AGENDA
CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSION MEETING
MONDAY, OCTOBER 21, 2019, 4:30 PM
2 E MAIN STREET

1. Call to Order.

2. Roll Call.

3. Motion to accept and place on file minutes of the Liquor Control Commission meeting held on September 16, 2019.

4. Recommendation to approve a new class B1 liquor license for Sushi Diva Japanese Restaurant located at 2400 E Main Street, St. Charles IL 60174.

5. 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.

6. 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.

7. Discussion Regarding an Alcohol Tax Citation and Hearing Notice for Tap House Grill, located at 3341 W Main Street, #3, St. Charles.

8. Public Comment.

9. Executive Session (5 ILCS 120/2 (c)(4)).

10. Adjournment.

ADA Compliance

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

AGENDA
CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSION MEETING
MONDAY, SEPTEMBER 16, 2019, 4:30 PM
2 E MAIN STREET

1. **Call to Order.**
   The meeting was called to order by Commissioner Rogina at 4:30 pm.

2. **Roll Call.**

   Present: Gehm, Vitek, Pietryla (4:34 pm), and Zollers

3. **Motion to accept and place on file minutes of the Liquor Control Commission meeting held on August 19, 2019.**

   Voice Vote: Ayes: Unanimous; Nays: None. Commissioner Rogina did not vote as Commissioner. **Motion Carried**

4. **Recommendation to approve a proposal for a new class C1 liquor license including a 1:00 am late night permit for VVAAMA Inc., dba Global Brew Tap House located at 2100 Prairie St., St. Charles.**

   The petitioners operate a Global Brew location in Schaumburg and are taking over the St. Charles location. They plan to add a full-service kitchen sometime in 2020. The petitioners provided a menu and business plan to Chief Keegan and the committee members. Chief Keegan indicated that the owners have had some violations in other municipalities.

   Committee member Zollers stated that she is troubled by their past violations. The petitioners indicated that this happened several years ago and said that a Police Officer provided training for all their employees. Further, they now have monthly meetings with their employees to reinforce the training.

   Roll Call: Ayes: Gehm, Vitek, Pietryla; Nays: Zollers. Commissioner Rogina did not vote as commissioner. **Motion Carried.**

5. **Recommendation to approve a proposal for a new class D liquor license for Fox River Studio, Inc. dba Pinot's Palette located at 3823 E Main St., St. Charles.**

   Chief Keegan explained that the petitioner currently operates a Pinot's Palette location in Naperville and is going to be opening a location in St. Charles. Pinot's Pallet offers painting sessions and party's and offers beer and wine for sale to their customers. The Chief said that the background check was done and he recommends the approval of the application.

Roll Call: Ayes: Gehm, Vitek, Pietryla, Zollers; Nays: None. Commissioner Rogina did not vote as commissioner. **Motion Carried.**

6. **Recommendation to approve a Proposal for a B1 Liquor License Application for Wahlburgers Located at 855 S Randall Rd, Building B, St. Charles.**

   Chief Keegan said that the location will be opening in March, 2020. They will be offering beer, wine and spirits. Pete LaSalle, representative for Wahlburgers, explained that they are looking to open a family oriented restaurant in St. Charles. He said that the location will be a showcase for the franchise, and will be a destination for St. Charles. The inside will include memorabilia. Mr. LaSalle said the soft opening should be March 2, and sometime in April/May there will be a VIP opening.

   Roll Call: Ayes: Gehm, Vitek, Pietryla, Zollers; Nays: None. Commissioner Rogina did not vote as commissioner. **Motion Carried.**

7. **Recommendation to approve a proposal for an E1 temporary special event liquor license application for the Charlestowne Movie Theatre located at 3740 E Main Street, St. Charles.**

   Chief Keegan informed the Committee that the temporary license would be for the After Image Film Festival being held at the Charlestowne Movie Theatre. A certificate of insurance is on record and that Verita (Batavia) will be providing the food.

   Andrew Carlin, executive director of the film festival said that this has no association with the previous Geneva Film Festival. They would like to expand and be more inclusive to the entire Fox Valley area.

   The Mayor told Mr. Carlin that their application did not meet the deadline however; he and Chief thought this was a good project, a new organization, and like the idea of this being in the community.

   Roll Call: Ayes: Gehm, Vitek, Pietryla, Zollers; Nays: None. Commissioner Rogina did not vote as commissioner. **Motion Carried.**

8. Public Comment.

9. Executive Session (5 ILCS 120/2 (c)(4)).

10. **Adjournment.**

    Motion by Gehm, second by Vitek to adjourn the meeting at 5:09 pm.

    Voice Vote: Ayes: Unanimous; Nays: None. Commissioner Rogina did not vote as Commissioner. **Motion Carried**

:tc

	AGENDA ITEM EXECUTIVE SUMMARY	Agenda Item number: 4
	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: Liquor Control Commission	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.

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

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.

Police Department

Memo

Date: 09/23/19

To: Chief Keegan

From: Commander Majewski

Re: Liquor License Background, Ugarte Corporation (DBA Sushi Diva).

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

[redacted]

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 $200	☑	☑
Completed Application for all questions applicable to your business.	☑	☑
Copy of Lease/Proof of Ownership	☑	☑
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	☑	☑
Copy of Articles of Corporation, if applicable.	☑	☑
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for **all** employees. A copy of the B.A.S.S.E.T. certificate is **only** needed for **each manager. It is the business establishment's responsibility to keep co**pies of all B.A.S.S.E.T. certificates on file for all of their employees.	☑	☑
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	☑	☑
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**.	☑	☑
Copy of Business Plan, to include: ☑ Hours of Operation ☑ Copy of Menu ☐ Whether or not live music will be played at this establishment NO ☐ Will there be outdoor seating and/or outdoor designated smoking area NO ☐ **Do not include a marketing or financial plan with this business plan**	☑	☑
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. NO	☑	☒
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.**	☑	☑

OFFICIAL USE ONLY

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

_____ _____
Signature of Mayor, Liquor Control Commissioner Date Issued

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

APPLICANT INFORMATION

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

B. Business Name: Sushi Diva Japanese Restaurant

C. 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:
[redacted]		[redacted]	Sushidiva.com

H. Contact Person:	I. Title:	J. Phone No.:
Jorge Ugarte	Owner	[redacted]

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 ☐ Other

B. Address applying for liquor license (exact street address):	C. Number of Parking Spaces:	D. Outside Dining s.f. [17.20.020-R]:	E. Holding Bar s.f. [5.08.010-F]:
2400 E. Main St Saint Charles IL 60174	N/A	∅	∅

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]:
2190	48	0	N/A	N/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]:
372.24	60	107	666.59	N/A	36

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 Ugarte Title: Owner
Birthdate: [redacted] Birthplace [redacted] Driver's License [redacted] Home Phone [redacted]
Home Address: [redacted]

Full Name, include middle initial: Tania Arellano Title: Owner
Birthdate: [redacted] Birthplace [redacted] Driver's License#: [redacted] Home Phone [redacted]
Home Address: [redacted]

Full Name, include middle initial: [redacted] Title: owner
Birthdate: [redacted] Birthplace: U.S.A. Driver's License# [redacted] Home Phone: [redacted]
Home Address: [redacted]

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

CORPORATION / PREMISES QUESTIONS	
1.	If applicant is an individual or partnership, is each and every person a United States citizen **(5.08.070-2)**? ☑ **Yes** ☐ **No** Is any individual a naturalized citizen? ☐ **Yes** ☑ **No** **If yes**, print name(s), date(s), and place(s) of naturalization:
2.	List the type of business of the applicant **(5.08.070-3)**: Restaurant
3.	Number of years of experience for the above listed type of business **(5.08.070-4)**: 16 years
4.	Amount of merchandise that normally will be in inventory when in operation **(5.08.070-5)**: $ 10,000
5.	Location/address and description of business to be operated under this applied for license **(5.08.070-6)**: Sushi Diva 2400 E. Main st. suite 107A saint Charles IL 60174
6.	Is the premises owned or leased **(5.08.070-6A)**? ☐ **Owned** ☑ **Leased**
7.	If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust **(5.08.070-6B)**: **Name of Building Owner:** Fox boro Plaza Partnership (Terry Grove) Address of Building Owner: 311 N. Second st. suite 304 st. Charles IL 60174 Mailing Address of Building Owner (if different): property management.grove@gmail.com Phone Number: (630) 377-9150 E-mail Address: **Name of Building Owner:** Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address: **Name of Building Owner:** Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address:
8.	Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? ☐ **Yes** ☑ **No** **If yes**, please list the business name(s) and address(es):

9.	Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? ☐ **Yes** ☑ **No** **If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.**
10.	Are any improvements planned for the building and/or site that will require a building permit? ☐ **Yes** ☑ **No** **If yes**, has a building permit been applied for? ☐ **Yes** ☐ **No** **If yes,** date building permit was applied for with Building & Code Enforcement:
11.	Has applicant applied for a similar or other license on the premises other than the one for which this license is sought **(5.08.070-7)**? ☐ **Yes** ☑ **No** **If yes,** what was the disposition of the application? Explain as necessary:
12.	Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality **(5.08.070-8)**? ☐ **Yes** ☑ **No** Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? ☐ **Yes** ☑ **No**
13.	**List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.** **Government Unit:** N/A Date: Location, City/State: Special Explanations: **Government Unit:** Date: Location, City/State: Special Explanations:
14.	Have any liquor licenses possessed ever been revoked **(5.08.070-9)**? ☐ **Yes** ☑ **No** **If yes,** list all reasons on a separate, signed letter accompanying this application. Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? ☐ **Yes** ☑ **No** **If yes,** proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.

15.	**Complete ONLY if yes was answered to the questions above (14):** N/A Name: Name of Business: Position with the Business: Date(s) of Denial: Reason(s) for Denial of License:
16.	Date of Incorporation (Illinois Corporations) **(5.08.070-10):** 3-06-19 Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):
17.	Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business**(5.08.070-11)**? ☑ **Yes** ☐ **No** Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? ☐ **Yes** ☑ **No** Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? ☐ **Yes** ☑ **No** Have you ever been convicted of a gambling offense? ☐ **Yes** ☑ **No** (If a partnership or corporation, include all partners and the local manager(s).) Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? ☑ **Yes** ☐ **No**
18.	**Mandatory:** All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department **(5.08.070-A12)**. Has this been done? ☑ **Yes** ☐ **No** **If yes,** date(s): 9-06-19
19.	**Mandatory:** Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles **(5.08.060)**? ☑ **Yes** ☐ **No** If already furnished, date of delivery: 8-09-19 **NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.**

20.	**Mandatory:** Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station **(5.08.230)**? ☐ **Yes** ☑ **No**

COMMENTS/ADDITIONAL INFORMATION

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 (First) Ugarte (Last) (Middle) Manager

Home Street Address: [redacted]

City, State, Z[redacted]

Date of Course: 12-11-19 Place Course was Taken: online

[redacted] Certificate Granted: 12-11-18 Expiration: 12-10-21

Name: Tania (First) Arellano (Last) Jeraldin (Middle) Manager

Home Street Addres[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 (First) Lopez (Last) (Middle) Manager

Home Street Address: [redacted]

City, State, Zip:

Date of Course: 8-19-19 Place Course was Taken: online

[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

Jorge Uyarte, Daniel, Yanitzel 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? ☒ Yes ☐ 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.? ☐ Yes ☒ 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? ☐ Yes ☒ 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: ☒ Yes ☐ No
12.	From your observation and investigation, has applicant–to the best of your knowledge–truthfully answered all questions? ☒ Yes ☐ No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? ☒ Yes ☐ No Fingerprinted by: SCPD Date: 9/12/19
14.	Other necessary data:

SIGNATURES
ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

D. Nelson — Investigating Officer Signature

328 / Detective — Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☒ Yes ☐ No

Eric Mahan (acting chief) — Signature Of Chief of Police

10/2/19 — Date

ACORD® 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.

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American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	PHONE (A/C, No, Ext): 866-908-0626	FAX (A/C, No):
	E-MAIL ADDRESS: service@amfambusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Midvale Indemnity Company	27138
INSURED SUSHI DIVA 2400 E MAIN ST SAINT CHARLES IL 60174	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 116943602470611368020082 3 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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							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
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							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							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	CANCELLATION
SUSHI DIVA	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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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Midvale Indemnity Company	27138
INSURED SUSHI DIVA 2400 E MAIN ST SAINT CHARLES IL 60174	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 0247061100783240823** **REVISION NUMBER:**

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

Full-Service Restaurant

CERTIFICATE HOLDER	CANCELLATION
FOXBORO PLAZA C/O TERRY GROVE 311 N. 2ND ST., STE 304 ST. CHARLES IL 60174	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

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	INSURER D :	
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COVERAGES **CERTIFICATE NUMBER: 0247061421540823** **REVISION NUMBER:**

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

Full-Service Restaurant

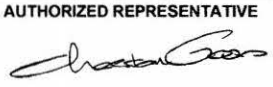
CERTIFICATE HOLDER

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.

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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.

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BASSETPermit.com™

Illinois Alcohol Seller/Server Training & Food Handler

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.

Kelly Bailey

Authorized Signature

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

BASSETPermit.com™

Illinois Alcohol Seller/Server Training & Food Handler

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.

Kelly Bailey

Authorized Signature

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

BASSETPermit.com™

Illinois Alcohol Seller/Server Training & Food Handler

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

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.

Kelly Bailey

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 pilar 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

APPETIZERS
FROM THE SUSHI BAR

AHI TARTAR 12
Spicy tuna, pico de gallo, avocado, citrus and red tobiko, topped with slices of tuna in a citrus vinaigrette.

DIVA'S CARPACCIO 15
2 pc tuna, 2 pc salmon, 2 pc escolar, jalapeno in yuzu vinaigrette sauce

OYSTER SHOOTER 5
Fresh oyster, quail egg, masago with special sauce

SUSHI TACO 3
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

TUNA TATAKI 10
Flash seared tuna served in a bed of fresh vegetables with a citrus vinaigrette.

CRAB RANGOON PUFFS 4.95
6 pc deep fried

SALMON TATAKI. 9.25
Flash seared salmon served in a bed of fresh vegetables with a citrus vinaigrette.

BEEF TATAKI 9.00
Flash seared steak served in a citrus vinaigrette

TUNA POKE BOMB 9.75
Fried avocado topped with tuna drizzle of spicy mayo and eel sauce

SALMON POKE BOMB 9.25
Fried avocado topped with salmon drizzle of spicy mayo and eel sauce

SUSHI MARBLES 7.50
4 sushi rice marbles covered with spicy salmon, spicy tuna, spicy hamachi

POKE BOWL
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

CRAB RANGOON 6.95
Crab, cream cheese, green onion with side of eel sauce

APPETIZERS
FROM THE KITCHEN

EDAMAME 4
Steamed soy beans with sea salt

SHUMAI 5
Steamed or fried shrimp dumpling

GYOZA 5
Pork and chicken pot sticker

SOFTSHELL CRAB 8
Deep fried crab with ponzu sauce

JALAPENO BOMB 8
Panko fried stuffed with spicy tuna, spicy salmon and cream cheese

ASPARAGUS BEEF ROLL 9
Grilled steak wrapped around asparagus drizzled with teriyaki sauce

TEMPURA

Green Bean Tempura	4	Vegetables	5
Calamari	7	Shrimp and Vegetables	7
Calamari and Vegetables	6.25		

SCALLOPS 8.25
Sauteed scallops tossed in soy sauces

KANI FRIES 7.25
French fries topped with shredded crab meat, spicy mayo, creamy mayo, massago and garnish with scallions

COCONUT SHRIMP BITES 8.75
Four hand breaded coconut shrimp, stuffed with cream cheese and served with dipping sauce

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/	
Tamago	2.5	fried Head	4
Red Snapper	3	Broil Scallop	3.50
Squid	3	Topped with eel sauces	
Yellow Tail	3	Ebi broil Shrimp	2.75
Salmon	3	Spicy Scallops	3.50
Smoked Salmon	3	Topped with massago	
Escolar Tuna	3	Eel	3.50
Stop Light Tobiko	4	Topped with eel sauce (boil or fried)	
Smelt Roe	3	Spicy Tuna	3
		Spicy Salmon	3
		Spicy Soft Shell Crab	2.75

SUSHI ENTREES
SERVED WITH MISO SOUP AND SALAD. NO SUBSTITUTIONS

SUSHI AND SASHIMI COMBO 39
Chef's choice of 6 pieces of nigiri, 6 pieces of sashimi and one Foxy Diva Roll

SUPREME COMBO 99
Chef's choice of 12 pieces of nigiri, 20 pieces of sashimi, one St. Charles Princess and Firefox Roll

MAKI MONO 19
California, spicy tuna and shrimp tempura roll

CHIRASHI 23
Chef's choice of fish over a bed of sushi rice

TEKKA DON 23
Freshly sliced tuna over sushi rice

ASSORTED SASHIMI (CHEF'S CHOICE)
9-Pieces 18 12-Pieces 23 15-Pieces 30

SAKE DON 21
Freshly sliced salmon over sushi rice

UNADON 23
Baked fresh water eel over a bed of sushi rice drizzled with unagi sauce

SUSHI COMBO 21
Chef's choice of 5 pieces of nigiri and a caterpillar roll

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 2.25

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' CHOICE

Sashimi Dinner 30
16 pcs of fresh raw fish, soup & salad

Sushi Dinner 17.25
8 pcs of Nigiri, 4pcs California, soup & salad

Sushi Appetizer 10.50
5 pcs of Nigiri

Sashimi Appetizer 12.95
6 pcs of Sashimi

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

NABEYAKI UDON 12.5
Poached egg, shrimp and vegetable tempura, served over hot Japanese noodle soup

KITSUNE UDON 10
Sweet soybean served over hot savory japanese noodle soup

RAMEN 10
Sliced pork seasoned, boil egg over hot savory egg noodle soup

TEMPURA UDON 12
Shrimp and assorted vegetables tempura served over hot savory Japanese noodle soup

NIKU UDON 12
Tender sliced beef seasoned stir fried over hot savory japanese noodle soup

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

Yellowtail and Scallion Roll 6

Spicy Tuna Roll 6

Calamari Tempura Roll 6

Spicy Octopus Roll 7

Philadelphia Roll 7
Smoked salmon, cream cheese and avocado

Salmon Avocado Roll 7

California Roll 6.50
Cucumber, avocado and imitation crab

Crazy California 8
Tempura fried California with spicy mayo and unagi sauce

Mixed Vegetable Roll 6

Spicy Salmon Roll 7
with Cucumber

Shrimp Tempura Roll 7
Shrimp, avocado and cucumber

Soft Shell Crab Roll 7
Soft shell crab, avocado and cucumber

Tuna Avocado Roll 7

Spicy Yellowtail Roll 7

Island Roll 6.25
Shrimp tempura, mango, pineapple with eel sauce

Lobster and avocado roll 8.75

Spicy scallops roll 7
Scallops, avocado, massago scallions drizzle with spicy mayo

Smoke salmon roll 6
Smoke salmon, cucumber, avocado

Main roll 7
Eel, cucumber, avocado drizzle eel sauce

State roll 8.25
Tuna, salmon, avocado, mango, eel sauce and spicy mayo

foxy roll 8
Shrimp, cream cheese avocado, crab stick, topped with citrus mayo

VEGGIE AND FRUIT ROLLS

Avocado roll 4

Cucumber 4

Cucumber and avocado 5

Asparagus and avocado 5.5

Nato 7
Soy bean, cucumber with citrus yusu

Sumer Roll 7
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, ell 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 ell 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 ontop.

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.

SUSHI DIVA

JAPANESE RESTAURANT

www.sushidiva.com

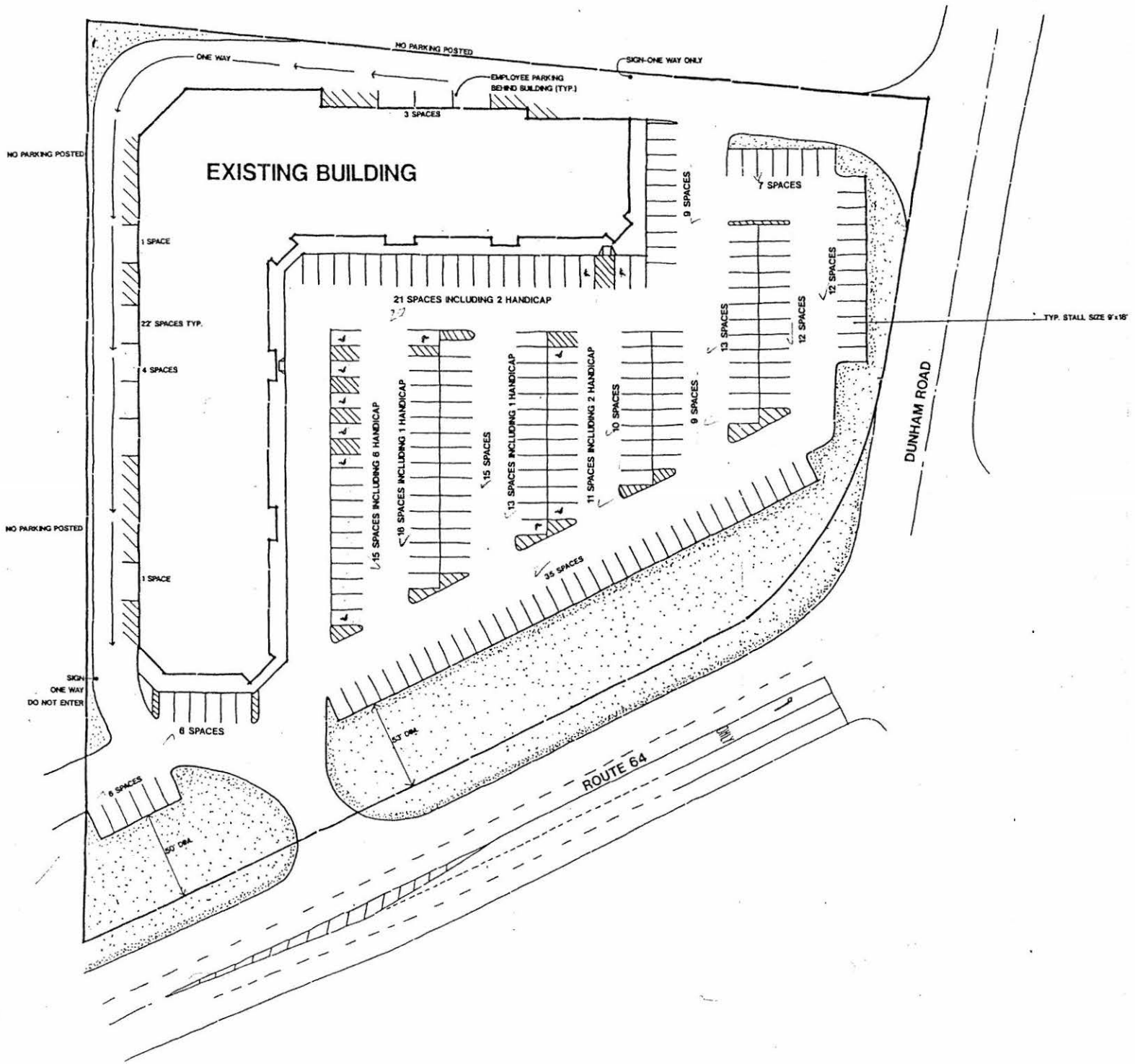
Hours

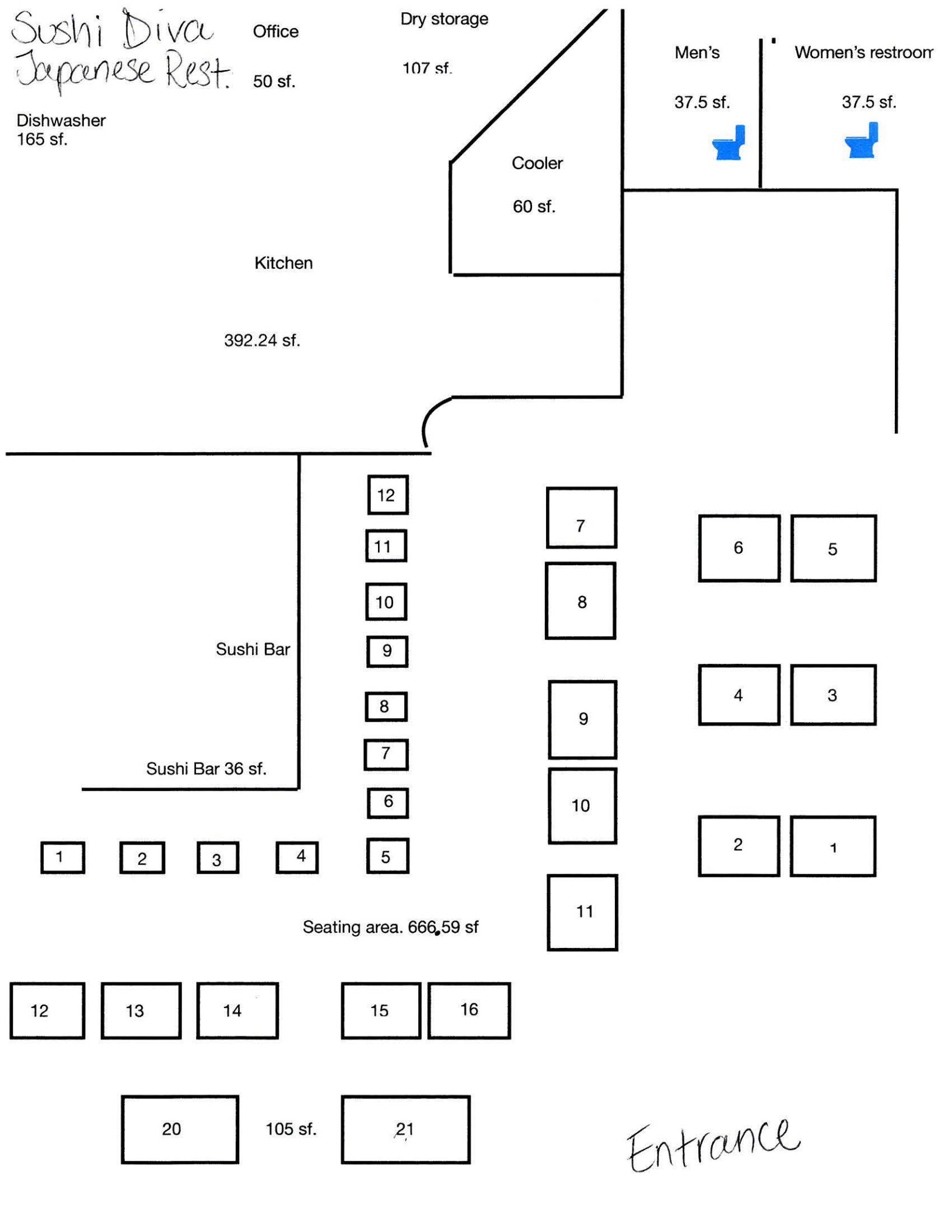
Mon - Thu	11:00am - 9:00pm
Fri - Sat	11:00am - 10:00pm
Sunday	Closed

(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.


NO PARKING POSTED
ONE WAY
SIGN-ONE WAY ONLY
EMPLOYEE PARKING BEHIND BUILDING (TYP.)
3 SPACES
NO PARKING POSTED
EXISTING BUILDING
1 SPACE
22' SPACES TYP.
4 SPACES
NO PARKING POSTED
1 SPACE
SIGN-
ONE WAY
DO NOT ENTER
6 SPACES
9 SPACES
7 SPACES
12 SPACES
13 SPACES
12 SPACES
TYP. STALL SIZE 9'x18'
21 SPACES INCLUDING 2 HANDICAP
15 SPACES INCLUDING 6 HANDICAP
16 SPACES INCLUDING 1 HANDICAP
15 SPACES
13 SPACES INCLUDING 1 HANDICAP
11 SPACES INCLUDING 2 HANDICAP
10 SPACES
9 SPACES
35 SPACES
DUNHAM ROAD
ROUTE 64
6 SPACES
50' DIA.
57' DIA.


Sushi Diva Japanese Rest.
Office
50 sf.
Dry storage
107 sf.
Men's
37.5 sf.
Women's restroom
37.5 sf.
Dishwasher
165 sf.
Cooler
60 sf.
Kitchen
392.24 sf.
Sushi Bar
Sushi Bar 36 sf.
Seating area. 666.59 sf
105 sf.
Entrance

	AGENDA ITEM EXECUTIVE SUMMARY	Agenda Item number: 5
	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: Liquor Control Commission	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.

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 EM 346

Re: Background Investigation-Paradisio Restaurant & Bar located at 2049-2051 Lincoln Highway (B-1) and 2 a.m. Late Night Permit

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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.

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

From: Detective Ketelsen #328

Re: Paradiso Restaurant & Bar / Class B Liquor License Background Investigation

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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.

- 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	☐	☐
Completed Application for all questions applicable to your business.	☑	☐
Copy of Lease/Proof of Ownership	☑	☐
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	☑	☐
Copy of Articles of Corporation, if applicable.	☑	☐
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for **all** employees. A copy of the B.A.S.S.E.T. certificate is **only** needed for **each manager**. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	☑ in process	☐
Copy of Site Plan for Establishment (**Drawn to scale** including the parking lot, patio and/or deck, outdoor seating).	☐	☐
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**.	☑	☐
Copy of Business Plan, to include: ☐ Hours of Operation ☐ Copy of Menu ☐ Whether or not live music will be played at this establishment yes ☐ Will there be outdoor seating and/or outdoor designated smoking area ☐ **Do not include a marketing or financial plan with this business plan**	☑ ~~to be provided~~	☐
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.	☒ none	☐
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.	☐ in process	☐

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: PALADISO RESTAURANT & BAR

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

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

H. Contact Person: IZABELA ACCETTA 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/Arcada/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 SQF	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 sf. / 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 ACCETTA 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. If applicant is an individual or partnership, is each and every person a United States citizen **(5.08.070-2)**? ☐ **Yes** ☒ **No**

   Is any individual a naturalized citizen? ☒ **Yes** ☐ **No**

   If yes, print name(s), date(s), and place(s) of naturalization: March 11 '2008 Chicago
   ISABELA ACCETTA

2. List the type of business of the applicant **(5.08.070-3)**:
   RESTAURANT & BAR

3. Number of years of experience for the above listed type of business **(5.08.070-4)**:
   11 yrs.

4. Amount of merchandise that normally will be in inventory when in operation **(5.08.070-5)**: $ 30K

5. Location/address and description of business to be operated under this applied for license **(5.08.070-6)**:
   2049/2051 LINCOLN HWY
   St. Charles, IL 60174

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

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

   Name of Building Owner: TRI-CITY center Associates / Shodeen Group

   Address of Building Owner: 77 N. 1st. St. Geneva, IL 60134

   Mailing Address of Building Owner (if different):

   Phone Number: 630-774-8553 E-mail Address: dan_masinger@shodeen.com

   Name of Building Owner:

   Address of Building Owner:

   Mailing Address of Building Owner (if different):

   Phone Number: E-mail Address:

   Name of Building Owner:

   Address of Building Owner:

   Mailing Address of Building Owner (if different):

   Phone Number: E-mail Address:

8. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? ☐ **Yes** ☒ **No**

   If yes, please list the business name(s) and address(es):

9.	Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? ☐ **Yes** ☒ **No** **If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.**
10.	Are any improvements planned for the building and/or site that will require a building permit? ☐ **Yes** ☒ **No** **If yes,** has a building permit been applied for? ☐ **Yes** ☐ **No** **If yes,** date building permit was applied for with Building & Code Enforcement:
11.	Has applicant applied for a similar or other license on the premises other than the one for which this license is sought **(5.08.070-7)**? ☐ **Yes** ☒ **No** **If yes,** what was the disposition of the application? Explain as necessary:
12.	Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality **(5.08.070-8)**? ☐ **Yes** ☒ **No** Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? ☐ **Yes** ☒ **No**
13.	**List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.** **Government Unit:** Date: Location, City/State: Special Explanations: **Government Unit:** Date: Location, City/State: Special Explanations:
14.	Have any liquor licenses possessed ever been revoked **(5.08.070-9)**? ☐ **Yes** ☒ **No** **If yes,** list all reasons on a separate, signed letter accompanying this application. Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? ☐ **Yes** ☒ **No** **If yes,** proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.

15.	**Complete ONLY if yes was answered to the questions above (14):** Name: Name of Business: Position with the Business: Date(s) of Denial: Reason(s) for Denial of License:
16.	Date of Incorporation (Illinois Corporations) **(5.08.070-10):** 8-26-2019 Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation):
17.	Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business**(5.08.070-11)**? ☒ **Yes** ☐ **No** Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? ☐ **Yes** ☒ **No** Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? ☐ **Yes** ☒ **No** Have you ever been convicted of a gambling offense? ☐ **Yes** ☒ **No** (If a partnership or corporation, include all partners and the local manager(s).) Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? ☒ **Yes** ☐ **No**
18.	**Mandatory:** All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department **(5.08.070-A12)**. Has this been done? ☐ **Yes** ☒ **No** **If yes,** date(s):
19.	**Mandatory:** Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles **(5.08.060)**? ☒ **Yes** ☒ **No** If already furnished, date of delivery: **NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.**

20.	**Mandatory:** Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station **(5.08.230)**? ☐ **Yes** ☒ **No**

COMMENTS/ADDITIONAL INFORMATION

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

Isabelle Aucette 9-2-19

Applicant Signature **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 (First) ACCETTA (Last) (Middle) Manager

Home Street Address: [redacted]

City, State, Zip: St. Charles, IL 60174

Date of Course: 8/26/19 Place Course was Taken: ON LINE IN PROCESS

Birthdate [redacted] 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

Isabelle 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? ☐ 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 DNA **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 DNA
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 DNA **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 DNA

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? ☒ Yes ☐ 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.? ☐ Yes ☒ 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? ☐ Yes ☒ 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: ☒ Yes ☐ No
12.	From your observation and investigation, has applicant–to the best of your knowledge–truthfully answered all questions? ☒ Yes ☐ No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? ☒ Yes ☐ No Fingerprinted by: SCPD Date: 9/12/19
14.	Other necessary data:

SIGNATURES
ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

D. Nelson	328 / Detective
Investigating Officer Signature	Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☒ Yes ☐ No

Eric Mohr (acting chief)	10/2/19
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

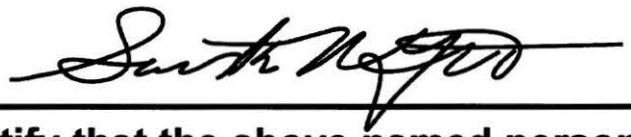
SELLER / SERVER CERTIFICATION

Trainee Name: Izabela Accetta

Certificate #: 000016237670

Date of Completion: 09/05/2019

School Name:
360training.com dba Learn2Serve

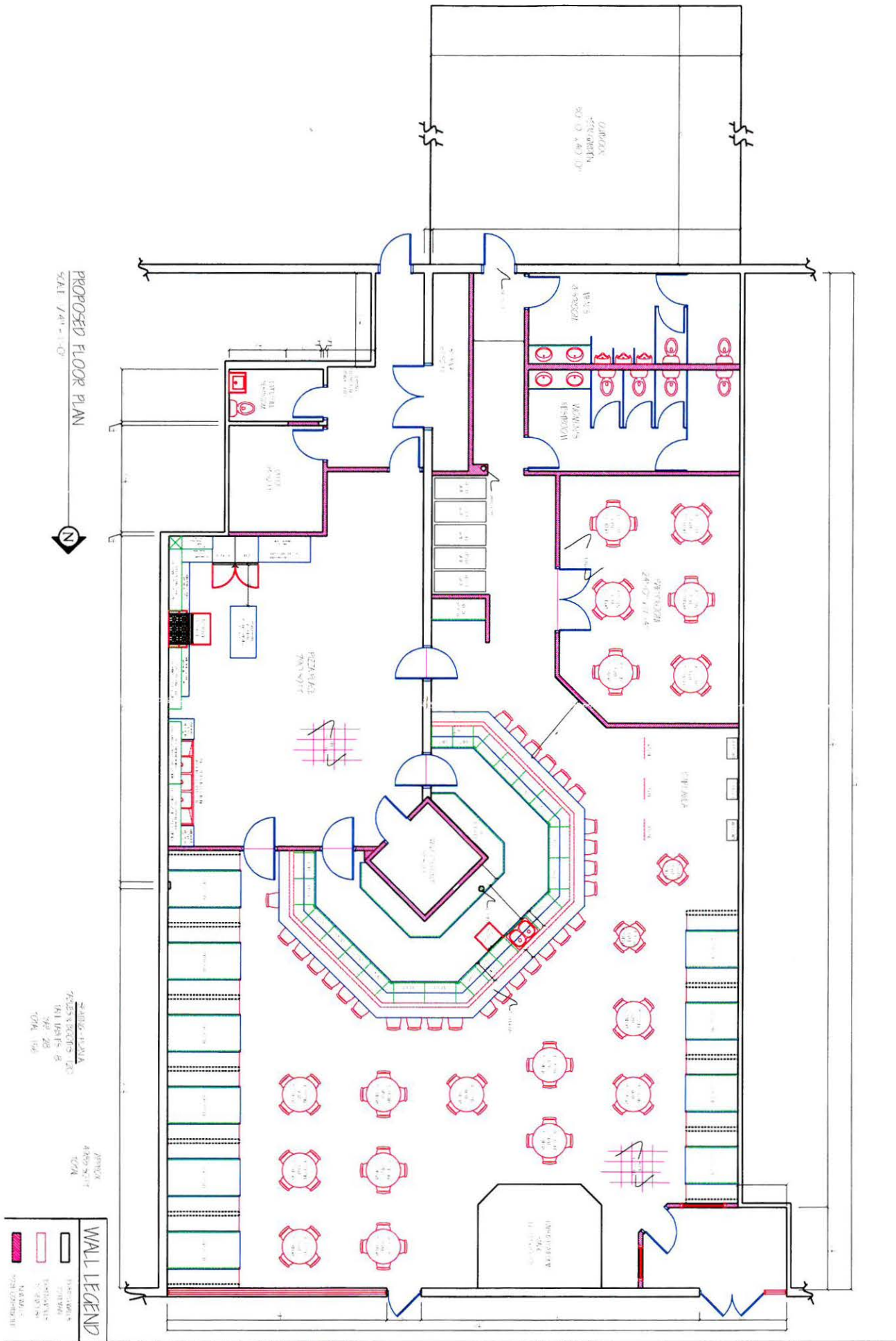
I,  **certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.**

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.

learn2serve

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



FLOOR PLAN
FOR
SPORTSTERS INN

Dowling Designs, Inc.

PAGE: 1 OF 1

Badger Mutual INSURANCE

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

Badger Mutual
INSURANCE

UNDERWRITER: Mary Baranowski

GENERAL LIABILITY

QUOTE NUMBER: 495457

LIMITS	COVERAGE	COVERAGE FORM	
$ 2,000,000	General Aggregate Limit	☐ GL 600 - Premise Liability Only	
$ 1,000,000	BI/PD Occurence Limit And (if applicable) Products Aggregate Limit	☑ GL 100 - Premise/Ops Liability and Products/Completed Ops	
$ 5,000	Medical Payments	☐ GL 300 - Owners and Contractors Protective	
$ 50,000	Fire Legal Liability		
$	Personal/Advertising Injury	GL Total	$ 2,751
$ 1,000,000	Hired/Nonowned Auto		
$ ☐ Yes ☐ 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:

Thank you for asking BADGER MUTUAL to quote this risk. Let us know if we can issue.

(414) 383-1234 x Toll Free (800) 837-7833 x FAX (414) 383-4339

Badger Mutual
INSURANCE

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.

Extensions	Silver	Gold	Platinum
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

Special Coverage	Silver	Gold	Platinum
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.

Badger Mutual INSURANCE

800/837-7833 · FAX 2[illegible]/383-4339

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: x ☐ 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:

   1. the policy will be treated as though no premium payment was made when due, and
   2. 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: Electronically Signed AssureSign® [illegible] Date: 8/29/2019

ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 6
	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: Liquor Control Commission Date: October 21, 2019

Proposed Cost: PD: $104.42 PW: $182.04 **TOTAL:$286.46**	Budgeted Amount: $	Not Budgeted: ☐

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

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.

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 4th 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.

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.

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.

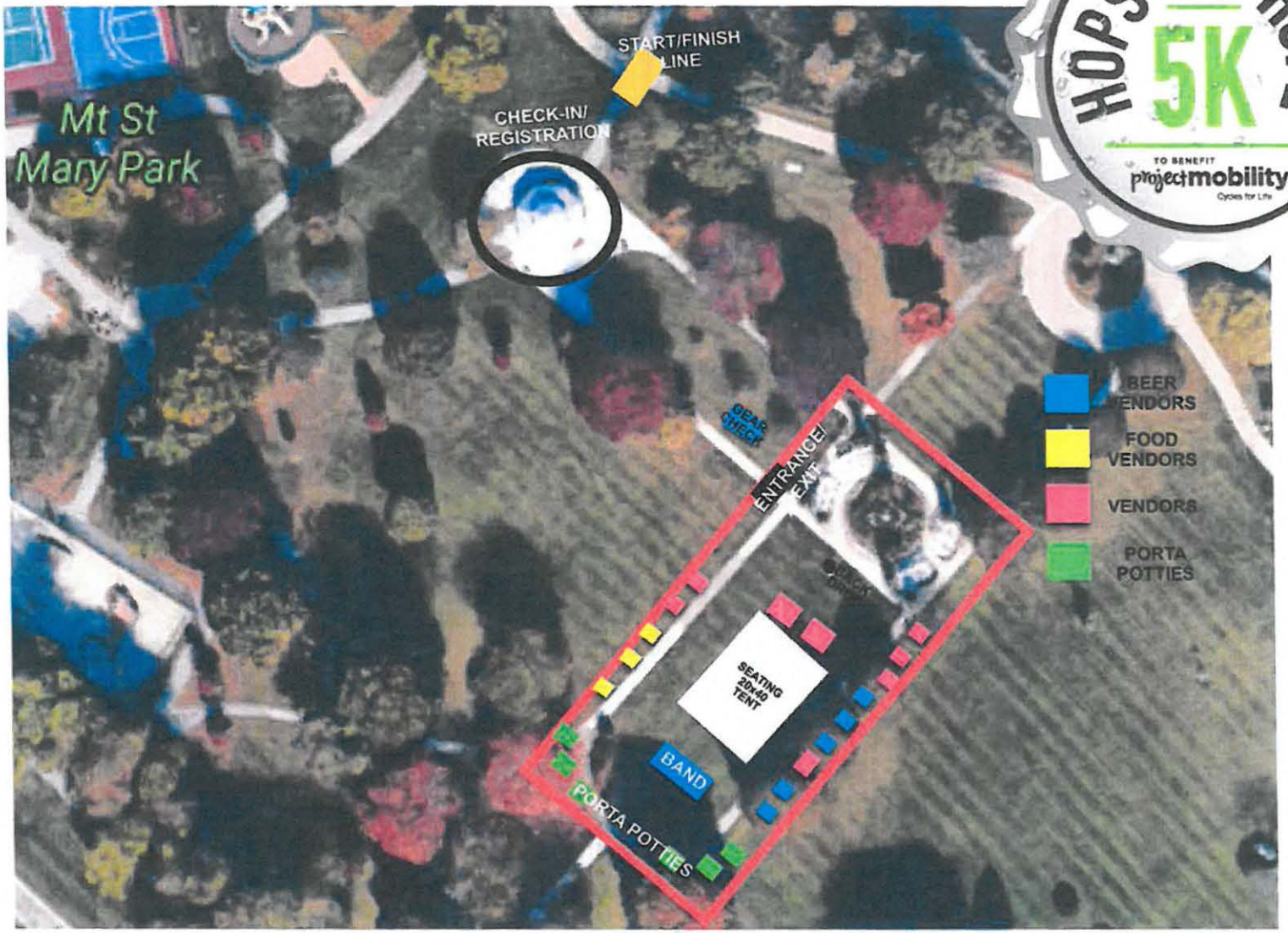
All participants must be 21 or older and each will receive an event specific wristband confirming their identification and age were verified. Each "beer stop" will be fenced with a single point of ingress and egress. The sample will be issued in a plastic cup which would be disposed of at the stop prior 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.

A sound amplification permit has been applied for to accommodate a public address system and a band for event entertainment.

This event is still pending final review and approval by the St. Charles Park District Board.

Attachments (*please list*)**:**
E-1 Liquor License Application; Site Plan; Amplification Application

Recommendation/Suggested Action (*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.



HOPS FOR HOPE
5K
TO BENEFIT
projectmobility
Cycles for Life

HOPS FOR HOPE 5K BEER RUN/WALK

AZMOBILITY

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 Mt. St. Mary Rec.

Name of Business Project Mobility
Address of Business 2930 Campton Hills Rd. St Charles 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: _____ Signed: _____

Sworn to before me this 3 day of October, _____.

Notary Public Sharon J Bringelson

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

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: ✓ Date: 10-4-19 Chief of Police: _____

Approved: _____ Date: _____ Liquor Commissioner: _____

V2016a

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

ST. CHARLES
SINCE 1834

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 Campton Hills 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 Huney - 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: _____
Chief of Police

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	AGENDA ITEM EXECUTIVE SUMMARY	Agenda Item number: 7
	Title:	Discussion Regarding an Alcohol Tax Citation and Hearing Notice for Tap House Grill, located at 3341 W Main Street, #3, St. Charles.
	Presenter:	Christopher Minick, Director of Finance

Meeting: Liquor Control Commission	Date: October 21, 2019	
Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

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

The City Council has initiated a tax of 3% of the sales price on all alcoholic beverages and package goods sold in the City of St. Charles. The establishment shall collect such tax and remit it to the City on a monthly basis. Filing of the tax return and payment of the tax liability is due before the end of the month succeeding the month in which the sale occurred (ie, tax collections on January beverage sales are to be paid by close of business on February 28.)

Tap House Grill has had a repeated history of significantly late payments. Complaints of violation have been served on Tap House Grill for chronic late payment of the Alcohol Tax liability. The repeated late payments result in considerable staff time and effort to collect the liabilities and the establishments are well aware of their obligations to file the returns and remit payment. Staff has had repeated communication with the entity in question to collect amounts due and reminding the establishment of their filing and payment obligations. Tap House Grill had appeared before the Liquor Commission back on February 19, 2019. They were fined $500.00. Since the hearing, Tap House Grill has continued to pay late each month.

The Liquor Control Commissioner has the authority to impose penalties on these entities for late payments and/or failure to file from imposing fines for violations up to and including license suspension or revocation as determined after a due process hearing. Staff is requesting that the LCC begin the hearing process to determine if further penalties are warranted in this case.

Payment history for Tap House Grill is attached. As of this writing (October 10) Tap House Grill has not yet paid its July 2019 liability which was due on August 31, and the August 2019 liability which was due September 30.

Staff will be present to make a brief presentation and answer questions.

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

Citation and Notice of Hearing
Payment Histories

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

Discussion Regarding Citation and Hearing Notices for Tap House Grill

Tap House Grill

Gross Sales Year and Month	Due Date of Alcohol Tax Return	Received Payment Date of Alcohol Tax Return	Days late
2017 November	12/31/2017	01/04/2018	-4
2017 December	1/31/2018	02/12/2018	-12
2018 January	2/28/2018	03/16/2018	-16
2018 February	3/31/2018	04/24/2018	-24
2018 March	3/31/2018	05/31/2018	-61
2018 April	5/31/2018	06/08/2018	-8
2018 May	6/30/2018	07/05/2018	-5
2018 June	7/31/2018	08/07/2018	-7
2018 July	8/31/2018	10/02/2018	-32
2018 August	9/30/2018	10/18/2018	-18
2018 September	10/31/2018	12/14/2018	-44
2018 October	11/30/2018	01/04/2019	-35
2018 November	12/31/2018	01/04/2019	-4
2018 December	1/31/2019	02/20/2019	-20
2019 January	2/28/2019	03/11/2019	-11
2019 February	3/31/2019	04/15/2019	-15
2019 March	4/30/2019	05/20/2019	-20
2019 April	5/31/2019	06/20/2019	-20
2019 May	6/30/2019	08/09/2019	-40
2019 June	7/31/2019	08/19/2019	-19
2019 July	8/31/2019	Not received yet	-30
2019 August	9/30/2019	Not received yet	-1

5 day "Grace" period given

Since Liquor Commission Hearing

Extended due date was August 15, 2019
Sent email no response

STATE OF ILLINOIS)
) SS
COUNTIES OF KANE AND DU PAGE)

BEFORE THE LOCAL LIQUOR CONTROL COMMISSIONER OF THE CITY OF ST. CHARLES, ILLINOIS

IN THE MATTER OF THE LIQUOR LICENSE OF:)
)
) Case Number 2019-LC-07
Tap House Grill)

NOTICE OF HEARING

TO: Tap House Grill
3341 W. Main Street
St. Charles, IL 60174

PLEASE TAKE NOTICE THAT on October 21, 2019 at the hour of 4:30 p.m., in the City Council Chambers at the St. Charles City Hall, 2 East Main Street, City of St. Charles, Illinois, the St. Charles Local Liquor Control Commission shall conduct a hearing pursuant to Chapter 5.08.270 of the Municipal Code of the City of St. Charles and the Liquor Control Act of 1934, 235 ILCS 5/1-1 et seq.

The purpose of said hearing shall be to determine whether the St. Charles Local Liquor Control Commissioner, pursuant to this authority, shall revoke or suspend the local liquor license issued to you or impose a fine upon you, or both, by reason, by reason of the Complaint of Violation filed by the Finance Director, Christopher Minick, a copy of which is attached.

AT WHICH TIME AND PLACE YOU MAY APPEAR AND DEFEND. YOU MAY BE REPRESENTED BY AN ATTORNEY IF YOU SO CHOOSE. ATTACHED HERETO IS AN ARRAIGNMENT FORM, WHICH IS INCORPORATED HEREIN. THE ARRAIGNMENT FORM SHOULD BE COMPLETED AND FILED WITH THE CITY CLERK. IF YOU FAIL TO FILE THE ARRAIGNMENT FORM WITHIN SEVEN (7) CALENDAR DAYS PRIOR TO THE HEARING AND IF YOU FAIL TO APPEAR AT THE HEARING, YOU WILL BE FOUND GUILTY OF THE VIOLATION BY DEFAULT AND THE ST. CHARLES LOCAL LIQUOR CONTROL COMMISSIONER WILL DETERMINE THE APPROPRIATE PENALTY.

YOU ARE ADVISED THAT IF A HEARING IS HELD AND YOU ARE FOUND GUILTY AFTER THE HEARING, THEN, IN ACCORDANCE WITH SECTION 5.08.320(A) OF THE ST. CHARLES MUNICIPAL CODE, YOU WILL BE REQUIRED TO REIMBURSE THE CITY FOR ANY AND ALL OUT OF POCKET EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, COURT REPORTER APPEARANCE FEES AND THE COST OF HAVING POLICE OFFICERS AND WITNESSES PRESENT TO TESTIFY. ANY AND ALL QUESTIONS MUST BE DIRECTED TO THE CITY ATTORNEY, JOHN McGUIRK, AT 630/513-8700 OR TO THE DEPUTY CITY CLERK, TRACEY CONTI, AT 630/377-4422.

DATED this 7th day of October, 2019.

Raymond Rogina
Local Liquor Control Commissioner
City of St. Charles

cc: Mark Koenen, City Administrator
Christopher Minick, Finance Director

STATE OF ILLINOIS)
) SS
COUNTIES OF KANE AND DU PAGE)

CERTIFICATE OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that he did service a copy of the Notice of Hearing upon the person to whom it is directed by leaving a copy with said individual as follows: ELEANOR KURTIS (MANAGER) at TAP HOUSE GRILL _____ on the 8 day of October, 2019.

SUBSCRIBED AND SWORN TO
before me this 8th day of October, 2019.

NOTARY PUBLIC

"OFFICIAL SEAL"
SARA K. CASS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/29/2019

STATE OF ILLINOIS)
) SS
COUNTIES OF KANE AND DU PAGE)

BEFORE THE LOCAL LIQUOR CONTROL COMMISSIONER OF THE CITY OF ST. CHARLES, ILLINOIS

IN THE MATTER OF THE LIQUOR LICENSE OF:

Tap House Grill
3341 W. Main Street
St. Charles, IL 60174

Case Number: 2019-LC-07

COMPLAINT OF VIOLATION

NOW COMES the Petitioner, Christopher Minick, Finance Director of the City of St. Charles, Illinois and files this complaint before the Local Liquor Control Commission of the City of St. Charles, Illinois, and states as follows:

1. The Petitioner is the duly appointed Finance Director of the City of St. Charles and as such is charged with the duty of enforcing the laws of the State of Illinois and the ordinances of the City of St. Charles.

2. In the months of July of 2019 and August of 2019, the Licensee, Tap House Grill., by and through its employees, officers and/or agents, committed the following violation of the St. Charles Liquor Code:

OFFENSE

Failed to pay the City alcohol tax for the tax periods ending on July 31, 2019 and August 31, 2019.

3. At the time of the above violations, Tap House Grill was operating was operating under a Class B liquor license issued by the City of St. Charles.

4. That the acts detailed in Section 2 of this Complaint of Violation each are prohibited and are in violation of and contrary to Section 5.08.270 (R,S) of the St. Charles Municipal Code and the Liquor Control Act of 1934 and in violation of Section 3.42.090 of the St. Charles Municipal Code (Alcohol Tax).

5. That the Licensee, Tap House Grill, is responsible for the acts of its employees, officers and agents and is required to ensure that no violations of state law or ordinances of the City of St. Charles take place on said premises.

WHEREFORE, the Petitioner, Christopher Minick, Finance Director of the City of St. Charles requests pursuant to Section 5.08.320 of the St. Charles Municipal Code that the Local Liquor Control Commission hold a hearing on this matter and take such action against Tap House Grill as the Commissioner shall deem appropriate under the circumstances.

Christopher Minick
Finance Director
City of St. Charles, Illinois

John M. McGuirk
Attorney for the City of St. Charles
Hoscheit, McGuirk, McCracken
& Cuscaden, P.C.
1001 East Main Street, Suite G
St. Charles, IL 60174
630/513-8700

STATE OF ILLINOIS)
) SS
COUNTIES OF KANE AND DU PAGE)

CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, the undersigned certifies as aforesaid that he verily believes the same to be true.

Chris Minick, Finance Director

SUBSCRIBED AND SWORN TO
before me this 7th day of October, 2019.

NOTARY PUBLIC

"OFFICIAL SEAL"
TRACEY R CONTI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/26/2023

ARRAIGNMENT FORM

I, _____, as agent for Tap House Grill, being a licensee charged with a violation of Chapter 5.08 of the Municipal Code of the City of St. Charles and the Liquor Control Act of 1934, 235 ILCS 5/1-1 et seq. at **3341 W. Main Street, St. Charles, Illinois 60174**, do hereby enter a plea of:

☐ Guilty, but request a hearing in mitigation in which I will be given an opportunity to present evidence in support of my position to minimize any penalty.

☐ Guilty, I do not request a hearing.

☐ Not Guilty. I request a hearing.

Tap House Grill

Signature: By: _____

Date: _____

Subscribed and sworn to before me

This _____ day of October, 2019

_____
Notary Public

Form can be faxed to 630/377-4440
or e-mailed to the attention of Tracy Conti
at tconti@stcharlesil.gov
Hard copy must follow by U.S. Mail