

AGENDA
THE CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSION MEETING
TUESDAY, FEBRUARY 21, 2023, 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 January 17, 2023.
4. Recommendation to approve a Proposal for an F2-BYOB liquor license application for Hunt House, LLC, located at 113 E Main Street.
5. Recommendation to approve a Proposal for a B1 liquor license application for Pho ly, Inc., located at 305 W Main Street.
6. Recommendation to approve a Proposal for a Sound Amplification Permit, and an E1 temporary liquor license application for the “Hops for Hope 5k” to be held in Mt. Saint Mary’s Park on October 14, 2023.
7. Public Comment.
8. Executive Session (5 ILCS 120/2 (c)(4)).
9. Adjournment.

ADA Compliance

Any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the ADA Coordinator, Jennifer McMahon, at least 48 hours in advance of the scheduled meeting. The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at jmcmahon@stcharlesil.gov. 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).

MINUTES
THE CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSION MEETING
TUESDAY, JANUARY 17, 2023, 4:30 PM

1. Call to Order.

The meeting was called to order by Commissioner Vitek at 4:30 pm.

2. Roll Call.

Present: Bancroft, Gehm

Absent: Pietryla, Zollers

3. Motion by Ald. Bancroft, second by Mr. Gehm to accept and place on file minutes of the Liquor Control Commission meeting held on December 19, 2022.

Roll Call Vote: Ayes: Ald. Bancroft, Mr. Gehm, Nays: None, Absent: Ms. Zollers, Ald. Pietryla. Mayor Vitek did not vote as Commissioner. **Motion Carried**

4. Motion by Ald. Bancroft, second by Mr. Gehm to accept and place on file minutes of the Liquor Control Commission executive meeting held on December 19, 2022.

Roll Call Vote: Ayes: Ald. Bancroft, Mr. Gehm, Nays: None, Absent: Ms. Zollers, Ald. Pietryla. Mayor Vitek did not vote as Commissioner. **Motion Carried**

5. Recommendation to approve an Ordinance Amending Title 5 “Business Licenses and Regulations,” Chapter 5.08 “Alcoholic Beverages,” Sections 5.08.090 “License – Classifications” and 5.08.100 “License Fees” of the St. Charles Municipal Code.

Chief Keegan explained that this ordinance would modify the language of the St. Charles Municipal code regarding D8 liquor licenses. The modifications are being done to accommodate the liquor license application submitted by Fox Den Cooking.

Motion by Ald. Bancroft, second by Mr. Gehm to recommend approval of an Ordinance Amending Title 5 “Business Licenses and Regulations,” Chapter 5.08 “Alcoholic Beverages,” Sections 5.08.090 “License – Classifications” and 5.08.100 “License Fees” of the St. Charles Municipal Code.

Voice Vote: Ayes: Ald. Bancroft, Mr. Gehm; Nays: None; Absent: Ms. Zollers, Ald. Pietryla. Mayor Vitek did not vote as Commissioner. **Motion Carried**

6. Recommendation to approve a Proposal for a D-8 Liquor License Application for Knead, LLC dba Fox Den Cooking Located at 131 S. First St., St. Charles.

Chief Keegan stated that Fox Den Cooking is interested in having twelve students at a time, 2-hour classes between 4:30 pm and 10:30 pm on Thursday and Friday, and 11:30

am – 10:30 pm on Saturday and Sunday. They would offer the purchase of alcohol as part of the classes.

Motion by Mr. Gehm, second by Ald. Bancroft to recommend approval of a D-8 Liquor License Application for Knead, LLC dba Fox Den Cooking Located at 131 S. First St., St. Charles.

Voice Vote: Ayes: Ald. Bancroft, Mr. Gehm; Nays: None; Absent: Ms. Zollers, Ald. Pietryla. Mayor Vitek did not vote as Commissioner. **Motion Carried**

7. Recommendation to Approve an Application for a Massage Establishment License for Vanilla Healthcare dba Massage Therapy at 615 S. Randall Rd., Suite 100, St. Charles.

This agenda item was tabled and may be reviewed later by the Commission.

8. Recommendation to approve a Proposal for an A-6 Liquor License Application for Krishudha Ohm LLC dba BP Gas Station Located at 1660 W. Main St., St. Charles.

Chief Keegan explained that Krishudha Ohm, LLC is purchasing the BP Gas Station pending issuing the A6 liquor license and tobacco license. The current owner has a liquor license, and they would like to follow suit.

Motion by Ald. Bancroft, second by Mr. Gehm, to recommend approval of A-6 Liquor License Application for Krishudha Ohm LLC dba BP Gas Station Located at 1660 W. Main St., St. Charles.

Voice Vote: Ayes: Ald. Bancroft, Mr. Gehm; Nays: None; Absent: Ms. Zollers, Ald. Pietryla. Mayor Vitek did not vote as Commissioner. **Motion Carried**

9. Public Comment - none

10. Executive Session - none

11. Adjournment.

Motion by Ald. Bancroft, second by Mr. Gehm, to adjourn the meeting at 4:35 pm.

Voice Vote: Ayes: Ald. Bancroft, Mr. Gehm; Nays: None; Absent: Ms. Zollers, Ald. Pietryla. Mayor Vitek did not vote as Commissioner. **Motion Carried**

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AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 4

Title:

Recommendation to approve a Proposal for an F-2 Liquor License Application for Hunt House Located at 113 E. Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Liquor Control Commission

Date: February 21, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Hunt House, located at 113 E. Main St., is requesting approval of an F-2 (BYOB) liquor license application for their business.

Attachments *(please list):*

Memo, Liquor License Application, COI, Floor Plan, Basset Training Certificates

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for an F-2 Liquor License application for Hunt House, located at 113 E. Main St., St. Charles.



Memo

Date: 2/8/2023
To: Lora Vitek, Mayor-Liquor Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation-Liquor Establishment

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 below mentioned establishment.

As is customary procedure, a detective was assigned this investigation and reviewed both the site location/floor plans and the corresponding application material.

We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with on-site consumption, subject to City Council approval. The BYOB license (F-2) is further strengthened by both Basset training and liquor liability insurance.

Thank you in advance for your consideration in this matter.

Note:

The two traffic arrests resulted in a reduced penalty of Reckless Driving for the 2021 offense and no disposition was entered on the 2001 offense.

Hunt House-Class F-2:

113 E. Main Street

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



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

BYOB LICENSE APPLICATION
NON-REFUNDABLE

Application must be completed in full

Incomplete applications will be rejected

New Renewal

Class F1 - Beer & Wine only \$100

Class F2 - Beer, Wine & Spirits \$250

Business Name HUNT HOUSE Business Type: Individual Partnership Corporation

Business Address 113 E. MAIN STREET Business Phone # 331.901.5733

Contact Person LESLIE HUNT Title OWNER Phone # [REDACTED] Mail LESLIE-H@HUNT HOUSE

If Corporation, Corporate Name _____

Corporation Address _____

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

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

Full Name, include Middle Initial LESLIE J. HUNT Title OWNER

Birth Date [REDACTED] Birthplace [REDACTED] Driver's License # [REDACTED] Home Phone # _____

Home Address ST. CHARLES, IL 60175

Full Name, include Middle Initial MICHAEL J. ULLEGUE Title VICE PRESIDENT

Birth Date [REDACTED] Birthplace [REDACTED] Driver's License # [REDACTED] Home Phone # _____

Home Address ST. CHARLES, IL 60175

Full Name, include Middle Initial _____ Title _____

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

Home Address _____

Type of Establishment: Restaurant Hotel/Banquet/ Other PERSONAL SERVICES

Check as Applicable to Type of Establishment Live Entertainment [5.08.010-H] Outside Dining [17.20.020-R]

Brief Business Plan Description based on type of establishment listed above:

CREATIVE ARTS CENTER THAT TEACHES
MUSIC AND HAS SMALL CONCERTS

City of St. Charles BYOB Liquor License Application

Important! Application must be completed in full. Incomplete applications will be rejected.

If applicant is an individual or partnership, is each and every person a United States citizen? 5.08.070 (2) <input checked="" type="radio"/> Y <input type="radio"/> N	
Is any individual a naturalized citizen? Y/N If yes, print name(s), date(s) and place(s) of naturalization:	
List the type of business of the applicant: 5.08.070 (3) MUSIC INSTRUCTION / PERFORMANCE	
Number of years in business for the above listed type of business: 5.08.070 (4) LESS THAN 1 SPACE	
Corporations Only: Date of Certificate of Incorporation:	
Location/Address and description of business to be operated under this applied for license: 5.08.070 (6) 113 E MAIN STREET ST. CHARLES, IL 60174 SMALL CONCERTS & MUSIC LESSONS	
Is the premises owned or leased? 5.08.070 (6A) LEASED	
If premises are leased, it is mandatory that a copy of the lease be provided and that the lease term exceeds the term of the liquor license requested in this application. Does it? YES.	
If 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) FRANK FERRARO - [REDACTED] LAKE IN THE HILLS, IL 60156	
Has applicant applied for a similar or other license on the premises other than the one for which this license is sought? 5.08.070 (7) <input checked="" type="radio"/> NO	
If yes, what was the disposition of the application? Explain as necessary:	
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) 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? NO	
List previous liquor licenses issued by Federal Government, any State Government or any subdivision thereof. Use additional paper if necessary. 5.08.070 (9)	
Government Unit:	
Date:	Location, City/State:
Special Explanations:	
Government Unit:	
Date:	Location, City/State:
Special Explanations:	
Have any liquor licenses ever been revoked? 5.08.070 (9) Y/N	

If yes, list all reasons on a separate, signed letter accompanying this application.

Date of Incorporation (Illinois Corporations): 5.08.070 (10)

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

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) Y N

All individual owners, partners, officers, directors and/or persons holding directly or beneficially more than five (5) percent in interest of the stock or 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? If yes, date(s):

Has applicant attached proof of Dram Shop Insurance to this application or furnished it to the City of St. Charles? 5.08.060 Y N

If already furnished, date of delivery:

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 Y N

Signature of Applicant(s)
Corporation Signatures

Signature of Applicant(s)
Individual or Partnership Signatures

President:



Secretary:

Subscribed and sworn before me this _____ day of _____, 20_____

(Seal)

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Smitherman & Associates, Inc. 100 S MAIN ST ELBURN, IL 60119 (630) 934-4910 (154/829)	CONTACT NAME Smitherman & Associates, Inc PHONE AC No. Ext: (630) 934-4910 E-MAIL ADDRESS jsmith@amfam.com	FAX (AC No.) (630) 934-4234
	INSURER(S) AFFORDING COVERAGE	
INSURED Hunt House LLC 113 E Main St Saint Charles, IL 60174	INSURER A: Hiscox Insurance Company	
	INSURER B: Technology Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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

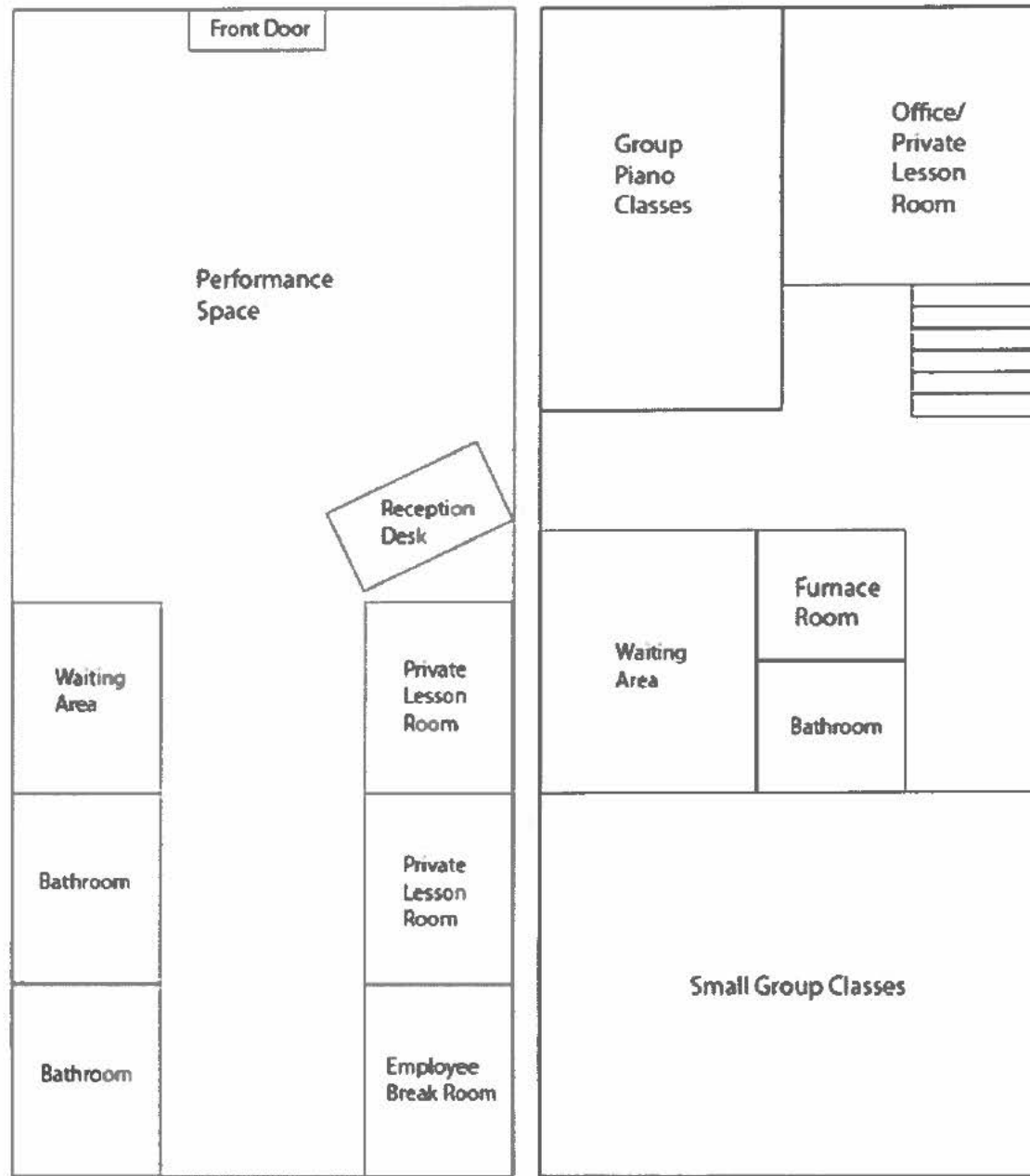
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			P1014222581	01/17/2023	01/17/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	TWC4214715	01/17/2023	01/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Host Liquor Liability			P1014222581	01/17/2023	01/17/2024	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Location - 113 E Main St, Saint Charles, IL

CERTIFICATE HOLDER City of St. Charles 2 E. Main Street St. Charles, IL 60174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Justin Smitherman
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Main Floor

Second Floor



Hunt House - 113 E. Main St., St. Charles, IL 60174



www.illinoisbassettraining.com

Certificate of Training

awarded to:

Michael Ullegue

In recognition of satisfactory completion of the
Illinois BASSET Course

Course Date: 2/6/2023

(Temporary: valid for 30 days from course date)

C. Weinbrenner

Chris Weinbrenner
BASSET Instructor



www.illinoisbassettraining.com

Certificate of Training

awarded to:

Leslie Hunt

In recognition of satisfactory completion of the
Illinois BASSET Course

Course Date: 2/6/2023

(Temporary: valid for 30 days from course date)

C. Weinbrenner

Chris Weinbrenner
BASSET Instructor



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 5

Title:

Recommendation to approve a Proposal for a B-1 Liquor License Application for Pho Ly Located at 305 W. Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Liquor Control Commission

Date: February 21, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Pho Ly, located at 305 W. Main St., is requesting approval of a B-1 liquor license application for their business.

Attachments *(please list):*

Memo, Liquor License Application, Insurance Quote, Articles of Incorporation, Business Plan, Kitchen Plan, Site Plan, Floor Plan, Basset Certificates, Menu

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a B-1 Liquor License application for Pho Ly located at 305 W. Main St., St. Charles.



Memo

Date: 2/8/2023
To: Lora Vitek, Mayor - Liquor Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation Pho Ly

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, the site sat vacant and the new tenants are seeking a liquor license in conjunction with opening a Vietnamese 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.

The local manager does have several arrests in his background, all of which are several years old. Supervision or conditional discharge were ordered in each instance and the manager lives locally within our community. We have not had any adverse contacts with him.

Thank you in advance for your consideration in this matter.

1-5-23

City of St. Charles, Illinois Liquor Control Commission
CITY RETAIL LIQUOR DEALER LICENSE APPLICATION



Incomplete applications will not be accepted.
Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

Business Name Pho Ly Inc

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) non-refundable <small>Non-refundable</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote. <i>Quote received</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>pending</i>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>pending</i>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>pending</i>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects, such as pool tables, bar stools, vending/amusement machines; as well as all exits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: Hours of Operation Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area Do not include a marketing or financial plan with this business plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>pending</i> <i>Menu to come</i>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk thru and/or permit are necessary.	<input type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>pending</i>

OFFICIAL USE ONLY

[Signature]

Signature of Investigating Officer

Badge Number & Rank

317 / Guardian

Approval Recommended*

Approval NOT Recommended

[Signature]

Signature of Chief of Police

2.8.23
Date

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

Date Application Received: 1-5-23

LICENSE INFORMATION:

A Package \$3200-3600 A1 A2 A4 A5 A6
 B Restaurant \$2400-3600 B1 B2 B3 Late Night Permit 1:00am \$800 (B/C only)
 C Tavern \$2400-3600 C1 C2 C1 Late Night Permit 2:00am \$2300 (B/C only)
 D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies **D-Type** _____
 G Brewery/Restaurant or Site License - \$varies G1 G2
 H Catering License - \$varies H1 H2

**Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.
 Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)

APPLICANT INFORMATION

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

2. Business Name:
Pho Ly Inc

3. Business Address:
305 W. Main St. St. Charles, IL 60174

4. Type of Business (5.08.070-3): restaurant	5. Length of Time in this Business (5.08.070-4): 18 years	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 15,000	
7. Business Phone:	8. Business E-mail: minh200723@yahoo.com	9. Business Website:	10. Illinois Tax ID Number:
11. Applicant/Contact Person Name: Minh Ly		12. Title: president	13. Email: minh200723@yahoo.com

last 10 years:

18. If Corporation, Corporation Name:
same as above

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

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

Full Name, include middle initial: Mongdep Tran Title: Vice-president

Birthplace: _____ Driver's License#: _____ Home Phone: _____
 _____ _____ _____ Email Address: _____
 _____ _____ _____ _____

Full Name, include middle initial: **Hai Ly** Title: **manager**
 Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____

Full Name, include middle initial: _____ Title: _____
 Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____
 Home Address, and all addresses for the last 10 years: _____ Email Address: _____

BUSINESS ESTABLISHMENT LOCATION INFORMATION

1. Exact Street Address for liquor license: 305 W. Main St. St. Charles, IL 601	2. # Parking Spaces: 20	3. Outside Dining s.f. [17.20.020-R]: n/a	4. Total Building s.f.: 4,290
5. Total # Seats: 90	6. Live Entertainment Area s.f. [5.08.010-H]: n/a		

7. Brief Business Plan description based on type of establishment listed above (5.08.070-6):
 Our restaurant will be full-service providing vietnamese dishes and drinks. Operation hours are Mondays, Wednesday-Sunday 11am-9pm.

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

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

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

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

CORPORATION / PREMISES QUESTIONS

1.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Is any individual a naturalized citizen? <input type="radio"/> Yes <input type="radio"/> No If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
3.	<p>If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):</p> <p>Name of Building Owner: Oleg Schulzhenko Phone Number: 312-391-0144 Address of Building Owner: 303 W. Main St. Ste 200 St. Charles, IL 60174 E-mail Address: oleg@orawin.com Mailing Address of Building Owner (if different): n/a</p> <p>Name of Building Owner: Phone Number: Address of Building Owner: E-mail Address: Mailing Address of Building Owner (if different):</p> <p>Name of Building Owner: Phone Number: Address of Building Owner: E-mail Address: Mailing Address of Building Owner (if different):</p>
4.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, please list the business name(s) and address(es):</p>
5.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><i>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued. (5.08.050)</i></p>
6.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, has a building permit been applied for? <input type="radio"/> Yes <input type="radio"/> No Date of permit application _____</p>
7.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary:</p>

8.	<p>Has applicant (and all persons listed on page 2 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 2 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
9.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit: n/a Location, City/State:</p> <p>Date: Special Explanations:</p> <p>Government Unit: Location, City/State:</p> <p>Date: Special Explanations:</p>
10.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>
11.	<p>Complete ONLY if yes was answered to the question above (10):</p> <p>Name: Name of Business:</p> <p>Position with the Business: Date(s) of Denial:</p> <p>Reason(s) for Denial of License:</p>
12.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): 11/2/2022</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): 11/2/22</p>
13.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business (5.08.070-11)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Business Name:
Pho Ly Inc

SIGNATURES


Applicant's Signature

Subscribed and sworn before me this 5th day of January, 2023



Anne E. Healy
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: <u>02/03/23</u>	Name of Applicant: <u>Minh Ly, Mongdep Tran, Hai Ly</u>
Name of Business: <u>Pho Ly, Inc (DBA Pho Ly)</u>	
Address of Business: <u>305 W. Main St</u>	Ward Number: <u>4</u>

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: <u>As soon as City license is obtained</u>
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

5.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Restaurant</i></p>
8.	<p>Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11.	<p>It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: <i>SCPD</i> Date: <i>01/19/03</i></p>
14.	<p>Other necessary data:</p>



1350 E. Touhy Avenue, Suite 200W
Des Plaines, IL 60018
(847)768-0040 / Fax (847)795-0080

**Quotation for
Liquor Liability Coverage**

Quote Number: QC237032

Date: 12/19/2022

We are pleased to offer this quote which will remain valid for 30 days provided there are no rate changes taking effect. Renewal quotes will remain valid until the effective date listed under the policy term.

If between the date of this Quote and the Effective Date of the policy, there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then at the insurer's option, this quote may be withdrawn by written notice.

This Quote is based upon the preliminary information provided. Founders Insurance Company reserves the right to modify the terms and condition upon review of the completed application, loss runs for the preceding 5 years (minimum 3 years required) and any other information requested by the underwriter herein or if such material change in the risk is discovered after binding.

AGENT INFORMATION

Agent: WEER INSURANCE AND FINANCIAL SERVICES, INC.
Address: 2409 Westward Dr.
Spring Grove, IL 60081
Telephone: (815) 675-1007

APPLICANT INFORMATION & POLICY TERM

Applicant Name: MINH LY
Doing Business As: PHO.LY
Contact Name: MINH LY
Telephone: (630) 517 8112
Policy Term: 12/26/2022 To: 12/26/2023

LOCATION INFORMATION

Location # 1
305 MAIN ST
ST CHARLES, IL 60174

Location	Total Premium
# 1	\$1,715
Founders' Total:	\$1,715

FORM BCA 2.10
ARTICLES OF INCORPORATION
 Business Corporation Act

Filing Fee: \$150

File #: 73978238

Approved By: MAP

FILED
OCT 31 2022
Jesse White
Secretary of State

1. Corporate Name: PHO 92, INC.

2. Initial Registered Agent: MINH LY
First Name Middle Initial Last Name

Initial Registered Office: 305 W MAIN ST
Number Street Suite No.
SAINT CHARLES IL 60174-1813 KANE
City ZIP Code County

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

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1000	1000	\$ 1000

NAME & ADDRESS OF INCORPORATOR

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

Dated OCTOBER 31, 2022
Month & Day Year

MINH LY
Name

[REDACTED]
Street
[REDACTED]
City/Town State ZIP Code

FORM **BCA 10.30**
ARTICLES OF AMENDMENT
Business Corporation Act

Secretary of State
Department of Business Services
Springfield, IL 62756

File # 7397-823-8

Approved: MAP

Filing Fee: \$50

FILED

Nov 02, 2022

Jesse White
Secretary of State

1. Corporate Name:

PHO 92, INC.

2. Manner of Adoption of Amendment:

The following amendment to the Articles of Incorporation was adopted on Nov 02, 2022
in the manner indicated below: Month & Day Year

- By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the Articles of Incorporation were voted in favor of the amendment.
- By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the Articles of Incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10.
- By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment.

3. Text of Amendment:

When amendment effects a name change, insert the New Corporate Name below.

Article I: Name of the Corporation:

PHO LY, INC.

4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated Nov 02, 2022
Month & Day Year

Exact Name of the Corporation:

PHO 92, INC.

MINH LY

Authorized Officer's Signature

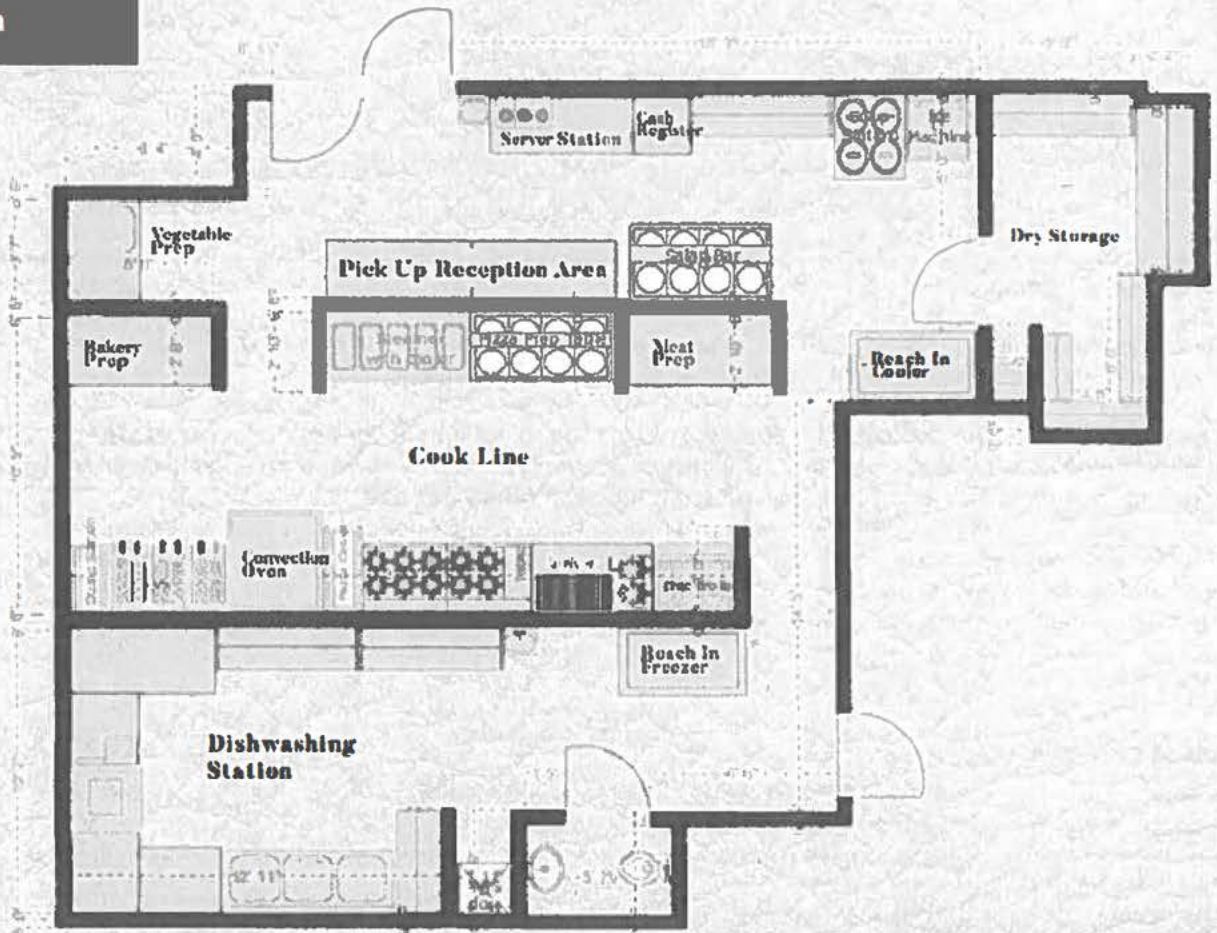
PRESIDENT

Title

Pho Ly Inc Business Plan

Pho Ly is a full-service restaurant providing vietnamese dishes and drinks. Hours of operation are Mondays, Wednesday-Sunday 11am-9m. There will be no live music or outdoor seating or outdoor designated smoking area. Copy of menu to come.

Kitchen Plan

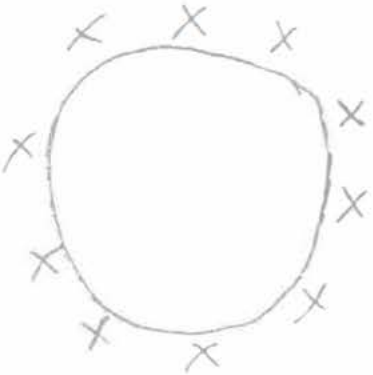


305



Kitchen

women's

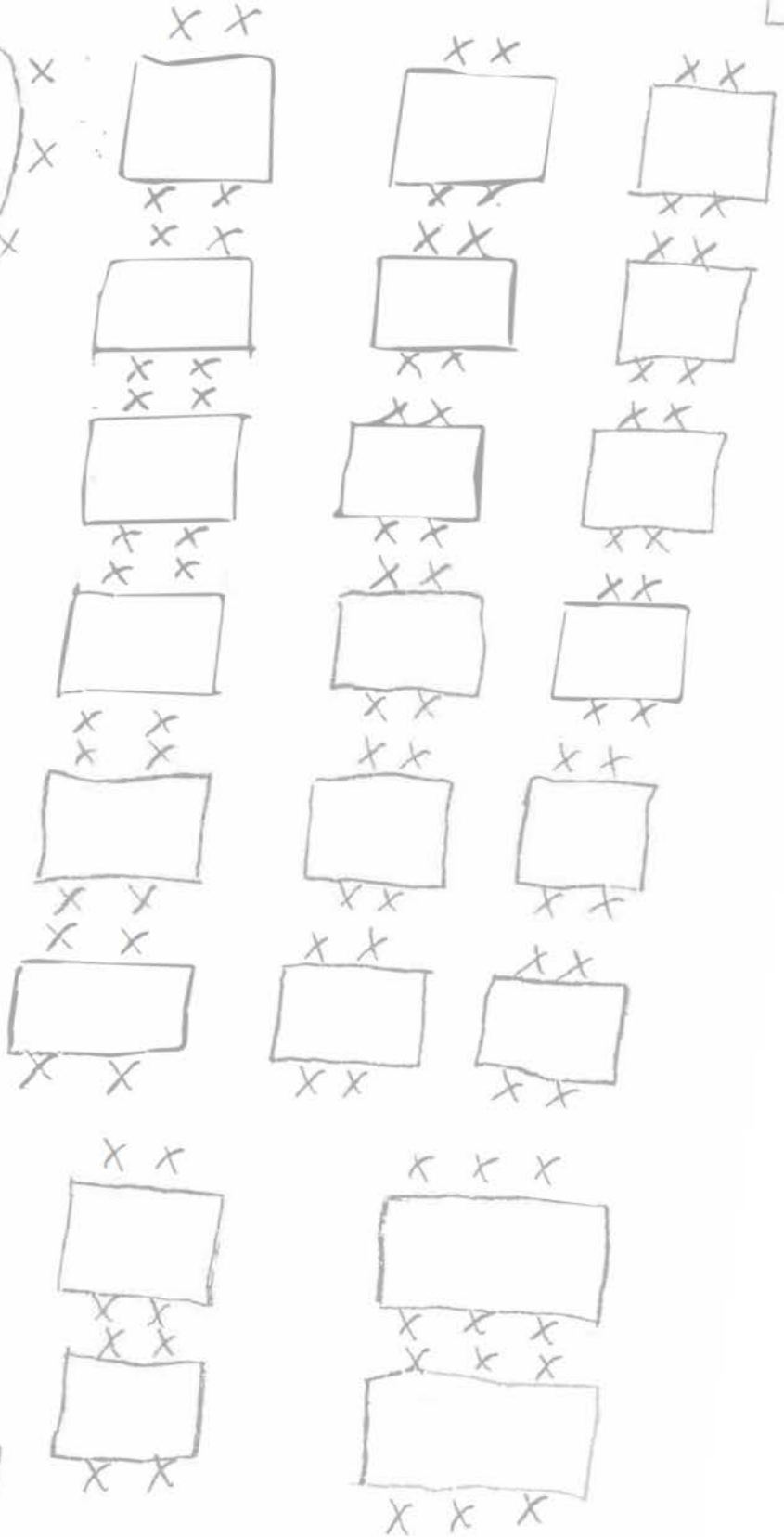


Men's

bar



exit



Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions

ServSafe
ServSafe Alcohol® CERTIFICATE

ID # 22852768
CARD # 22020215



HAIRLY

NAME

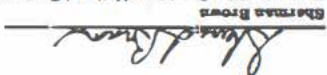
1/8/2023

DATE OF EXAMINATION

(Card expires three years from the date of examination. Local laws apply.)

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Sherman Brown, Executive Vice President, National Restaurant Association Solutions



This certificate confirms completion of the ServSafe Alcohol responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

NATIONAL
RESTAURANT
ASSOCIATION

235 South Wacker Drive
Suite 3600
Chicago, IL 60606-6383
1-800-SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

NOTE: You can access your score and certification information anytime at ServSafe.com.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703

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We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown
Executive Vice President, National Restaurant Association Solutions



ID # 23429203
CARD # 23231566

ServSafe Alcohol® CERTIFICATE

MINI LY

NAME
2/1/2023

DATE OF EXAMINATION
Card expires three years from the date of examination. Local laws apply.



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Sherman Brown
Executive Vice President, National Restaurant Association Solutions

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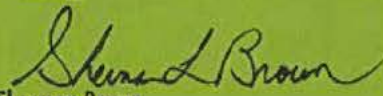
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Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 23019518
CARD # 23100360

ServSafe Alcohol® CERTIFICATE

MONGDEP TRAN

NAME _____
1/29/2023

DATE OF EXAMINATION _____
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Executive Vice President, National Restaurant Association Solutions

Sherman Brown

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17110801 v1711



All vegans will rice noodles are served with lettuce, bean sprouts, fried onions, peanuts & vegetables. Served with a side of fish sauce.

- 33. **Bún Đậu Mắm** Special rice vermicelli with chicken, pork, shrimp, beef and an eggroll \$4.99
- 34. **Bún Thịt Nướng Chả Giò** Vietnamese rice noodles with grilled pork and an eggroll \$4.99
- 35. **Bún Bò Nướng Chả Giò** Vietnamese rice noodles with grilled beef and an eggroll \$4.99
- 36. **Bún Nấm Chả Giò** Vietnamese rice noodles and an eggroll \$4.99
- 37. **Bún Tôm Nướng Chả Giò** Vietnamese rice noodles with grilled shrimp and an eggroll \$4.99
- 38. **Bún Gà Nướng** Vietnamese rice noodles with grilled chicken \$4.99
- 39. **Bún Bò Huế Đặc Biệt** Spicy hot-style noodle soup with Vietnamese bean curd pork & beef. Baked bread cut available upon request. \$4.99
- 40. **Bún Riêu** Tomato, shrimp paste, herbs, vegetables & rice vermicelli \$4.99
- 41. **Bún Chay** Vegetarian noodle salad stir-fried vegetable and fried tofu served on rice noodles. \$4.99



Add Any Extras To Your Dish

- Extra Meat \$1.00
- Extra Mushrooms \$1.00
- Extra Noodles \$1.00
- Extra Vegetables \$1.00

- 42. **Hủ Tươi Thịt Chăn** Rice noodles with a combination of shrimp, pork, fish cake & squid \$4.99
- 43. **Hủ Tươi Bò Kho** Beef stew with noodles \$4.99
- 44. **Mì Bò Kho** Beef stew with egg noodles \$4.99
- 45. **Mì Thịt Chăn** Egg noodles with a combination of shrimp, pork, fish cake & squid \$4.99
- 46. **Mì Kho Thịt Chăn** Soft-boiled egg noodles with a combination of shrimp, pork, fish cake & squid \$4.99
- 47. **Hủ Tươi Kho Ấy Chăn** Soft-boiled rice noodles with a combination of shrimp, pork, fish cake and squid \$4.99
- 48. **Mì Kho Chay** Soft-boiled vegetable noodles with tofu & vegetables \$4.99

GIẢI KHÁT - Beverages

- 35. **Chè Phở Bún Đá** Coffee with steamed milk served over ice \$1.99
- 36. **Nước Dừa** Coconut juice \$1.99
- 37. **Sinh Tố** Smoothie: Chai tea, Avocado, Mango, Strawberry \$2.99
- 38. **Sinh Tố** Smoothie: Vietnamese steamed milk egg wash \$2.99
- 39. **Đá Chanh** Lemon juice with ice \$1.99
- 40. **Nước Chanh Vải** Freshly squeezed orange juice \$1.99
- 41. **Nước Sốt** Soda, Diet Coke, Pepsi, 7 Up \$1.99
- 42. **Trà Húng** Hot tea \$1.99
- 43. **Trà Đá** Hot tea \$1.99



Phở Ly
Authentic Vietnamese Cuisine



Business Hours

Monday, Wednesday, Thursday: 10am - 9pm
Friday & Saturday: 10am - 9pm
Sunday: 11am - 9pm
Closed Tuesday

www.PhởLyStCharles.com
630-797-6099

305 W. Main Street, St. Charles, IL 60174



Khai Vị - Appetizers

- 1. **Chả Giò (3 Pcs)** Crispy egg rolls deep fried Vietnamese egg roll filled with ground pork, mushrooms & carrots \$4.99
- 2. **Gỏi Cuốn (3 Pcs)** Spring roll rice paper wrappers filled with lettuce, meat, bean sprouts, rice noodles, pork, shrimp, served with peanut sauce on the side. \$4.99
- 3. **Mỳ Chấm Giò** Fried crispy squid \$4.99
- 4. **Tôm Chấm Giò** Fried crispy shrimp \$4.99
- 5. **Chả Nướng Chấm** Cream shrimp omelet \$4.99
- 6. **Chả Gà Chấm Bơ** Butter chicken wrap \$4.99
- 7. **Chả Gà Chấm Mè** Tomarized chicken wrap \$4.99
- 8. **Bánh Xèo** Vietnamese crispy pancake with shrimp, pork, bean sprouts, lettuce meat herbs & served with fish sauce \$4.99
- 9. **Thịt Nướng Mắm** Crispy salad rolls \$4.99
- 10. **Gỏi Nang Mắm** Crispy salad stack \$4.99
- 11. **Gỏi Gìn Bò** Sweet and sour beef tomato salad with green cabbage & banana blossom \$4.99



Bánh Mì - Vietnamese Sandwiches

Sandwiches served with pickled daikon and carrots, thick cucumber sauce, fresh cilantro and sliced jalapeno.

- 12. **Bánh Mì Đậu Mắm** Special Vietnamese sandwiches combination of beef, pork & pork roll, butter and bread cheese \$4.99
- 13. **Bánh Mì Thịt Nướng** Vietnamese sandwich with grilled pork \$4.99
- 14. **Bánh Mì Thịt Bò Nướng** Vietnamese sandwich with grilled beef \$4.99
- 15. **Bánh Mì Bò Kho** Vietnamese sandwich with beef stew \$4.99



Phở - Rice Noodle Soup

Rice noodles with bean sprouts, basil and jalapeno on the side.

- | | | |
|--|--------|--------|
| | Medium | Large |
| 16. Phở Gà Special Combination Noodle Soup with sliced steak, beef tendon, fish, and tendon, top & vegetables (Chicken, Beef, medium or well done) \$4.99 | \$4.99 | \$5.99 |
| 17. Phở Thịt Nướng Sliced steak noodle soup. (Chicken, Beef, medium or well done) \$4.99 | \$4.99 | \$5.99 |
| 18. Phở Tôm Bò Viên Fresh and marinated noodle soup. (Chicken, Beef, medium or well done) \$4.99 | \$4.99 | \$5.99 |
| 19. Phở Thịt Nướng Steak , fresh noodle soup. \$4.99 | \$4.99 | \$5.99 |
| 20. Phở Thịt Nướng Steak , tripe noodle soup. \$4.99 | \$4.99 | \$5.99 |
| 21. Phở Thịt Chăn Steak, fish & soft tripe noodle soup \$4.99 | \$4.99 | \$5.99 |
| 22. Phở Bò Viên Viên Marinated noodle soup. \$4.99 | \$4.99 | \$5.99 |
| 23. Phở Thịt Chăn Steak, fatty tender beef noodle soup. \$4.99 | \$4.99 | \$5.99 |
| 24. Phở Thịt Chăn Steak, tender beef noodle soup. \$4.99 | \$4.99 | \$5.99 |
| 25. Phở Gà Chấm Noodle soup \$4.99 | \$4.99 | \$5.99 |
| 26. Phở Chay vegetable noodle soup made with vegetable broth. No meat. Vegetarian preparation available upon request \$4.99 | \$4.99 | \$5.99 |



CƠM - Steamed Rice

Served with steamed rice & a side of fish sauce.

- 27. **Cơm Thịt Bò Chả** Grilled pork chop & shredded pork slices. A marinated pork egg roast \$4.99
- 28. **Cơm Thịt Nướng** Grilled pork chop \$4.99
- 29. **Cơm Bò Nướng** Grilled beef \$4.99
- 30. **Cơm Gà Nướng** Grilled chicken. \$4.99
- 31. **Cơm Gà Xào Mì** Lemongrass chicken. \$4.99
- 32. **Cơm Chấm Đậu Mắm** (Gà, Heo, Bò Viên Viên) Special salad rice (With Chicken, Pork, Beef & Shrimp) \$4.99
- 33. **Cơm Chấm** (Gà, Heo Bò Hoặc Tôm) Fried rice (Chicken, Beef or Shrimp) \$4.99
- 34. **Cơm Bò Kho** Beef stew with sauce etc. \$4.99
- 35. **Cơm Thịt Bò Đậu Mắm** Marinated BBQ ribs. \$4.99
- 36. **Bò Lạc Lạc** Marinated rice with french style fried marinated beef cubes with carrots, cucumbers & cilantro \$4.99
- 37. **Cá Húng Chấm Mắm Mắm** (Marinated Fish) Deep fried whole red snapper. \$4.99
- 38. **Cơm Chay** Vegetarian steamed rice stir-fried with vegetables & steamed rice \$4.99



Authentic Vietnamese Cuisine





AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 6

Title:

Recommendation to Approve a Proposal for a Sound Amplification Permit and a New Class E-1 Temporary Liquor License for the “Hops for Hope 5K” to be held at Mt. Saint Mary’s Park on October 14, 2023

Presenter:

Police Chief Keegan

Meeting: Liquor Control Commission

Date: February 21, 2023

Proposed Cost: \$966.12 (PD)
 \$ 524.02 (PW)
 \$57.00 (EMA)
TOTAL \$1,547.14

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, October 14, 2023.

The event, known as “Hops for Hope 5K,” will take place on October 14, 2023, in Mount St. Mary’s Park from 10:00 a.m. to 4:00 p.m. and extend into Wheeler Park in Geneva. The estimated attendance is 1,000 participants (last event had 1,000). 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.

Two EMA members will be present to cross traffic on Route 31 and two Officers will oversee the patrons at the beer fest. Event volunteers 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 a total of six 3 oz. tastings on the running route. The “beer fest” portion of this event is scheduled to begin at 12:30 and last until 4 pm. Runners and those registered just for this portion will receive tickets for six 2 oz. beer samples with their prepaid purchase for consumption inside a fenced-in area near the award tent at the end of the race route. Food will be served by local vendors. No additional service or beer purchases will be permitted once the attendee uses up their tickets.

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 has been approved by the St. Charles Park District Board.

PLEASE NOTE: this special event is being recommended for approval with the caveat that all approvals are contingent upon any governmental sanctions regarding public gatherings, social distancing, etc., pertaining to COVID-19.

Attachments *(please list):*

E-1 Liquor License Application; Route

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a Sound Amplification Permit and 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 October 14, 2023.

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 10/14/23 and ending 10/14/23
Time Starting 12 pm and ending 4pm
Location of Event Mt. St. Mary Park

Name of Business Project Mobility
Address of Business 2930 Campden Hills Rd. Business Phone 630-762-9807
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: 10/1/22
Does Applicant have Dram Shop Insurance? YES . If YES, attach evidence of insurance. Will email

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

I, first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to issue the Liquor Dealer License, Class E1 to me/us for the location hereinbefore indicated; that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed: [Signature] Signed: _____
Sworn to before me this 14th day of February, 2023.
Notary Public Anne E Healy

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: [Signature] Date: 2-14-23 Chief of Police: [Signature]
Approved: _____ Date: _____ Liquor Commissioner: _____

project mobility

HOPS FOR HOPE

5K

AND BREW FEST



NEW!
 Beer Stop #5
 MSM PARK
 PARKING LOT SMALL

Beer Stop #2 (originally at Rt. 31 crossing) has been moved to Wheeler Park

NEW!

NEW!

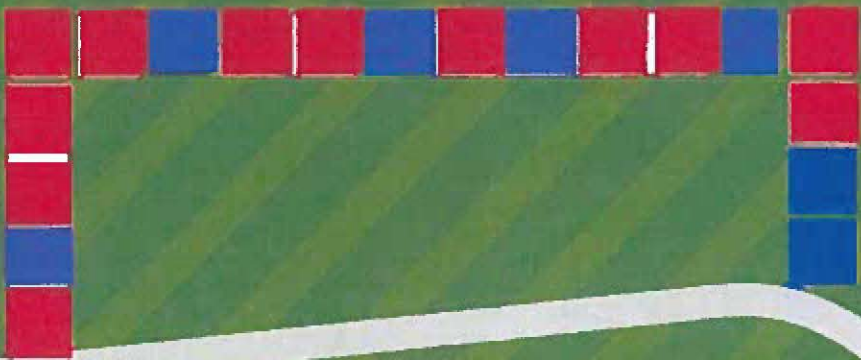
Road Running Technical Council & USA Track and Field Certification Code: IL17026NM

BREWERIES

SPONSORS

FOOD VENDORS

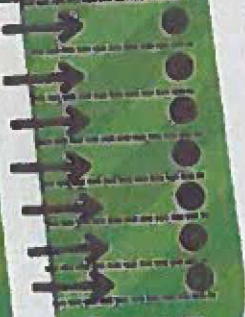
project mobility
HOPS FOR HOPE
5K
 AND BREW FEST



Electric

ENTER/EXIT

Security



First Aid Station

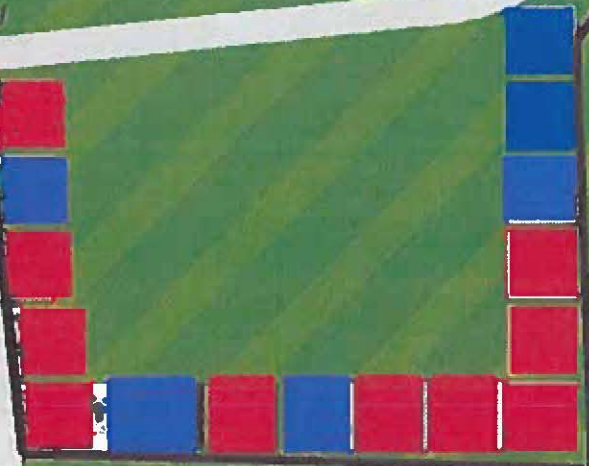
BEER STOP #6

5K START/ FINISH

Announcer

REGISTRATION CHECK-IN GEAR CHECK

Electric



Parking Lot

Dumpster