	\$41,913.65	\$8,382.70
St. Charles	ALIBI BAR & GRILL LTD.	150704430	5	\$338,290.20	\$310,918.53	\$27,371.67	\$122,346.00	\$94,954.33	\$27,391.67	\$8,321.11	\$6,947.47	\$1,373.64
St. Charles	Alley 64, INC.	160702383	5	\$18,186,873.43	\$16,858,320.83	\$1,328,552.60	\$6,375,125.00	\$5,046,498.15	\$1,328,626.85	\$401,712.08	\$335,280.49	\$66,431.59
St. Charles	BK & MM VENTURES LLC	160702415	5	\$14,353,708.63	\$13,245,320.04	\$1,108,388.59	\$4,312,571.00	\$3,204,101.17	\$1,108,469.83	\$335,260.93	\$279,837.27	\$55,423.66
St. Charles	CRAZY FOX, LLC	170701805	4	\$1,421,441.64	\$1,273,899.91	\$147,541.73	\$455,532.00	\$307,990.27	\$147,541.73	\$45,401.12	\$38,023.99	\$7,377.13
St. Charles	DAWN'S CAFE, LTD.	160702454	2	\$842,354.73	\$770,181.59	\$72,173.14	\$269,059.00	\$196,884.51	\$72,174.49	\$21,776.54	\$18,167.75	\$3,608.79
St. Charles	DAWN'S VOODOO ROOM, LTD.	170702226	3	\$131,639.05	\$114,092.97	\$17,546.08	\$48,098.00	\$30,551.92	\$17,546.08	\$5,263.94	\$4,386.62	\$877.32
St. Charles	GOLREN ENTERPRISES, INC.	160703386	5	\$2,363,441.27	\$2,169,177.13	\$194,264.14	\$822,559.00	\$628,294.86	\$194,264.14	\$58,279.92	\$48,566.66	\$9,713.26
St. Charles	HDF Entertainment, LLC	180702511	5	\$408,658.58	\$372,953.85	\$35,704.73	\$160,455.00	\$124,750.14	\$35,704.86	\$11,180.64	\$9,395.39	\$1,785.25
St. Charles	HEALTH NUTS, LTD.	180702391	5	\$1,092,778.75	\$993,460.08	\$99,318.67	\$421,494.00	\$322,175.03	\$99,318.97	\$30,396.39	\$25,430.36	\$4,966.03
St. Charles	KILLOUGH LLC	160702650	4	\$323,128.13	\$297,527.05	\$25,601.08	\$127,669.00	\$102,067.92	\$25,601.08	\$7,680.48	\$6,400.40	\$1,280.08
St. Charles	L. A. MANSON CORPORATION	160703156	5	\$4,009,745.68	\$3,652,774.76	\$356,970.92	\$1,194,221.00	\$837,250.08	\$356,970.92	\$107,670.02	\$89,821.27	\$17,848.75
St. Charles	MARK VII HOSPITALITY LIMITED	170702225	5	\$10,023,528.42	\$9,280,236.96	\$743,291.46	\$2,942,337.00	\$2,199,021.04	\$743,315.96	\$226,926.11	\$189,760.20	\$37,165.91
St. Charles	NLHM Inc.	160702847	4	\$2,836,106.09	\$2,616,000.80	\$220,105.29	\$753,049.00	\$532,943.71	\$220,105.29	\$66,948.53	\$55,943.13	\$11,005.40
St. Charles	Northwoods Pub & Grill Inc.	160702493	5	\$11,440,334.88	\$10,474,548.63	\$965,786.25	\$3,802,771.00	\$2,836,984.75	\$965,786.25	\$291,902.22	\$243,612.75	\$48,289.47
St. Charles	Panman, LLC	160703257	5	\$20,167.79	\$17,246.68	\$2,921.11	\$8,129.00	\$5,207.89	\$2,921.11	\$876.43	\$730.36	\$146.07
St. Charles	Pub 47 St Charles Inc.	180700422	5	\$451,127.23	\$407,893.79	\$43,233.44	\$150,077.00	\$106,843.56	\$43,233.44	\$12,970.29	\$10,808.58	\$2,161.71
St. Charles	Ram Restaurant Group Inc.,	180700820	5	\$332,529.45	\$302,216.78	\$30,312.67	\$121,311.00	\$90,998.02	\$30,312.98	\$9,094.21	\$7,578.51	\$1,515.70
St. Charles	Riverside Pizza, Inc.	160702553	4	\$5,655,116.56	\$5,190,614.72	\$464,501.84	\$1,927,507.00	\$1,462,776.10	\$464,730.90	\$141,393.23	\$118,156.59	\$23,236.64
St. Charles	SAINT CHARLES SPORTS, LLC	160702605	5	\$8,371,145.81	\$7,734,439.80	\$636,706.01	\$2,449,108.00	\$1,812,400.99	\$636,707.01	\$193,247.74	\$161,412.28	\$31,835.46
St. Charles	St. Charles Lodge No. 1368, Loyal Order of Moose	160802392	5	\$5,512,227.83	\$5,010,118.75	\$502,109.08	\$1,861,330.00	\$1,359,220.90	\$502,109.10	\$151,677.32	\$126,571.61	\$25,105.71
St. Charles	TAP HOUSE GRILL ST. CHARLES, LLC	170702248	5	\$3,284,654.55	\$3,034,222.44	\$250,432.11	\$1,022,688.00	\$772,255.79	\$250,432.21	\$76,926.24	\$64,404.48	\$12,521.76
REPORT TOTAL:		22 Establishments	98	\$93,490,600.58	\$86,050,115.76	\$7,440,484.82	\$29,924,715.00	\$22,483,797.92	\$7,440,917.08	\$2,255,201.84	\$1,883,149.81	\$372,052.03

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5a

Title:

Recommendation to approve a Proposal for a B1 Liquor License Application for Sushi Diva Japanese Restaurant Located at 2400 E. Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

This is a new liquor license request for the new owners of the existing Sushi Diva Japanese Restaurant establishment, located at 2400 E. Main St. in St. Charles.

The applicants have been in the business for over 16 years.

*Pursuant to this item being presented at the Government Operations Committee meeting on October 21, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on November 4, 2019 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 Sushi Diva Japanese Restaurant located at 2400 E. Main St., St. Charles.

## Police Department



# Memo

Date: 9/27/2019

To: The Honorable Ray Rogina, Mayor - Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation – Sushi Diva

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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 site has operated as a longstanding restaurant in St. Charles. Recently, this site went through an asset sale and the new ownership group is seeking a liquor license. The business plan will ultimately remain the same; a sushi restaurant.

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.

Thank you in advance for your consideration in this matter.



# Memo

Date: 09/23/19  
To: Chief Keegan  
From: Commander Majewski  
Re: Liquor License Background, Ugarte Corporation (DBA Sushi Diva).

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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 Class B-1 for the business, Sushi Diva Japanese Restaurant. This business is to be located at 2400 E. Main Street.

**Applicant:**

Ugarte, Jorge

Arellano, Tania

Lopez, Yaritzel



**Application:**

The application was received on or around 09/10/19. The application appears to be complete including a signed lease, Certificate of Insurance, a floor plan, and business plan.

Ugarte, Arellano and Lopez all hold a valid BASSET Certification which is included in the application.

**Records Checks:**

Ugarte, Arellano and Lopez were all fingerprinted. Responses from both the FBI and Illinois Bureau of Identification show nothing that would cause the license to be denied.

A check of St. Charles and Kane County records showed no contacts that would preclude them from obtaining a liquor license from the city.

All the applicants are from and currently reside Rockford. Records from Rockford Police Department showed no contacts that would preclude them from obtaining a liquor license from the city.



A check of the Illinois Liquor Control Commission showed no current active license for Ugarte Corporation or Ugarte, Arellano or Lopez and no record of license revocation.

A check of TLO and I-Clear (law enforcement databases) showed the information concerning identity of Arellano and Lopez to be accurate and no areas of concern were noted. For Ugarte, I found a Jorge Ugarte in TLO with the same address (Apt #2) in Rockford provided in the application but with a birthdate of 01/21/57. There were other dates of birth listed for this subject which included October of 1986 which matches applicant Jorge Ugarte's date of birth 10/01/86.

A check of the Illinois Secretary of State showed Ugarte Corporation to be in good standing.

### **INTERVIEW WITH APPLICANT:**

On 09/19/19 at approximately 1:00 pm, I met with Jorge Ugarte, Tania Arellano and Yaritzel at the police department front desk. Their identification was verified by their Illinois Driver's Licenses which all contained their current home addresses listed in the application. Yaritzel indicated she is a US Citizen while Jorge and Tania are Residents. Yaritzel and Tania are cousins.

I asked Jorge about the TLO data I had obtained and he indicated the subject born in 1957 was his father. He added the family owns the four unit apartment building and his father resides in Apt #2 and he and Tania live in Apt #1.

I asked why they decided to open a business in St. Charles. Tania stated they have all worked in the restaurant business as employees and managers and were acquainted with the previous owner of Sushi Diva at the same location. The previous owner indicated she was going to sell the business and asked Tania and Jorge if they wanted to buy it. Tania stated they liked the St. Charles area, were interested and ended upon buying it. She added that she and Jorge have a young child and know the local schools to be good quality. They plan to move to St. Charles in the near future which will also alleviate the long commute from Rockford.

Tania stated the business had been closed for a few months after the previous owner left and they did not have to any major remodeling. She said business is going well and they have some regular customers but offering alcoholic beverages such as Sake will increase sales. As of this time they have no alcohol inventory and plan to sell liquor as soon as their license is obtained.

### **SITE VISIT:**

On 09/23/19, I visited the location. I found the business lay out to be very similar to the floor plan provided with the application.

This concludes this background investigation. Recommend approval.

EM



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



Incomplete applications will not be accepted.

Completed applications may be submitted to:

Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: 9-10-2019 ☒ New Application ☐ Renewal Application

B1

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee <u>\$200</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is <b>only</b> needed for <b>each</b> 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 checked="" 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 checked="" type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all <b>fixed</b> objects, such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Business Plan, to include: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Hours of Operation</li> <li><input checked="" type="checkbox"/> Copy of Menu</li> <li><input type="checkbox"/> Whether or not live music will be played at this establishment <u>NO</u></li> <li><input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <u>NO</u></li> <li><input type="checkbox"/> Do not include a marketing or financial plan with this business plan</li> </ul>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business. <u>NO</u>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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

**APPLICANT INFORMATION**A. Type of Business: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (explain):B. Business Name: Sushi Diva Japanese RestaurantC. Business Address: 2400 E. Main St. Saint Charles IL 60174

D. IL Tax ID Number:

E. Business Phone:

F. Business E-mail:

G. Business Website:

H. Contact Person:

I. Title:

J. Phone No.:

Jorge UgarteOwnerSushidiva.com

K. If Corporation, Corporation Name:

Ugarte Corporation

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

2400 E. Main St Saint Charles IL 60174**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. Type of Establishment: ☐ Package ☒ Restaurant ☐ Tavern ☐ Hotel/Banquet/Arcada/Q-Center ☐ OtherB. Address applying for liquor license (exact street address): 2400 E. Main St

C. Number of Parking Spaces:

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

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

Saint Charles IL 60174N/A00

F. Total Building s.f.:

G. Total Number of Seats:

H. Number of Bar Seats:

I. Sale Counter s.f.:

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

2190480N/AN/A

K. Kitchen s.f.:

L. Cooler s.f.:

M. Dry Storage s.f.:

N. Seating Area s.f.:

O. Retail/public Area s.f.:

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

372.2460107666.89N/A36

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

To provide affordable sushi to the paying customers**MANAGER INFORMATION**Full Name, include middle initial: Jorge UgarteTitle: Owner

Birthdate:

Birthplace:

Driver's License#

Home Phone:

Home Address:

Full Name, include middle initial: Tania AsellanoTitle: Owner

Birthdate:

Birthplace:

Driver's License#

Home Phone:

Home Address:

Full Name, include middle initial:

Title: Owner

Birthdate:

Birthplace: U.S.A.

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> ): <ul style="list-style-type: none"><li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li><li>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);</li><li><input checked="" type="checkbox"/> 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.**</li></ul> |
| 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> ): <ul style="list-style-type: none"><li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li><li>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);</li><li>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.**</li></ul> |
| 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 checked="" 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): <b>Restaurant</b></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): <b>16 years</b></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): <b>\$ 10,000</b></p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):  <b>Sushi Diva</b>  <b>2400 E. Mainst. suite 107A saint Charles IL 60174</b></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><b>Name of Building Owner: Foxboro Plaza Partnership (Terry Grove)</b></p> <p><b>Address of Building Owner: 311 N. Second st. suite 304 st. Charles IL 60174</b></p> <p><b>Mailing Address of Building Owner (if different): propertymanagement.grove@gmail.com</b></p> <p><b>Phone Number: (630) 377-9150</b> <b>E-mail Address:</b></p> <p><b>Name of Building Owner:</b></p> <p><b>Address of Building Owner:</b></p> <p><b>Mailing Address of Building Owner (if different):</b></p> <p><b>Phone Number:</b> <b>E-mail Address:</b></p> <p><b>Name of Building Owner:</b></p> <p><b>Address of Building Owner:</b></p> <p><b>Mailing Address of Building Owner (if different):</b></p> <p><b>Phone Number:</b> <b>E-mail Address:</b></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>

9.	<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="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>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.</b></p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, has a building permit been applied for?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, date building permit was applied for with Building &amp; Code Enforcement:</b></p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, what was the disposition of the application? Explain as necessary:</b></p>
12.	<p>Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<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> N/A</p> <p>Date: Location, City/State:</p> <p>Special Explanations:</p> <p><b>Government Unit:</b></p> <p>Date: Location, City/State:</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, list all reasons on a separate, signed letter accompanying this application.</b></p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</b></p>

15.	<p><b>Complete ONLY if yes was answered to the questions above (14):</b> <i>N/A</i></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): <i>3-06-19</i></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</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><b>Mandatory:</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s): <i>9-06-19</i></p>
19.	<p><b>Mandatory:</b> 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: <i>8-09-19</i></p> <p><b>NOTE:</b> 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: Jorge Ugarte  
(First) (Last) (Middle) Manager  
Home Street Address: [REDACTED]  
City, State, Zip: [REDACTED]  
Date of Course: 12-11-19 Place Course was Taken: online  
Birthdate: [REDACTED] Certificate Granted: 12-11-18 Expiration: 12-10-21

Name: Tania Acellano Jesaldin  
(First) (Last) (Middle) Manager  
Home Street Address: [REDACTED]  
City, State, Zip: [REDACTED]  
Date of Course: 12-12-18 Place Course was Taken: online  
Birthdate: [REDACTED] Certificate Granted: 12-12-18 Expiration: 12-11-21

Name: Yaritzel Lopez  
(First) (Last) (Middle) Manager  
Home Street Address: [REDACTED]  
City, State, Zip: [REDACTED]  
Date of Course: 8-19-19 Place Course was Taken: online  
Birthdate: [REDACTED] Certificate Granted: 8-19-19 Expiration: 8-18-22

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**

*Yousef Ugo, Janice A. Yantzel Lopez*  
Applicant's Signature

☐ Liquor Commissioner hereby directs City Clerk to issue permit indicated above.\_\_\_\_\_  
**Liquor Commissioner's Signature**\_\_\_\_\_  
**Date**

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION****To be completed by the City of St. Charles Police Department**

Date:

Name of Applicant:

Name of Business:

Address of Business:

Ward Number:

**To Liquor Control Commissioner, City of St. Charles, Illinois**

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

1. Date on which applicant will begin selling retail alcoholic liquors at this location:
2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? ☐ Yes ☐ No
3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? ☐ Yes ☐ No  
  
If yes, answer a, b and c:
  - a. State the kind of such business:
  - b. Give date on which applicant began the kind of business named at this location:
  - c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?☐ Yes ☐ No
4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? ☐ Yes ☐ No  
  
If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? ☐ Yes ☐ No
5. Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? ☐ Yes ☐ No
6. Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) ☐ Yes ☐ No
7. If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: ☐ Yes ☐ No

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: SCPLS Date: 9/12/19
14.	Other necessary data:

# SIGNATURES

## ENDORSEMENTS AND APPROVALS

### INVESTIGATING OFFICER

<u>D. Johnson</u>	<u>328 / Detective</u>
Investigating Officer Signature	Badge Number & Rank

### ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>E. H. (acting det)</u>	<u>10/2/19</u>
Signature Of Chief of Police	Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2019

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>  American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	<b>CONTACT</b> <b>NAME:</b> American Family Insurance - Business Insurance	
	<b>PHONE</b> (A/C, No, Ext): 866-908-0626	<b>FAX</b> (A/C, No):
	<b>E-MAIL</b> <b>ADDRESS:</b> service@amfambusinessinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Midvale Indemnity Company	<b>NAIC #</b> 27138
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER: 1169436024706113680200823 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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	BPP1047369	04/08/2019	04/08/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE	
							AGGREGATE	

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

Full-Service Restaurant

**CERTIFICATE HOLDER**

SUSHI DIVA

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY)

08/29/2019

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<b>PRODUCER</b>  American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	<b>CONTACT NAME:</b> American Family Insurance - Business Insurance	
	<b>PHONE (A/C, No, Ext):</b> 866-908-0626	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> service@amfambusinessinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Midvale Indemnity Company	27138
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER: 0247061100783240823****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.

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							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							
	DED							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE	
							AGGREGATE	

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

Full-Service Restaurant

**CERTIFICATE HOLDER**

FOXBORO PLAZA C/O TERRY GROVE

311 N. 2ND ST., STE 304  
ST. CHARLES IL 60174**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2019

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>  American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	<b>CONTACT</b> <b>NAME:</b> American Family Insurance - Business Insurance	
	<b>PHONE</b> (A/C, No, Ext): 866-908-0626	<b>FAX</b> (A/C, No):
	<b>E-MAIL</b> <b>ADDRESS:</b> service@amfambusinessinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Midvale Indemnity Company	27138
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER: 0247061421540823****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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	BPP1047369	04/08/2019	04/08/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> OCCUR						AGGREGATE	
	EXCESS LIAB							
	<input type="checkbox"/> CLAIMS-MADE							
	DED							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE	
							AGGREGATE	

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

Full-Service Restaurant

**CERTIFICATE HOLDER**

JORGE UGARTE 2400VE MAIN ST SAINT CHARLES IL 60174

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ILLINOIS LIQUOR LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

Coverage	Limits Of Insurance
Each Person Bodily Injury Limit	\$1,000,000
Each Person Property Damage Limit	\$1,000,000
Loss Of Means Of Support Or Loss Of Society Limit	\$1,000,000
Aggregate Limit	\$1,000,000

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

With respect to Illinois locations, **Section II – Liability** is amended as follows:

**A.** The insurance provided under Paragraph **A.1. Business Liability**, also applies to all "bodily injury" or "property damage" arising out of the selling, serving or furnishing of alcoholic beverages.

**B.** For the insurance provided by this endorsement only, Paragraph **B. Exclusions** is amended as follows:

**1.** Paragraph **1. Applicable To Business Liability Coverages**, other than exclusions **a. Expected Or Intended Injury**, **d. Workers' Compensation And Similar Laws** and **e. Employer's Liability**, does not apply.

**2.** The following exclusions are added:

This insurance does not apply to:

**a.** "Bodily injury" or "property damage" arising out of any alcoholic beverage sold, served or furnished while any required license is not in effect.

**b.** "Bodily injury" or "property damage" arising out of "your product". This exclusion does not apply to "bodily injury" or "property damage" for which the insured or the insured's indemnitees may be held liable by reason of:

**(1)** Causing or contributing to the intoxication of any person;

**(2)** The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or

**(3)** Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

**c.** Any "bodily injury" or "property damage" with respect to which other insurance is afforded, or would be afforded but for the exhaustion of the limits of insurance.

This exclusion does not apply if the other insurance responds to liability for "bodily injury" or "property damage" imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

**C. The following are added to Paragraph D. Liability And Medical Expenses Limits Of Insurance:**

**D. Liability And Medical Expenses Limits Of Insurance**

5. The Liquor Liability Aggregate Limit shown in the Schedule of this endorsement is the most we will pay for all "bodily injury" and "property damage" as the result of the selling, serving or furnishing of alcoholic beverages.
6. Subject to the Liquor Liability Aggregate Limit, the Loss Of Means Of Support Or Loss Of Society Limit is the most we will pay for all loss of means of support or society sustained by one or more persons as the result of the selling, serving or furnishing of alcoholic beverage to any one person.
7. Subject to the Liquor Liability Aggregate Limit, the Each Person Bodily Injury Limit is the most we will pay for all "bodily injury" sustained by one person as a result of the selling, serving or furnishing of any alcoholic beverage to any one person.

8. Subject to the Liquor Liability Aggregate Limit, the Each Person Property Damage Limit is the most we will pay for all "property damage" sustained by one person or organization as the result of the selling, serving or furnishing of any alcoholic beverage to any one person.

Neither the Liability And Medical Expenses Limit Of Insurance shown in the Declarations nor its aggregate limits apply to damages arising out of the selling, serving or furnishing of alcoholic beverages.

**D. The following paragraph is added:**

**CONFORMITY TO STATUTE**

If the limitation provided under Section 235.5/6-21, as published in the Illinois Administrative Code, is raised during the policy period, the limits of insurance provided in the Schedule of this endorsement are hereby amended to conform to that statute.





This Certificate of Completion is to Certify that

**Jorge Ugarte**

has met all training requirements and successfully completed the following course and/or exam.

**Illinois BASSET Responsible Beverage Server Training**

Date of Completion: December 11, 2018

Expiration Date: December 10, 2021

*unless otherwise mandated by your local jurisdiction*

State Student ID: 103700

Course/Exam Provider Number: 5A-0079696

BASSETpermit.com is approved by the Illinois Liquor Control Commission. Your training information has been submitted to the Illinois Liquor Control Commission. This is a temporary certificate and your official BASSET certification card will be mailed to you directly from them.

Authorized Signature

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613



This Certificate of Completion is to Certify that

**Yaritzel Lopez**

has met all training requirements and successfully completed the following course and/or exam.

**Illinois BASSET Responsible Beverage Server Training**

Date of Completion: August 19, 2019

Expiration Date: August 18, 2022

State Student ID: 104923

Course/Exam Provider Number: 5A-0079696

BASSETpermit.com is approved by the Illinois Liquor Control Commission. Your training information has been submitted to the Illinois Liquor Control Commission. This is a temporary certificate and your official BASSET certification card will be mailed to you directly from them.

Authorized Signature

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613



This Certificate of Completion is to Certify that

**Tania Arellano**

has met all training requirements and successfully completed the following course and/or exam.

**Illinois BASSET Responsible Beverage Server Training**

Date of Completion: December 12, 2018

Expiration Date: December 11, 2021

For more information, visit [www.bassetpermit.com](http://www.bassetpermit.com)

State Student ID: 103704

Course/Exam Provider Number: 5A-0079696

BASSETpermit.com is approved by the Illinois Liquor Control Commission. Your training information has been submitted to the Illinois Liquor Control Commission. This is a temporary certificate and your official BASSET certification card will be mailed to you directly from them.

Authorized Signature

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613

JORGE UGARTE

2400 East Main Street

107A

St Charles, 60174

**3 Year Business Plan**



## **PLAN SUMMARY**

Jorge Ugarte is setting out to become a premier Sushi restaurant owner in the St Charles area. The purpose of this plan is to prove the success of the acquisition and launch of the restaurant scheduled for May and to have a forecast of sales for the next 3 years.

## **COMPANY AND INDUSTRY**

### **COMPANY**

**Jorge Ugarte will be a 48 seat restaurant located at 2400 East Main Street in St. Charles, IL.**

### **Mission Statement**

Establish a well-known sushi restaurant to the location at an affordable price.

### **Vision Statement**

To become well known in the area for serving excellent quality sushi to the St Charles neighborhood and neighboring townships. Jorge Ugarte will set himself out to be a pillar in the community as well as the face of the restaurant personally making himself known and available to his customers and the local community.

### **INDUSTRY**

Sushi is a dish that exploded across the world since the late 80s, and it has become a staple in many cities and cultures. It is well known to consumers.

### **Competition**

There are six Sushi restaurants in St Charles. The closet Sushi restaurant to this location is House of Tokyo approximately 1.6 miles away. This restaurant has a very different

## **The Product**

The Menu

Future Developments

## **MARKET ANALYSIS**

Sushi is a dish that exploded across the world since the late 1980's and it has become a staple in many cities and cultures. It will not be difficult to attract families and couples to the restaurant within a five-mile radius.

### **Target Market**

The Target market will be families, couples, and teens of St Charles and neighboring municipalities. The goal is to make the experience so enjoyable that people will be willing to travel to the restaurant as a destination place.

### **Demographics**

St. Charles is a city in DuPage and Kane counties in the U.S. state of Illinois. It lies roughly 40 miles (64 km) west of Chicago on Illinois Route 64.

In the city the population is spread out with 27.8% under the age of 18, 7.4% from 18 to 24, 29.6% from 25 to 44, 25.0% from 45 to 64, and 10.2% who are 65 years of age or older. The median age is 37 years. For every 100 females there are 99.4 males. For every 100 females age 18 and over, there are 94.2 males.

The median income for a household in the city is \$75,181, and the median income for a family is \$94,704. Males have a median income of \$55,864 versus \$35,134 for females. The per capita income for the city is \$33,969. 3.4% of the population and 2.1% of families are below the poverty line. Out of the total population, 3.4% of those under the age of 18 and 3.9% of those 65 and older are living below the poverty line.

The demographic information above shows some favorable trends in population growth. Transportation is crucial for people to reach the restaurant.

## **MARKETING STRATEGY**

The business will allot 10,000.00 for the purpose of establishing a heavy marketing plan for the launch and the rest of 2019. \$1,000 will be allotted on a monthly basis going forward. The restaurant is located in a shopping mall and near small, medium, and large business establishments in addition to the residential neighborhoods in the township. The goal is to utilize the following marketing tools in order to improve sales and lure more customers into the restaurant:

- Establish a Website
  - GrubHub
  - Yelp Advertising
  - Facebook
  - Residential Flyers
  - Visits to all local business
- Delivery will be offered.

- 18. Paint
- 19. Uniforms
- 20. Legal Services
- 21. Miscellaneous

The soft opening will take place in May. and grand opening will take place once the liquor license is in place.

### **Labor**

The restaurant should have 4 to 5 employees and will be broken down to the following:

- One Manager/Server at \$2500 a month
- One to Sushi Chef at \$2500 a month
- One Kitchen Chef at \$1600 a month
- 3 Part time helpers at \$2000 a month

Total monthly labor costs \$8,600 to \$10,000.

The general manager is also the head server in the restaurant.

### **Liquor License Requirements**

There is a \$50 fingerprint fee. The application process takes 4 to 6 weeks. After submitting the application(attached) you will need to attend two meetings with the Liquor Commission and the City Council.



## **CONCLUSION**

The first six months is the most critical for success. Bringing together the right team lead and managed by Jorge Ugarte and his vision will need to attract the maximum number of customers. Should Mr. Ugarte's vision be realized, the restaurant will have success after one year of operation.

Any questions, please contact Jorge Ugarte or email at [jorgeluvianos@yahoo.com](mailto:jorgeluvianos@yahoo.com)

## APPETIZERS FROM THE SUSHI BAR

<b>AHI TARTAR</b> Spicy tuna, pico de gallo, avocado, citrus and red tobiko, topped with slices of tuna in a citrus vinaigrette.	12
<b>DIVA'S CARPACCIO</b> 2 pc tuna, 2 pc salmon, 2 pc escolar, jalapeno in yuzu vinaigrette sauce	15
<b>OYSTER SHOOTER</b> Fresh oyster, quail egg, masago with special sauce	5
<b>SUSHI TACO</b> Grilled tortilla with your choice of meat, spring mix, drizzled with unagi sauce, spicy mayo, creamy mayo, topped with pico de gallo and red tobiko a. Yellowtail tempura b. Shrimp tempura c. Grilled char su pork	3
<b>TUNA TATAKI</b> Flash seared tuna served in a bed of fresh vegetables with a citrus vinaigrette.	10
<b>CRAB RANGOON PUFFS</b> 6 pc deep fried	4.95
<b>SALMON TATAKI.</b> Flash seared salmon served in a bed of fresh vegetables with a citrus vinaigrette.	9.25
<b>BEEF TATAKI</b> Flash seared steak served in a citrus vinaigrette	9.00
<b>TUNA POKE BOMB</b> Fried avocado topped with tuna drizzle of spicy mayo and eel sauce	9.75
<b>SALMON POKE BOMB</b> Fried avocado topped with salmon drizzle of spicy mayo and eel sauce	9.25
<b>SUSHI MARBLES</b> 4 sushi rice marbles covered with spicy salmon, spicy tuna, spicy hamachi	7.50
<b>POKE BOWL</b> Diced avocado, cucumber, daikon, seaweed salad, carrots, with your choice of fish, sesame seed, sesame oil, with poke sauce Tuna 9 Tuna and Salmon 10 Salmon 9 Ebi 9	
<b>CRAB RANGOON</b> Crab, cream cheese, green onion with side of eel sauce	6.95

## APPETIZERS FROM THE KITCHEN

<b>EDAMAME</b> Steamed soy beans with sea salt	4
<b>SHUMAI</b> Steamed or fried shrimp dumpling	5
<b>GYOZA</b> Pork and chicken pot sticker	5
<b>SOFTSHELL CRAB</b> Deep fried crab with ponzu sauce	8
<b>JALAPENO BOMB</b> Panko fried stuffed with spicy tuna, spicy salmon and cream cheese	8
<b>ASPARAGUS BEEF ROLL</b> Grilled steak wrapped around asparagus drizzled with teriyaki sauce	9

<b>TEMPURA</b> Green Bean Tempura 4 Calamari 7 Calamari and Vegetables 6.25	Vegetables 5 Shrimp and Vegetables 7
<b>SCALLOPS</b> Sautéed scallops tossed in soy sauces	8.25
<b>KANI FRIES</b> French fries topped with shredded crab meat, spicy mayo, creamy mayo, massago and garnish with scallions	7.25
<b>COCONUT SHRIMP BITES</b> Four hand breaded coconut shrimp, stuffed with cream cheese and served with dipping sauce	8.75

## SOUP AND SALADS

Miso Soup 2	Cucumber Salad 4
House Salad 4	Octopus Salad 7
Seaweed Salad 5	Avocado Salad 5

## NIGIRI SASHIMI

O-Toro *MP	Salmon Roe 4
Belly Fat of Tuna	Octopus 3
Blue Fin Tuna *MP	Tobiko 3
Mackerel 3	King Crab* 4
Kani Kama 2	Sweet Shrimp w/ fried Head 4
Tamago 2.5	Broil Scallop 3.50
Red Snapper 3	Topped with eel sauces
Squid 3	Ebi broil Shrimp 2.75
Yellow Tail 3	Spicy Scallops 3.50
Salmon 3	Topped with massago
Smoked Salmon 3	Eel 3.50
Escolar Tuna 3	Topped with eel sauce (boil or fried)
Stop Light Tobiko 4	Spicy Tuna 3
Smelt Roe 3	Spicy Salmon 3
	Spicy Soft Shell Crab 2.75

## SUSHI ENTREES

SERVED WITH MISO SOUP AND SALAD. NO SUBSTITUTIONS

<b>SUSHI AND SASHIMI COMBO</b> Chef's choice of 6 pieces of nigiri, 6 pieces of sashimi and one Foxy Diva Roll	39
<b>SUPREME COMBO</b> Chef's choice of 12 pieces of nigiri, 20 pieces of sashimi, one St. Charles Princess and Firefox Roll	99
<b>MAKI MONO</b> California, spicy tuna and shrimp tempura roll	19
<b>CHIRASHI</b> Chef's choice of fish over a bed of sushi rice	23
<b>TEKKA DON</b> Freshly sliced tuna over sushi rice	23
<b>ASSORTED SASHIMI (CHEF'S CHOICE)</b> 9-Pieces 18 12-Pieces 23 15-Pieces 30	
<b>SAKE DON</b> Freshly sliced salmon over sushi rice	21
<b>UNADON</b> Baked fresh water eel over a bed of sushi rice drizzled with unagi sauce	23
<b>SUSHI COMBO</b> Chef's choice of 5 pieces of nigiri and a caterpillar roll	21

## KITCHEN ENTREES

Served with soup, seaweed salad steamed rice, gyoza and orange  
Substitute fried rice for 2.25

Salmon Teriyaki	18
NY Strip Steak Teriyaki	19
Chicken Teriyaki	17
Surf and Turf (Steak and Lobster)	32
Shrimp Tempura	12.95

Shrimp and vegetable fried tempura served with tempura sauce

## KITCHEN TEPPAN

Soup, salad, vegetables, steam rice, garnish with sesame seeds  
Substitute fried rice 4.25

Garlic chicken	17
Hibachi Sirloin steak	19
Salmon steak	18.50
Seasoned scallops	19
Garlic Shrimp	18.50

## BENTO BOXES

Served with soup, salad and rice, shrimp and vegetable tempura, California roll and gyoza

Chicken Teriyaki 17	Salmon Teriyaki 19
Steak Teriyaki 21	Sashimi 19
Unagi 18	Chef's choice of fresh fish
Boil eel finished with teriyaki sauce	

## CHEF'S CHOICE

Sashimi Dinner 16 pcs of fresh raw fish, soup & salad	30
Sushi Dinner 8 pcs of Nigiri, 4pcs California, soup & salad	17.25
Sushi Appetizer 5 pcs of Nigiri	10.50
Sashimi Appetizer 6 pcs of Sashimi	12.95

## DINNER FOR TWO

Hibachi steak and chicken	38
Costumer choice of shrimp, scallops or calamari. Served with soup, salad vegetables and steam rice	

## JAPANESE NOODLES

<b>NABEYAKI UDON</b> Poached egg, shrimp and vegetable tempura, served over hot Japanese noodle soup	12.5
<b>KITSUNE UDON</b> Sweet soybean served over hot savory Japanese noodle soup	10
<b>RAMEN</b> Sliced pork seasoned, boil egg over hot savory egg noodle soup	10
<b>TEMPURA UDON</b> Shrimp and assorted vegetables tempura served over hot savory Japanese noodle soup	12
<b>NIKU UDON</b> Tender sliced beef seasoned stir fried over hot savory Japanese noodle soup	12



# YAKISOBA

Yakisoba stir-fry noodle mixed with a mix vegetables

Vegetable	8	Crab	9.5
Shrimp	11	Chicken	10
Beef	12	Combo	12.5
Seafood	12.5	(shrimp, chicken, beef)	

## FRIED RICE

Mix vegetables with egg and mushroom

Vegetable 7		Salmon	10
Chicken	8.50	Kani	8
Beef	10	Shrimp	10
Combo	12.95	Seafood	12.50

## CLASSIC MAKI

5-8 PIECES

Salmon Roll	4	Soft Shell Crab Roll	7
Yellowtail and Scallion Roll	6	Soft shell crab, avocado and cucumber	
Spicy Tuna Roll	6	Tuna Avocado Roll	7
Calamari Tempura Roll	6	Spicy Yellowtail Roll	7
Spicy Octopus Roll	7	Island Roll	6.25
Philadelphia Roll	7	Shrimp tempura, mango, pineapple with eel sauce	
Smoked salmon, cream cheese and avocado		Lobster and avocado roll	8.75
Salmon Avocado Roll	7	Spicy scallops roll	7
California Roll	6.50	Scallops, avocado, massago scallions drizzle with spicy mayo	
Cucumber, avocado and imitation crab		Smoke salmon roll	6
Crazy California	8	Smoke salmon, cucumber, avocado Main roll	7
Tempura fried California with spicy mayo and unagi sauce		Eel, cucumber, avocado drizzle eel sauce	
Mixed Vegetable Roll	6	State roll	8.25
Spicy Salmon Roll	7	Tuna, salmon, avocado, mango, eel sauce and spicy mayo	
with Cucumber		foxy roll	8
Shrimp Tempura Roll	7	Shrimp, cream cheese avocado, crab stick, topped with citrus mayo	
Shrimp, avocado and cucumber			

## VEGGIE AND FRUIT ROLLS

Avocado roll	4	Nato 7	
Cucumber	4	Soy bean, cucumber with citrus yuzu	
Cucumber and avocado	5	Sumer Roll 7	
Asparagus and avocado	5.5	Mango, apple, pineapple, wrapped in soy paper and side of sweet sauce	

## SIGNATURE ROLLS

8-12 PIECES

St. Charles Princess	17
Cream cheese, crab meat, avocado, lightly tempura battered topped with spicy crab and tuna, potato crunch and drizzled with spicy mayo, diva sauce and red tobiko	
Fancy Diva	17
Spicy crab meat, avocado rolled in tempura crunch, topped with buttered seared scallops, drizzled with unagi sauce, spicy mayo, wasabi mayo and red tobiko on top.	
Rainbow Dragon	17
Shrimp tempura, Crab meat, avocado, cucumber topped with a variety of fish drizzled with unagi, spicy mayo and multi colored tobiko	
Firefox	15
Spicy tuna, cream cheese, crab stick and avocado, lightly deep fried, topped with siracha, spicy mayo, and unagi sauce.	
Dragon Roll	15
Shrimp tempura, crab stick and cucumber, topped with Seared Unagi drizzled with unagi sauce and sesame seed	
Chicago Roll	16
Lobster, cucumber, avocado, topped with crab, mango, tuna, drizzled with wasabi mayo, spicy mayo and unagi sauce	
Fantasy Roll	16
Crab meat, tuna, salmon, yellow tail, avocado wrapped in cucumber garnish with salmon roe and side of citrus soy sauce	

# SIGNATURE ROLLS

...CONT.

Shrimp Crunchy	15
Shrimp tempura, crab meat, avocado, cucumber, spicy mayo rolled with a crunch and drizzled with unagi sauce and spicy mayo	
Ice N' Fire	19
Lobster tempura, jalapeno, avocado, cucumber and cream cheese topped with seared tuna, salmon/pico de gallo, masago and special sauce.	
Ocean Breeze	17
Salmon, tuna, yellow tail, avocado, cilantro, jalapeno, wrapped in soy paper chili oil and fresh lime.	
Rainbow	14
Crab meat, avocado, cucumber topped with a variety of fish	
Mexican Roll	16.5
Shrimp, tomato, red onion, jalapeno, cilantro, cucumber and avocado, topped with yellow tail and citrus soy sauce	
Ocean Roll	16
King crab, avocado, cucumber, shrimp, spicy mayo and unagi sauce	
Las Vegas	16
Fresh Salmon, tuna, hamachi, eel, super white cucumber, avocado, tobiko and spicy mayo, eel sauce.	
Paradise	16
King crab, tuna, salmon, mango, avocado, tobiko drizzle with spicy mayo, wasabi mayo and eel sauce.	
Creamy Wasabi Tuna	16
Spicy tuna, avocado topped with big eye tuna, drizzled with wasabi mayo, spicy mayo, unagi sauce and green and red tobiko.	
Spring Breeze	12
Mixed greens, avocado, cucumber, asparagus, red cabbage, carrot and jalapeno topped with mango and pica de gallo, wrapped in soy paper and drizzled with yuzu.	
Dynamite	15
Shrimp, yellow tail, cucumber, avocado, chili, rolled with crunchy and drizzle spicy mayo jalapeno and dots of sriracha	
Scallops Volcano	15
Crab meat, shrimp tempura, cucumber, avocado, topped with scallops, spicy mayo, wasabi mayo, eel sauce, crunchy flakes and tobiko with a touch of the house spicy sauce.	
Magusake Roll	17
Crab meat, shrimp tempura, cucumber, avocado, topped with salmon and spicy tuna broil drizzle with spicy mayo, wasabi mayo and eel sauce.	
Snow White	16
White tuna, lobster, cucumber, avocado topped with crab meat, tobiko and tempura flakes, drizzle with spicy mayo, wasabi mayo and eel sauce.	
Sunset	16
Shrimp tempura, cucumber, avocado, creamy mayo topped with spicy crab meat tuna, mango and tobiko. Drizzle with spicy mayo, wasabi mayo and eel sauce.	
Ninja Turtle	16
Unagi, avocado, cucumber, tempura crunch, crab stick, topped with tiger shrimp, drizzled with wasabi mayo, spicy mayo, and unagi sauce with multi-colored tobiko on top.	
Foxy Diva	18
Spicy tuna, cucumber, cilantro topped with tuna, yellowtail, escolar, jalapeno, drizzled with ponzu, diva sauce and siracha.	
Tango Tempura	12.5
Smoked salmon, cream cheese, avocado tempura style, drizzle with spicy mayo & eel sauce.	
Caterpillar	15
Eel, crab meat, avocado, cucumber topped with avocado drizzle with unagi sauce	
French Kiss	12
Shrimp tempura, cream cheese, mango, apple wrapped in soy paper, deep fried with spicy mayo and unagi sauce	
Surf and Turf	16
Steak, spicy crab, shrimp, deep fried, drizzle spicy mayo, wasabi mayo and unagi sauce	
Crunchy Octopus	14.95
Salmon, super white tuna, crab meat, crunchy flakes, avocado, cucumber, octopus and topped eel sauce	
Spider	12.5
Soft shell crab tempura style, cucumber, avocado, spicy crab meat topped with tobiko and tempura flakes.	
Chicken Roll	9
Teriyaki chicken, avocado, asparagus, green mix drizzle with spicy mayo.	



www.sushidiva.com



# SUSHI DIVYA

## JAPANESE RESTAURANT

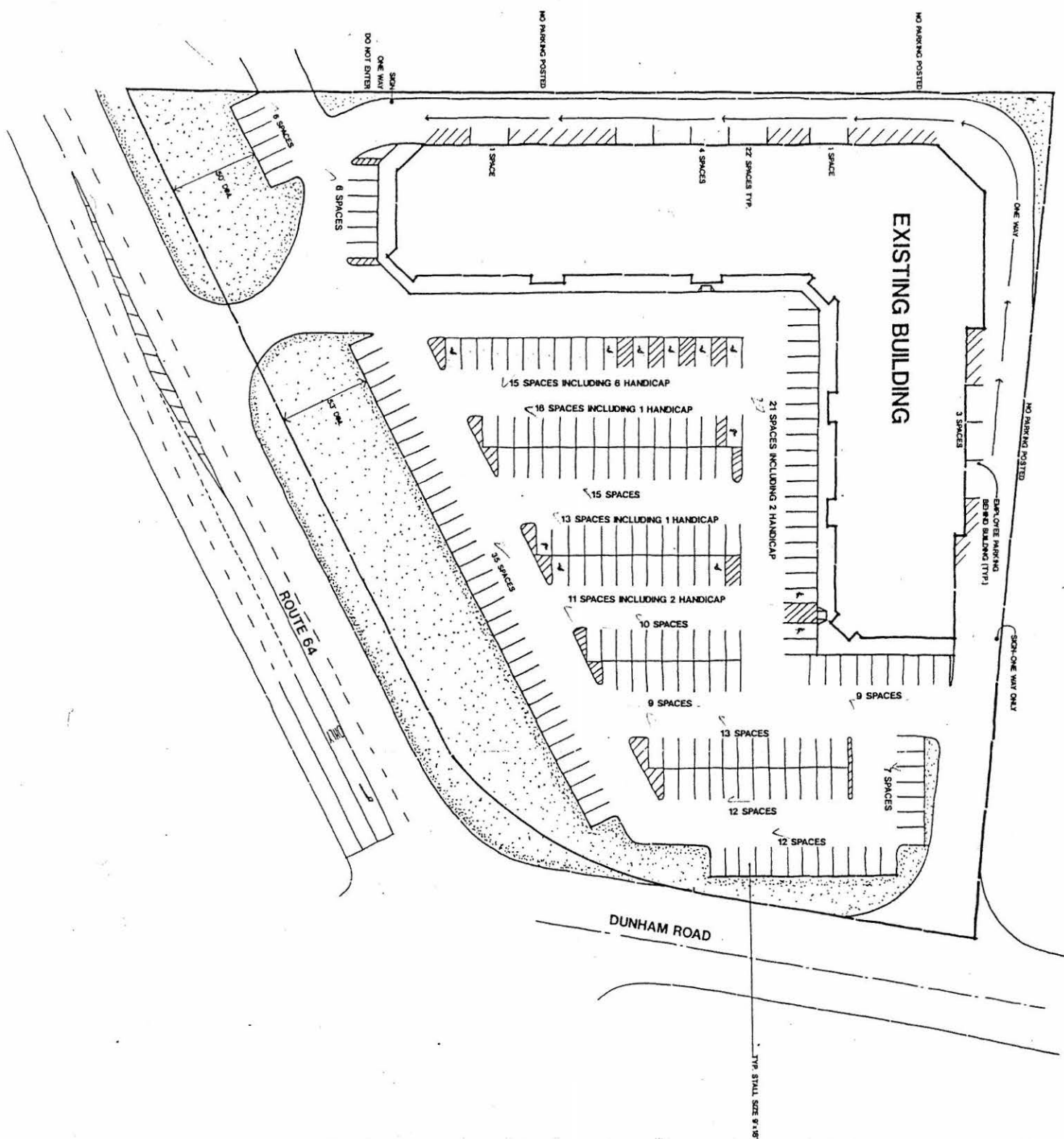
## Hours

Mon - Thu	11:00am - 9:00pm
Fri - Sat	11:00am - 10:00pm
Sunday	Closed

(630) 945-3336

2400 E Main Street, St. Charles, IL 60174

\*We are required by the health department to inform you that the items indicated contain raw fish and consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, specially if you have certain medical conditions.





Sushi Diva  
Japanese Rest.

Office  
50 sf.

Dishwasher  
165 sf.

Dry storage  
107 sf.

Men's  
37.5 sf.

Women's restroom  
37.5 sf.

Cooler  
60 sf.

Kitchen

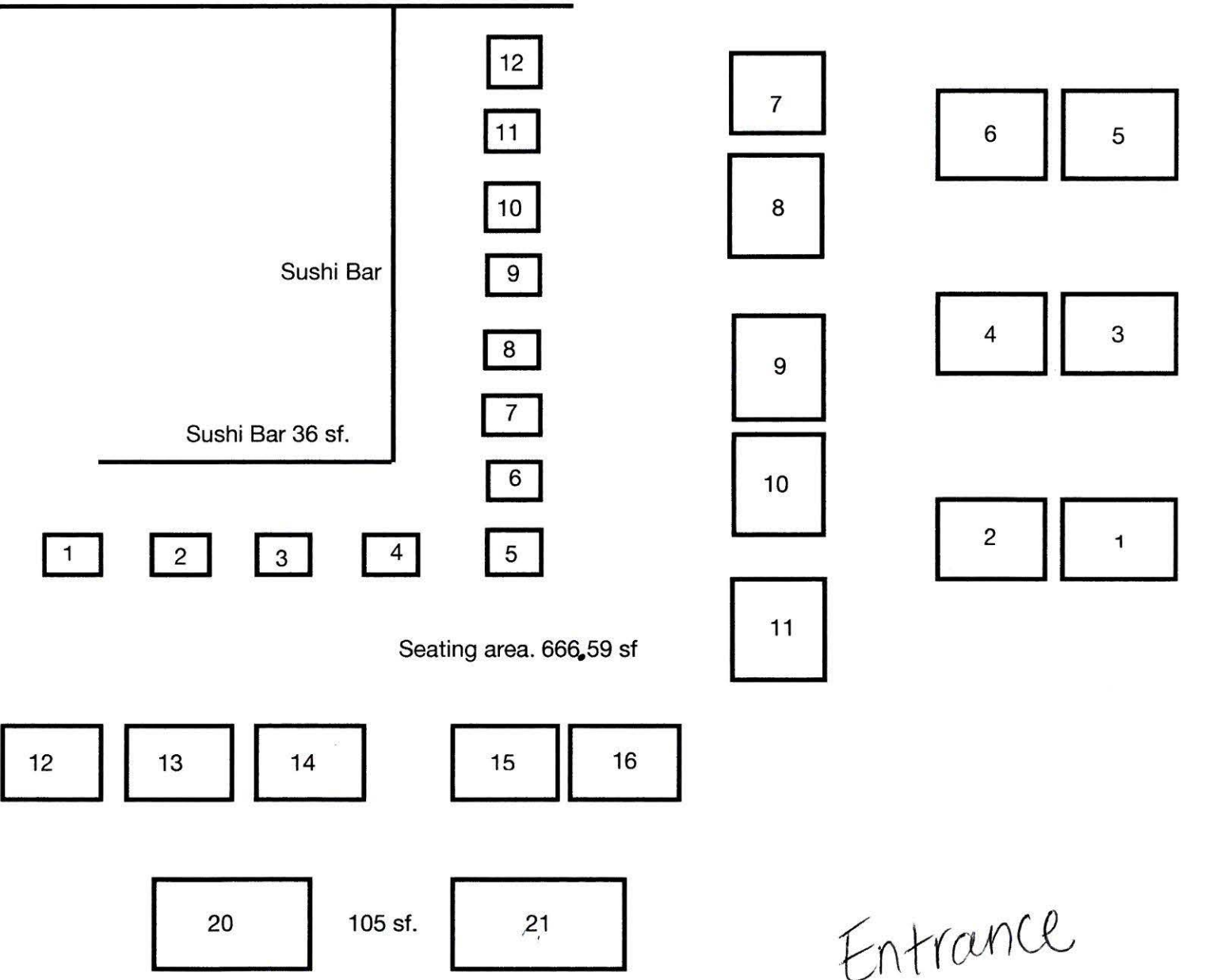
392.24 sf.

Sushi Bar

Sushi Bar 36 sf.

Seating area. 666.59 sf

Entrance



**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5b

Title:

Recommendation to approve a Proposal for a B1 Liquor License Application, as well as a 2 a.m. Late Night Permit for Paradisio Restaurant & Bar, Located at 2049-51 Lincoln Highway, St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

Paradisio Restaurant & Bar will provide Italian cuisine and plans to have live music and a DJ on weekends at events. The owners are planning to provide outdoor seating in 2020.

The applicants have 11 years of similar business experience with the establishments they owned and operated in Italy.

*Pursuant to this item being presented at the Government Operations Committee meeting on October 21, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on November 4, 2019 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 and 2 a.m. Late Night permit for Paradisio Restaurant, located at 2049-51 Lincoln Highway, St. Charles.

Police Department



# Memo

Date: 10/2/2019  
To: The Honorable Ray Rogina, Mayor-Liquor Commissioner  
From: James Keegan, Chief of Police *EW 346*  
Re: Background Investigation-Paradisio Restaurant & Bar located at 2049-2051 Lincoln Highway (B-1) and 2 a.m. Late Night Permit

---

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.

Mr. and Mrs. Acetta intend to open and operate a restaurant and bar at the above location. The site location/floor plans and the corresponding application materials were reviewed by my staff.

We also found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with this business and on-site consumption, subject to City Council approval. They are applying for a class B-1 license, as well as a 2 a.m. late night permit.

Thank you in advance for your consideration in this matter.

## Police Department

# Memo

Date: 10/1/2019  
To: Commander Majewski #317 *jm 317*  
From: Detective Ketelsen #328 *DK #328*  
Re: Paradiso Restaurant & Bar / Class B Liquor License Background Investigation

---

The purpose of this memo is to document the background investigation for Izabela Accetta and her husband, Salvatore Accetta, pursuant to the application for a Class B Liquor License for Paradiso Restaurant & Bar.

Applicant:

Accetta, Izabela



- On 09/25/19 I was assigned to conduct this background. After reading the application and speaking to Izabela Accetta at the restaurant location I essentially learned the following information.
- Both Isabela and Salvatore are planning on being at the restaurant for the day to day business operations. No other employees have been hired yet.
- Isabela said that they were hoping to have the restaurant construction completed and be open by the first week of November, 2019. Isabela had an old floor plan of the last restaurant that was at this location, but did not have a completed one on how this new location would be laid out. I asked her to forward this to the city when she has it.
- No alcohol has been purchased yet for this establishment.
- This establishment will be serving beer, wine, and spirits.

*Service, Courage, Professionalism, Dedication*





- Both Isabela and Salvatore are BASSET certified. (See attached copy of BASSET certificates.)
- Isabela provided a very minimal menu with no prices, and a business plan that was only 5 lines in length. The menu is made up of Italian & Mediterranean food items. See attached Menu and Business Plan.
- Isabela stated that she has prior experience in the customer service area when she worked at 2 restaurants her husband owned in Italy, until they moved back to the United States approximately 5 years ago.
- Isabela advised that the hours of operations would be: Tuesday through Sunday from 11am to 2am. They plan on having live music and DJ's on weekends and for any special events. They possibly might have outside dining in 2020.
- Isabela previously had her fingerprints taken at the SCPD on 09/12/19 for this application and sent to the Illinois State Police Bureau of Identification. A search of the fingerprints on her showed she has no prior arrests.
- A search of New World and Kane County records showed no police contacts for her.
- A check of her residences in the United States where she has lived within the last 10 years showed no negative police contacts with the St Charles Police Department, Hoffman Estates Police Department or the Carol Stream Police Department.
- A check of the Illinois Liquor Control Commission website showed no current license for the Paradiso Restaurant & Bar in St Charles and no record of revocation for Isabela or Salvatore.
- A check of TLOxp (a database used by law enforcement) showed no contacts for Isabela.
- In reviewing the application for this license it appears to be minimal in details but meets all application criteria except a detailed floor plan. This includes a copy of the lease, and the pending insurance plan documents. (See attached documents)

**Applicant:**

Accetta, Salvatore



- I spoke with Salvatore by phone on 09/25/2019 and he essentially advised me the same information as was provided by Isabella about the opening of their restaurant.
- Salvatore previously had his fingerprints taken at the SCPD on 09/12/19 for this application and sent to the Illinois State Police Bureau of Identification. A search of the fingerprints showed he had no prior arrests.
- He confirmed that he previously owned and ran 2 restaurants in Italy, but no longer has any ownership in these.
- A check of his residences in the United States where she has lived within the last 10 years showed no negative police contacts with the St Charles Police Department, Hoffman Estates Police Department or the Carol Stream Police Department.
- A check of TLOxp (a database used by law enforcement) showed no contacts for Salvatore.

**This concludes this background investigation.**

Detective David Ketelsen #328  
DK #328

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



Incomplete applications will not be accepted.

**Completed applications may be submitted to:**

Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: 9-5-2019 ☒ New Application ☐ Renewal Application License Class: \_\_\_\_\_

Business Name: Paradiso Restaurant & Bar

**APPLICATION CHECKLIST**

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input 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 <b>only</b> needed for <b>each</b> 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"/> <i>in process</i>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input type="checkbox"/>	<input 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: <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 <i>yes</i> <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"/> <i>to be provided</i>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business.	<input checked="" type="checkbox"/> <i>none</i>	<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"/> <i>in process</i>	<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.**



## PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

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

### CLASS B LICENSES

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

### CLASS C LICENSES

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

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

**APPLICANT INFORMATION**A. Type of Business: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (explain):

B. Business Name: PARADISO RESTAURANT &amp; BAR

C. Business Address: 2049/2051 LINCOLN HWY. ST. CHARLES, IL 60174

D. IL Tax ID Number: [REDACTED] E. Business Phone: [REDACTED] F. Business E-mail: [REDACTED] G. Business Website:

H. Contact Person: IZABELA ACQUETTA

Email: [REDACTED]

I. Title:

owner

J. Phone No.: [REDACTED]

K. If Corporation, Corporation Name: Same as above

L. Corporation Address (city, state, zip code): 1315 Howard St. St. Charles IL 60174

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. License Class: ☒ A Package ☒ B Restaurant ☒ C Tavern ☐ D Hotel/Banquet/Arcade/Q-Center/Entertainment/Club  
☐ Other:

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

2049/2051 LINCOLN HWY

C. Number of Parking Spaces:

Shared w/ plaza

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

1200 sqft

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

1000 s.f.

F. Total Building s.f.:

5238 sqft

G. Total Number of Seats:

103

H. Number of Bar Seats:

27

I. Sale Counter s.f.:

NA

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

120 s.f.

K. Kitchen s.f.:

790 sqft

L. Cooler s.f.:

150

M. Dry Storage s.f.:

N. Seating Area s.f.:

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:

**MANAGER INFORMATION**

Full Name, include middle initial: IZABELA ACQUETTA Title:

Birthdate: [REDACTED]

Birthplace: [REDACTED]

Driver's License#: [REDACTED]

Home Phone: [REDACTED]

Home Address: [REDACTED]

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:



**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization: <b>MARCH 11 '2008</b>  <b>IZABELA ACUETTA</b>  <b>Chicago</b></p>
2.	<p>List the type of business of the applicant (5.08.070-3):  <b>RESTAURANT &amp; BAR</b></p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4):  <b>11 yrs.</b></p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): <b>\$ 30K</b></p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):  <b>2049/2051 LINCOLN HWY</b>  <b>St. Charles, IL 60174</b></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><b>Name of Building Owner:</b> <b>TRI-CITY center Associates / Shodeen Group</b></p> <p><b>Address of Building Owner:</b> <b>77 N. 4th St. Geneva, IL 60134</b></p> <p><b>Mailing Address of Building Owner (if different):</b></p> <p><b>Phone Number:</b> <b>630-774-8553</b> <b>E-mail Address:</b> <b>dan-masinger@shodeen.com</b></p> <p><b>Name of Building Owner:</b></p> <p><b>Address of Building Owner:</b></p> <p><b>Mailing Address of Building Owner (if different):</b></p> <p><b>Phone Number:</b> <b>E-mail Address:</b></p> <p><b>Name of Building Owner:</b></p> <p><b>Address of Building Owner:</b></p> <p><b>Mailing Address of Building Owner (if different):</b></p> <p><b>Phone Number:</b> <b>E-mail Address:</b></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><b>Complete ONLY if yes was answered to the questions above (14):</b></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><b>Date of Incorporation (Illinois Corporations) (5.08.070-10):</b>  <u>8-26-2019</u></p> <p><b>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):</b></p>
17.	<p><b>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)?</b>  <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></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"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></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"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>Have you ever been convicted of a gambling offense?   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b> (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?  <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
18.	<p><b>Mandatory:</b> 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"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>If yes, date(s): _____</p>
19.	<p><b>Mandatory:</b> 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"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>If already furnished, date of delivery: _____</p> <p><b>NOTE:</b> 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**

**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 Signature

9-2-19  
Date

**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:	IZABELA	ACCETTA		
	(First)	(Last)	(Middle)	Manager
Home Street Address:				
City, State, Zip:	St. Charles, IL 60174			
Date of Course:	8/26/19	Place Course was Taken:	ON LINE IN PROCESS	
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:	

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.

Business Name:

**SIGNATURES**

Debra Accetta  
Applicant's Signature

Sharon J. Bringelson 9-5-2019  
Notary & Date

Seal:

"OFFICIAL SEAL"  
SHARON J. BRINGELSON  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/5/2022

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

\_\_\_\_\_  
Liquor Commissioner's Signature

\_\_\_\_\_  
Date



**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION****To be completed by the City of St. Charles Police Department**

Date: 10/01/19	Name of Applicant: Salvatore + Isabela Accetta
Name of Business: Paradiso Restaurant + Bar	
Address of Business: 2049/2051 Lincoln Hwy	Ward Number:

**To Liquor Control Commissioner, City of St. Charles, Illinois**

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

1.	Date on which applicant will begin selling retail alcoholic liquors at this location: 11/2019
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DNA</b></p> <p>If yes, answer a, b and c:</p> <ul style="list-style-type: none"><li>a. State the kind of such business:</li><li>b. Give date on which applicant began the kind of business named at this location:</li><li>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?</li></ul> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>DNA</b></p>
4.	<p>If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DNA</b></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.	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
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DNA</b>

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: SCPL Date: 9/12/19
14.	Other necessary data:

# SIGNATURES

## ENDORSEMENTS AND APPROVALS

### INVESTIGATING OFFICER

<u>J. Johnson</u>	<u>328 / Detective</u>
Investigating Officer Signature	Badge Number & Rank

### ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>E. H. (acting det)</u>	<u>10/2/19</u>
Signature Of Chief of Police	Date

## Business Plan

- Italian Restaurant & Bar
- Hours of operation - from 11am to 2am  
( Tuesday to Sunday )
- Live Music & DJ on weekends and events
- Outdoor seating ( summer 2020 )



## Menu

### Antipasto

- Antipasto Paradiso- Prosciutto Crudo, Ham, Olives Cheese Plater
- Bruschette
- Fried Calamari
- Antipasto Di Mare
- Arancini - Fried Rice Balls

### Salads

- Mediterranea
- Tricolore
- Caprese

### Pasta

- Pasta Alla Norma
- Pasta Carbonara
- Cannelloni Al Forno
- Lasagna Paradiso

### Meat

- Grigliata Mista ( Grilled Sausage, steak, lamb, chicken)
- Grigliata Mista Di Pesce ( Octopus, Calamari, Fish).

Pork Scaloppine w/ Mushroom and mashed potatoes  
Involtini Di Pollo ( prosciutto, formaggio, pancetta )

### Dessert

- Tiramisu
- Gelato
- Cannoli

# Illinois BASSET SELLER / SERVER CERTIFICATION


**Trainee Name:** Izabela Accetta

**Certificate #:** 000016237670

**Date of Completion:** 09/05/2019

**School Name:**

**360training.com dba Learn2Serve**

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

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

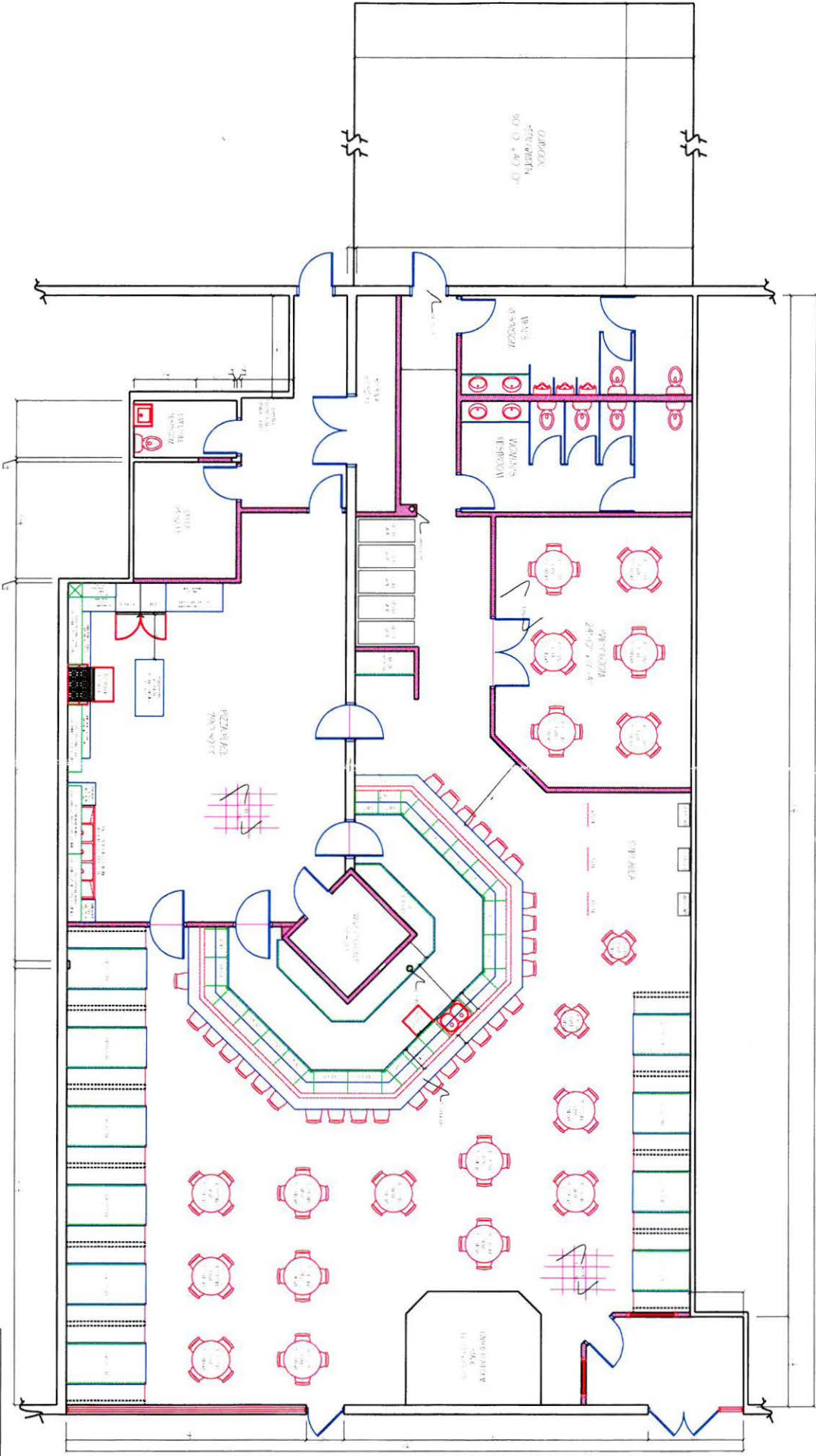
This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



## Corporate Headquarters

6801 N. Capital of Texas Hwy, Bldg 1,  
Suite 250, Austin, TX 78731  
Phone: 877.881.2235

PROPOSED FLOOR PLAN  
SCALE 1/4" = 1'-0"



**WALL LEGEND**

THICK WALL	THIN WALL
GLASS WALL	GLASS WALL
GLASS WALL	GLASS WALL
GLASS WALL	GLASS WALL

**PROPOSED FLOOR PLAN**

ROOM	AREA	PERIMETER
ROOM 1	100.00	100.00
ROOM 2	100.00	100.00
ROOM 3	100.00	100.00
ROOM 4	100.00	100.00
ROOM 5	100.00	100.00
ROOM 6	100.00	100.00
ROOM 7	100.00	100.00
ROOM 8	100.00	100.00
ROOM 9	100.00	100.00
ROOM 10	100.00	100.00
ROOM 11	100.00	100.00
ROOM 12	100.00	100.00
ROOM 13	100.00	100.00
ROOM 14	100.00	100.00
ROOM 15	100.00	100.00
ROOM 16	100.00	100.00
ROOM 17	100.00	100.00
ROOM 18	100.00	100.00
ROOM 19	100.00	100.00
ROOM 20	100.00	100.00
ROOM 21	100.00	100.00
ROOM 22	100.00	100.00
ROOM 23	100.00	100.00
ROOM 24	100.00	100.00
ROOM 25	100.00	100.00
ROOM 26	100.00	100.00
ROOM 27	100.00	100.00
ROOM 28	100.00	100.00
ROOM 29	100.00	100.00
ROOM 30	100.00	100.00
ROOM 31	100.00	100.00
ROOM 32	100.00	100.00
ROOM 33	100.00	100.00
ROOM 34	100.00	100.00
ROOM 35	100.00	100.00
ROOM 36	100.00	100.00
ROOM 37	100.00	100.00
ROOM 38	100.00	100.00
ROOM 39	100.00	100.00
ROOM 40	100.00	100.00
ROOM 41	100.00	100.00
ROOM 42	100.00	100.00
ROOM 43	100.00	100.00
ROOM 44	100.00	100.00
ROOM 45	100.00	100.00
ROOM 46	100.00	100.00
ROOM 47	100.00	100.00
ROOM 48	100.00	100.00
ROOM 49	100.00	100.00
ROOM 50	100.00	100.00
ROOM 51	100.00	100.00
ROOM 52	100.00	100.00
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ROOM 68	100.00	100.00
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ROOM 70	100.00	100.00
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ROOM 74	100.00	100.00
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ROOM 76	100.00	100.00
ROOM 77	100.00	100.00
ROOM 78	100.00	100.00
ROOM 79	100.00	100.00
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ROOM 81	100.00	100.00
ROOM 82	100.00	100.00
ROOM 83	100.00	100.00
ROOM 84	100.00	100.00
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ROOM 88	100.00	100.00
ROOM 89	100.00	100.00
ROOM 90	100.00	100.00
ROOM 91	100.00	100.00
ROOM 92	100.00	100.00
ROOM 93	100.00	100.00
ROOM 94	100.00	100.00
ROOM 95	100.00	100.00
ROOM 96	100.00	100.00
ROOM 97	100.00	100.00
ROOM 98	100.00	100.00
ROOM 99	100.00	100.00
ROOM 100	100.00	100.00

FLOOR PLAN  
FOR  
SPORTERS INN  
2015 LINDENWOOD ST. CHICAGO, IL

**Dowling Designs, Inc.**  
625 DORRINGTON BLVD. #8 ST. CHARLES, MISSOURI 63041  
PHONE: 630.445.6699 FAX: 630.445.6698  
WWW.DOWLINGDESIGNS.COM



## QUOTE SUMMARY

QUOTE NUMBER: 495457

FOR	Paradiso Restaurant & Bar LLC	CONTROL DATE	08/29/2019
MAILING ADDRESS	2049/2051 Lincoln Hwy Saint Charles IL, 60174	AGENT NUMBER	13423
AGENCY	Weer Ins & Fin Serv Inc		

## PROPERTY

**Location 1: Tavern**

Location Address: 2049/2051 Lincoln Hwy Saint Charles IL, 60174

Construction: Masonry Joisted

Central Station Alarm: Fire, Theft

**Building: 1 - Taverns - with cooking**

Coverage	Limit	Valuation	Perils	Deductible	Coinsurance	Premium	Additional Cov
Personal Property	125,000	RC	B	1,000	80	786	Utility Interrupt
Income ALS 12 Months			S			88	Utility Interrupt
Sign	5,000			1,000		91	
Equipment Breakdown						150	
Restaurant Extension - Silver						INCL	
Terrorism						INCL	

Property Total: \$ 1,115



UNDERWRITER: Mary Baranowski

## GENERAL LIABILITY

QUOTE NUMBER: 495457

LIMITS	COVERAGE	COVERAGE FORM	
\$ 2,000,000	General Aggregate Limit	<input type="checkbox"/> GL 600 - Premise Liability Only <input checked="" type="checkbox"/> GL 100 - Premise/Ops Liability and Products/Completed Ops <input type="checkbox"/> GL 300 - Owners and Contractors Protective	
\$ 1,000,000	BI/PD Occurrence Limit And (if applicable) Products Aggregate Limit		
\$ 5,000	Medical Payments		
\$ 50,000	Fire Legal Liability		
\$	Personal/Advertising Injury	GL Total	\$ 2,751
\$ 1,000,000	Hired/Nonowned Auto		
\$ <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Insured Charges		Package Premium
\$	PD Deductible Per Claim		\$ 3,866

## ADDITIONAL COVERAGES

AUTOMOBILE LIMITS	AUTOMOBILE COVERAGE		
	CSL		
\$	Bodily Injury		
\$	Property Damage		
\$	Medical Payment		
\$	Uninsured Motorist		
\$	Underinsured Motorist		Premium
\$ Per Submission	Physical Damage		\$

### LIQUOR LIABILITY

Limits: 1,000,000 \$ 1,642

### CYBER LIABILITY

Limits: 50,000 \$ 67

### EMPLOYMENT PRACTICES LIABILITY

Limits: 25,000 DED: 5,000 Third Party ☐ \$ 416

### WORKERS COMPENSATION

Employer's Liability at Standard Limits ☐ Yes ☐ No  
 Subjected to Dividends ☐ Yes ☐ No At %  
 Limits: WC 1000 DED: ☐ \$

### UMBRELLA

SIR ☐ \$10,000 ☐ \$25,000  
 Limits: 0 \$  
☒ Coverage may be bound as of 8/29/2019 01:00 PM  
☐ Coverage may be bound only with authorization prior to the effective date.  
**ACCOUNT PREMIUM** \$ 5,991  
**W/1000 WORK COMP DED** \$ 5,991

## THIS QUOTE IS VALID FOR 60 DAYS

Coverages not quoted may not be bound without prior approval

Comments:





Badger Mutual's Restaurant and Tavern Programs include our Silver Extension at no charge. If you have chosen to upgrade to our Gold Extension, a \$150 charge has been applied. If you have chosen to upgrade to our Platinum Extension, a \$250 charge has been applied. Please see below for a coverage comparison.

<b>Extensions</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
Antennas, Satellite Dishes, Awnings/Canopies, Fences & Signs	\$ 2,500	\$ 5,000	\$ 20,000
Property Off Premises	\$ 10,000	\$ 20,000	\$ 20,000
Increased Cost - Ordinance or Law	\$ 10,000	\$ 20,000	\$ 30,000
Personal Effects	\$ 1,000	\$ 5,000	\$ 5,000
Personal Property of Others	\$ 10,000	\$ 20,000	\$ 20,000
Property in Transit	\$ 5,000	\$ 10,000	\$ 10,000
Valuable Papers	\$ 10,000	\$ 20,000	\$ 20,000
Newly Acquired Buildings	\$ 250,000	\$ 300,000	\$ 300,000
Personal Property - Acquired Locations	\$ 100,000	\$ 150,000	\$ 150,000
Trees, Shrubs, and Plants	\$ 1,000	\$ 2,500	\$ 2,500

<b>Special Coverage</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
Accounts Receivable	\$ 10,000	\$ 20,000	\$ 20,000
Food Spoilage	\$ 2,500	\$ 5,000	\$ 20,000
Money & Securities	\$ 2,500	\$ 5,000	\$ 5,000
Employee Dishonesty	-	\$ 10,000	\$ 25,000
Backup of Sewers and Drains	\$ 2,500	\$ 5,000	\$ 20,000
Recharging of Extinguishing Systems	\$ 250	\$ 5,000	\$ 5,000
Foundations, Retaining Walls, Pilings, Piers, Wharves, or Docks	-	\$ 5,000	\$ 5,000
Fine Arts	-	\$ 5,000	\$ 20,000
Food Contamination	-	-	\$ 20,000

The coverage descriptions in this proposal are abbreviated. You will need to refer to the policy(ies) for all terms, conditions, and exclusions. The policy provisions will prevail if there is any conflict between the coverage statements within this proposal and the actual policy.



## AUTHORIZATION AGREEMENT

### Badger Mutual Monthly EFT Plan

**THIS FORM MUST BE SIGNED BELOW BY THE INSURED.**

#### POLICYHOLDER/AGENCY INFORMATION:

Name **PARADISO RESTAURANT & BAR, LLC**

Address **2049 LINCOLN HWY**

City **ST CHARLES**

State **IL**

Zip **60174**

Agency Name **WEER & WOELLERT INSURANCE**

Agency #: **13423**

#### POLICY INFORMATION

Policy Type	Policy # (if existing)

#### EFT INFORMATION

EFT Withdrawal Date  
(any date between 1 and 31)

29

*This date cannot be changed.*

Deposit Amount

Annual Policy      10% of policy premium  
Semi-Annual Policy      33% or 2 months of policy premium

\$ 1198.20

#### FINANCIAL INFORMATION:

Financial Institution Name **BMO HARRIS**

Address **111 W MONROE ST**

City **CHICAGO**

State **60603**

Zip **IL**

Type of Account: ☐ Checking ☐ Savings

**IMPORTANT: Please attach a voided check if using a checking account.**

Routing #: **071025661**

Account #: **4822266532**


- A. I authorize Badger Mutual Insurance Company to electronically transfer my insurance premium payments from my checking or savings account. To cancel this authorization, please contact Badger Mutual directly.
- B. I understand that premium payments are applied on the withdrawal date shown above. If my account has insufficient funds at the time of the transfer:
- the policy will be treated as though no premium payment was made when due, and
  - the EFT option will be revoked and we will change the policy to Direct Bill.
- C. I understand that withdrawal notification will only be sent if the amount to be withdrawn changes by more than \$15 from the prior payment.
- D. I understand that if my EFT payment is returned NSF, there will be a \$45 fee to resume EFT.
- E. I understand that if I remove myself from the EFT plan, there will be a \$25 fee to resume EFT.

**POLICYHOLDER SIGNATURE:**

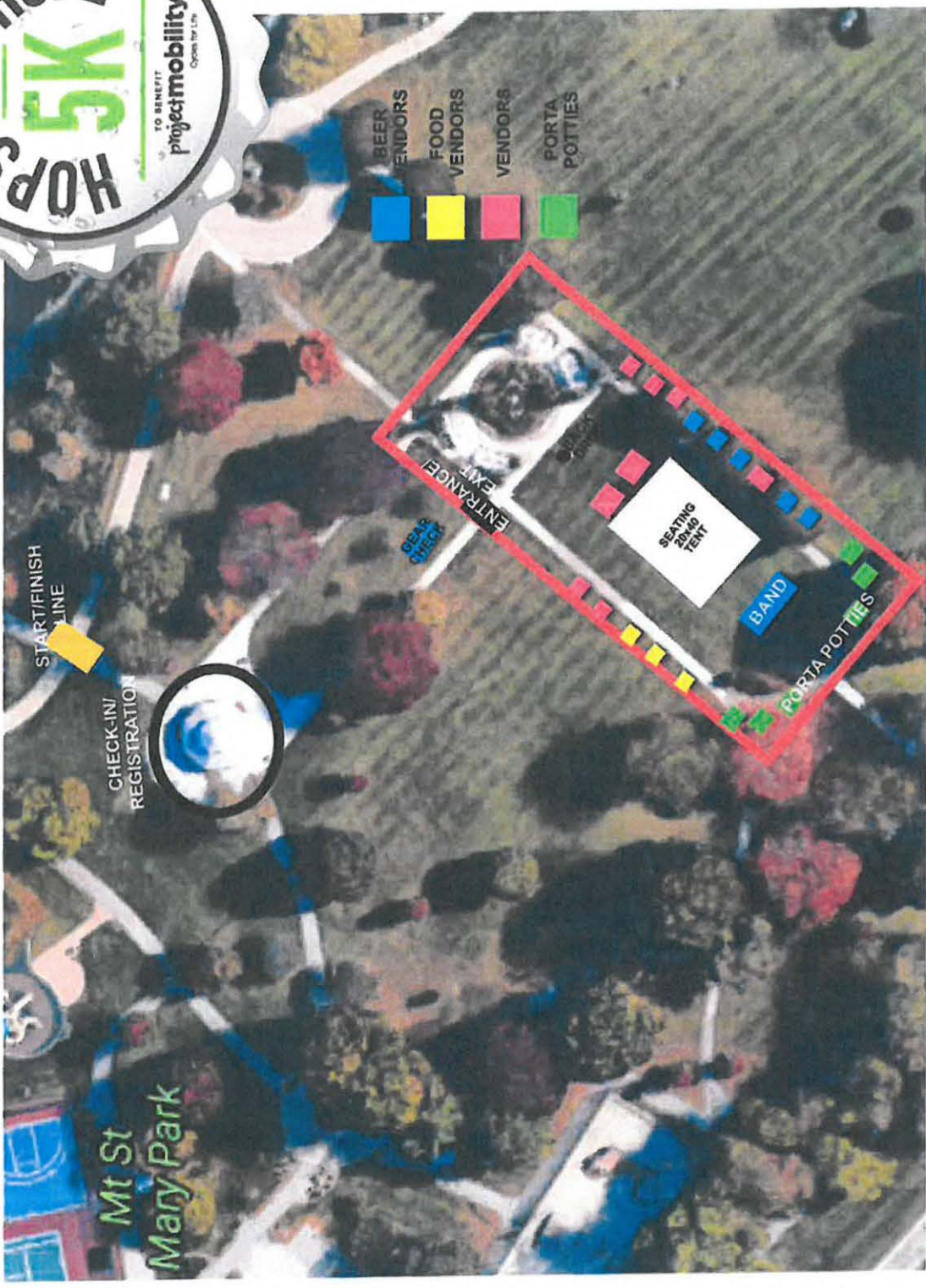
*[Handwritten Signature]*

d5425d5-195-426a-b36e-aab801390ac3

Date: **8/29/2019**

	<b>AGENDA ITEM EXECUTIVE SUMMARY</b>		Agenda Item number: 5c
	Title:	Recommendation to Approve a Proposal for a New Class E-1 Temporary Liquor License for the “Hops for Hope 5K” to be held at Mount Saint Mary Park on May 16, 2020	
	Presenter:	Police Chief James Keegan	
Meeting: Government Operations Committee      Date: October 21, 2019			
Proposed Cost: PD: \$104.42 PW: \$182.04 <b>TOTAL:\$286.46</b>		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
<b>Executive Summary</b> (if not budgeted please explain):  <p>This is an application request for a Class E-1 Temporary Liquor License, authorizing dispensing and consumption of craft beer on Park District property, as indicated on a proposed 5K road race route. This temporary license is requested for a single, one-day event, to be held on Saturday, May 16, 2020.</p> <p>The event, known as “Hops for Hope 5K,” will take place on May 16, 2020, in Mount St. Mary’s Park from 10:00 a.m. to 3:00 p.m. and extend into Wheeler Park in Geneva. The estimated attendance is 1,000 participants (last year 700) and this is the 4<sup>th</sup> consecutive year that Project Mobility has hosted this event. Project Mobility is a Non-for-Profit organization in partnership with the Bike Rack of St. Charles, with the goal of raising funds to provide adaptive cycling for subjects with physical disabilities.</p> <p>An officer will be present to cross traffic on Route 31 and security guards will monitor alcohol consumption (beer only) and credential runners (all pre-paid and registered) inside the designated consumption areas.</p> <p>Runners will be allowed to sample 3 oz. tastings on the running route and be given 2-drinks tickets with their prepaid purchase for consumption inside a fenced in area near the award tent. Food will be served by local vendors. In the event that event spectators desire to enter the fenced area they would pay an entry fee, be provided a different color wristband, and would also be issued (2) two tickets to exchange for a total of (2) two pints, after which they would receive no other service.</p> <p>All participants must be 21 or older and each will receive an event specific wristband confirming their identification and age were verified. Each “beer stop” will be fenced with a single point of ingress and egress. The sample will be issued in a plastic cup which would be disposed of at the stop prior to egress. The event will have a fenced in area in Mt. Saint Mary’s Park that will include a tent, awards stand, and a dispensing area for craft beer.</p> <p>A sound amplification permit has been applied for to accommodate a public address system and a band for event entertainment.</p> <p>This event is still pending final review and approval by the St. Charles Park District Board.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee meeting on October 21, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on November 4, 2019 for final approval.</i></p>			
<b>Attachments</b> (please list): E-1 Liquor License Application; Site Plan; Amplification Application			
<b>Recommendation/Suggested Action</b> (briefly explain): Recommendation to Approve a Proposal for a New Class E-1 Temporary Liquor License for the “Hops for Hope 5K” to be held at Mt. Saint Mary’s Park on May 16, 2020.			







Road Running Technical Council  
& USA Track & Field  
Certification Code: IL17026NM





**For Office Use**  
 Received:  
 Fee Paid: \$  
 Receipt #

**NON-REFUNDABLE**  
**CITY OF ST. CHARLES**  
 TWO EAST MAIN STREET  
 ST. CHARLES, ILLINOIS 60174-1984



**CITY LIQUOR DEALER LICENSE APPLICATION**  
**CLASS E1 – NOT-FOR-PROFIT LICENSE**  
**CLASS E3 – KANE COUNTY FAIR**

Pursuant to the provisions of Chapter 5.08, Alcoholic Beverages, of the City of St. Charles Municipal Code regulating the sale of alcoholic liquors in the City of St. Charles, State of Illinois and all amendments thereto now in force and effect.

The undersigned hereby makes application for a Liquor Dealer License, Class E1 – Not-For-Profit License or E3 – Kane County Fair  
 Commencing 5/16/20 and ending 5/16/20  
 Time Starting 10am and ending 3pm  
 Location of Event Ht. St. Mary Park

Name of Business Project Mobility  
 Address of Business 2930 Compton Hills Rd. Business Phone 630-464-2991 (direct line)  
 Is the Applicant a Not-For-Profit Organization? Yes  
 Authorized Agent Katherine Reda Title Event Director  
 Has Applicant had a Class E1 License in the previous 365 days? Yes If YES, on what date: 5/18/19  
 Does Applicant have Dram Shop Insurance? Yes If YES, attach evidence of insurance. to be provided in Feb 2020

**Requirements of a Class E1 / E3 – Not-For-Profit License**

1. The Class E1 license fee is \$50.00 per day.
2. A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. **Please provide a list of all supervisors with this application.**
3. Liquor supervisors shall be members of the organization holding the license.
4. Beer and/or Wine are the only alcoholic beverages to be sold.
5. Hours are restricted to 12 noon to 11:00 p.m.
6. Licensee must rope/fence off the licensed premises.
7. Are children/minors permitted in the licensed premises? Y/N
8. Each patron must wear a wristband after having identification checked for legal alcohol consumption age.
9. A sign limited beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
10. **Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
11. A copy of site plan diagram to include roped area shall accompany this application.
12. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

**Affidavit**

State of Illinois )  
 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 are made for the purpose of inducing the City of St. Charles to issue the Liquor Dealer License, Class E1 to me/us for the location hereinbefore indicated; that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed: [Signature]  
 Sworn to before me this 3 day of October  
 Notary Public Sharon J. Bringelson

Signed: \_\_\_\_\_



**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Approved: [Signature] Date: 10-4-19 Chief of Police: [Signature]  
 Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Liquor Commissioner: \_\_\_\_\_



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



DEPARTMENT: BUILDING & CODE ENFORCEMENT

PHONE: 630.377.4406

FAX: 630.443.4638

LOUDSPEAKER/AMPLIFIER LICENSE APPLICATION

Important: this application must be fully and accurately complete.

1. License term: FROM 5/16/20 TO 5/16/20 Number of Days 1
2. Applicant is: ☒ Corporation ☐ Partnership ☐ Individual
3. Applicant's Name Project Mobility Telephone # 630-464-2991 (direct line)  
D/B/A \_\_\_\_\_  
Address 2930 Compton Hill Rd City/State/Zip St. Charles, IL 60175
4. Device Owner's Name Jake Mack Telephone # [REDACTED]  
Address 1708 Roanoke Ave City/State/Zip Aurora, IL 60506
5. Device(s) to be used, specific to power amplification (wattage) and output:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Area where device(s) is/are to be used:  
Mount Saint Mary Park  
\_\_\_\_\_  
\_\_\_\_\_
7. Amplification system will be used for:  
☒ Music  
☒ Public Speaking  
☐ Other (describe) \_\_\_\_\_
8. If used for music, what type (include name of artist/band if applicable):  
The Heavy Lifting - Rock, America, Blues,  
and power pop  
Jake Mack - Guitar & vocals  
Jim Hurley - Drums  
Chad Watson - Bass & vocals

9. Time of day device(s) is/are to be used: 10:00 am - 3:00 pm

By signing this application, the applicant agrees to all the provisions of Chapter 9.24 of the City of St. Charles Municipal Code.

Applicant

Signature

The fee for such a license will be \$5.00 per day, payable when the application is submitted for review. The city's police chief will reserve the right to review the application, and in conjunction with the Public Health and Safety Committee, either approve or deny the license request.

Approved: ✓

Denied: \_\_\_\_\_

by: Sam Key

Chief of Police

For Office Use

Date Received 10/3/2019

Fee Paid \$5.00

Receipt No. 2722

Permit No. 201901458

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 6a

Title:

Recommendation to authorize the Finance Director to execute the risk insurance program renewal for the year beginning December 1, 2019 in the amount of \$671,029.

Presenter:

Chris Minick, Finance Director

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$671,029

Budgeted Amount: \$682,020

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

The City has retained Assurance Agency as its consultant for the risk insurance program. Typically, insurance programs are taken to market on a comprehensive basis every 3-4 years. At the City's request, Assurance marketed and quoted the risk insurance program for the renewal years beginning December 1, 2015 and December 1, 2017. Because the program was marketed comprehensively for the 2017 renewal, we did not fully market the renewal effective December 1, 2018 or December 1, 2019. We plan to fully market the risk insurance package for the December 1, 2020 renewal in accordance with the normal 3-4 year planned marketing cycle.

The total cost quoted for the renewal for the year beginning December 1, 2019 is \$671,029. This compares to a cost of \$628,496 for the 2018 renewal or an overall increase of approximately 6.76%. Assurance negotiated rate increases of approximately 3% in total for the City's Risk Insurance package renewal with Traveler's and Chubb for the 2019 renewal. Based on the rates negotiated, the City's increase in cost of the insurance package would have been an increase of approximately 3% across all lines if the City's exposures had been the same as they were in the 2018 renewal. Individual lines of coverage may have seen changes in different amounts, but the overall increase for the entire package would have been 3% had exposures between the 2 years been identical. The majority of the increase in cost of the insurance program is a result of increased exposures and values, particularly in the property insurance and liability package lines of coverage.

Most of the increase in property value exposures is a result of construction of the new Police Station on Main St. The new Police Station building value is now reflected in the property insurance policy and we continue to insure the old Police facility at its full replacement value pending a decision on the disposition of the structures and property.

For 2019, the renewal policy coverage limits remain consistent with the 2018 package; there have been no negative substantive changes to any of the City's coverage limits, deductibles, or self-insured retention (SIR) amounts. In fact, many coverage limits have been enhanced in the City's Cyber Liability Policy for the premium levels quoted.

Travelers has the City's liability package, Chubb has the City's property package and IPRF has the Workers Compensation policy coverage on the City's behalf. All of the carriers have extensive experience in public entity insurance coverage. Staff is pleased with the renewal as indicated and recommends its approval as presented.

**Attachments** *(please list):***Premium Summary****Recommendation/Suggested Action** *(briefly explain):*

**Recommendation to authorize the Finance Director to execute the risk insurance program renewal for the year beginning December 1, 2019 in the amount of \$671,029.**

## Premium *summary*

Carrier/AM Best Rating Coverage Payment Plan	Annualized Expiring Premium	Renewal Premium
Travelers / A++, XV General Liability* Agency Bill / Annual Payment	\$73,578	\$76,498
Travelers / A++, XV Law Enforcement Liability Agency Bill/ Annual Payment	\$26,522	\$31,322
Travelers / A++, XV Public Officials & Employment Practices Liability Agency Bill / Annual Payment	\$49,280	\$52,492
Travelers / A++, XV Automobile Agency Bill / Annual Payment	\$55,832	\$59,016
Travelers / A++, XV Umbrella Agency Bill/Annual Payment	\$64,964	\$68,147
Travelers / A++, XV Crime Agency Bill/ Annual Payment	\$1,637	\$1,730
Chubb / A++, XV Property Agency Bill / Annual Payment	\$184,677	\$213,348
Chubb / A++, XV Inland Marine Agency Bill / Annual Payment	\$7,533	\$7,533
IPRF / Not Rated Workers Compensation Direct Bill / Monthly Installments	\$140,531	\$131,728
Corvus / Not Rated Cyber Agency Bill / Annual Payment	\$23,942	\$29,215
Travelers Claim Fund	\$0	\$0
<b>Total Premium</b>	<b>\$628,496</b>	<b>\$671,029</b>

\* Subject to annual audit

Note: Deposit premiums due upon binding.

*Assurance Agency Annual Service Fee of \$32,500 is billed in 2 semi-annual installments.*

*The first installment of \$16,250 was billed June 2019.*

*The second installment will be billed December 2019 at \$16,250 minus*

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: \*6b

Title:

Budget Revisions for the City of St. Charles – September, 2019

Presenter:

Chris Minick, Finance Director

Meeting: Government Operations Committee

Date: October 21, 2019

Proposed Cost: \$ -0-

Budgeted Amount:

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

September, 2019 listing of monthly budget revisions for the City of St. Charles.

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

Budget Revisions –September, 2019

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

Budget Revisions for the City of St. Charles – September, 2019



## CITY OF ST. CHARLES

### Budget Revision Listing

September 2019

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Addition	58	100	1000	2020	5	09/03/2019	804530	54150	\$ 6,000.00	Communications rate refresh
Budget Addition	58	100	1000	2020	5	09/03/2019	804900	31199	\$ (6,000.00)	Communications rate refresh
58 Total									\$ -	
Budget Transfer	59	100	1000	2020	5	09/06/2019	803300	55180	\$ 1,503.00	Establish Budget
Budget Transfer	59	100	1000	2020	5	09/06/2019	803300	55151	\$ 20,093.00	Cover Overage
Budget Transfer	59	100	1000	2020	5	09/06/2019	803300	55152	\$ 35,977.00	Cover Overage
Budget Transfer	59	100	1000	2020	5	09/06/2019	803300	55150	\$ (57,573.00)	Cover Overage
Budget Transfer	59	100	1000	2020	5	09/06/2019	803110	55150	\$ (1,000.00)	Legal Work
Budget Transfer	59	100	1000	2020	5	09/06/2019	803600	54110	\$ (2,301.00)	Legal Work
Budget Transfer	59	100	1000	2020	5	09/06/2019	803110	54110	\$ 3,301.00	Legal Work
59 Total									\$ -	
Budget Transfer	60	100	1000	2020	5	09/11/2019	521300	56003	\$ 9,900.00	New PD furnishings
Budget Transfer	60	100	1000	2020	5	09/11/2019	521300	56200	\$ (14,310.00)	New PD furnishings
Budget Transfer	60	100	1000	2020	5	09/11/2019	521300	56003	\$ 4,410.00	New PD furnishings
60 Total									\$ -	
Budget Addition	61	100	1000	2020	5	09/13/2019	220550	54110	\$ 25,000.00	IEPA legal expenses
Budget Addition	61	100	1000	2020	5	09/13/2019	220900	31199	\$ (25,000.00)	IEPA legal expenses
61 Total									\$ -	
Budget Transfer	62	100	1000	2020	5	09/16/2019	521300	56003	\$ 822.00	New PD Interior
Budget Transfer	62	100	1000	2020	5	09/16/2019	521300	56200	\$ (822.00)	New PD Interior
Budget Transfer	62	100	1000	2020	5	09/16/2019	513500	56101	\$ (18,600.00)	Renaux Manor funding
Budget Transfer	62	100	1000	2020	5	09/16/2019	513501	56101	\$ 18,600.00	Renaux Manor funding
62 Total									\$ -	
Budget Addition	63	100	1000	2020	5	09/18/2019	100300	51500	\$ 7,000.00	Police new hires
Budget Addition	63	100	1000	2020	5	09/18/2019	100900	31199	\$ (7,000.00)	Police new hires
Budget Addition	63	100	1000	2020	5	09/18/2019	100800	57307	\$ 340,111.00	Activity CP5820 funding
Budget Addition	63	100	1000	2020	5	09/18/2019	100900	31199	\$ (340,111.00)	Activity CP5820 funding
Budget Addition	63	100	1000	2020	5	09/18/2019	513800	49100	\$ (340,111.00)	Activity CP5820 funding
Budget Addition	63	100	1000	2020	5	09/18/2019	513900	31199	\$ 340,111.00	Activity CP5820 funding
63 Total									\$ -	
Budget Transfer	64	100	1000	2020	5	09/20/2019	521300	56150	\$ 2,600.00	New Police Building
Budget Transfer	64	100	1000	2020	5	09/20/2019	521300	56003	\$ 12,905.00	New Police Building
Budget Transfer	64	100	1000	2020	5	09/20/2019	521300	56003	\$ 5,599.00	New Police Building
Budget Transfer	64	100	1000	2020	5	09/20/2019	521300	56200	\$ (21,104.00)	New Police Building
Budget Transfer	64	100	1000	2020	5	09/20/2019	100400	54160	\$ (2,500.00)	Flag Replacement
Budget Transfer	64	100	1000	2020	5	09/20/2019	100400	52000	\$ 2,500.00	Flag Replacement
64 Total									\$ -	
Budget Addition	65	100	1000	2020	5	09/25/2019	513511	56002	\$ 1,200.00	Message Board funds
Budget Addition	65	100	1000	2020	5	09/25/2019	513900	31199	\$ (1,200.00)	Message Board funds
65 Total									\$ -	

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

**September 2019**

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Transfer		66	100	1000	2020	5 09/27/2019	521300	56003	\$ 3,449.00	Installation costs at PD
Budget Transfer		66	100	1000	2020	5 09/27/2019	521300	56200	\$ (3,449.00)	Installation costs at PD
	<b>66 Total</b>								\$ -	
Budget Transfer		67	100	1000	2020	5 09/30/2019	801512	51402	\$ 100.00	To cover meals (Peoria trip)
Budget Transfer		67	100	1000	2020	5 09/30/2019	801512	51300	\$ (100.00)	To cover meals (Peoria trip)
	<b>67 Total</b>								\$ -	
	<b>Grand Total</b>								\$ -	

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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\_\_\_\_\_

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