

**AGENDA
CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSION MEETING
MONDAY, AUGUST 17, 2020, 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 July 20, 2020.
4. Recommendation to Approve a Proposal for a New Class E-1 Temporary Liquor License for the St. Charles Park District Sip 'N Stroll Special Event to be held in Mt. St. Mary's Park on September 12, 2020, from 1:00 p.m. – 6:45 p.m. *(Special events are 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.)*
5. Recommendation to Approve a Proposal for a New Massage License for The Healing Path located at 1121 E. Main Street, St. Charles.
6. Public Comment.
7. Executive Session (5 ILCS 120/2 (c)(4)).
8. Adjournment.

ADA Compliance

Any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the ADA Coordinator, Jennifer McMahon, at least 48 hours in advance of the scheduled meeting.

The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at jmcmahon@stcharlesil.gov. Every effort will be made to allow for meeting participation. Notices of this meeting were posted consistent with the requirements of 5 ILCS 120/1 et seq. (Open Meetings Act).

MINUTES
CITY OF ST. CHARLES
LIQUOR CONTROL COMMISSION MEETING
MONDAY, JULY 20, 2020, 4:30 PM

1. Call to Order.

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

2. Roll Call.

Present: Ald. Gehm, Ms. Zollers

By Phone: Ald. Pietryla

Absent: Ald. Stellato

3. Motion to accept and place on file the amended minutes of the Liquor Control Commission meeting held on April 6, 2020.

Motion by Gehm, second by Zollers to approve the amended meeting minutes.

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

4. Recommendation to approve a Proposal for a F2 Liquor License Application for Ghoulish Mortals, Located at 228 W. Main St., St. Charles.

Chief Keegan explained that Ghoulish Mortals a Halloween & horror shop, is requesting a BYOB F2 liquor license. This license would be for parties they host for 21 and over attendees. It was noted that they would monitor all who enter, no children are allowed, and it would not apply to their movie nights, only parties for 21 and over.

Commission Member Zollers mentioned that they should monitor the attendees at these gatherings. The applicants said they would do whatever was required to make sure no one under 21 was admitted.

Motion by Gehm, second by Pietryla to approve the recommendation for a F2 liquor license application for Ghoulish Mortals, located at 228 W. Main Street, St. Charles.

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

5. Recommendation to approve a Proposal for a B1 Liquor License Application for Chilis, Located at 3795 E. Main St., St. Charles.

Chief Keegan stated that the B1 liquor License Application for Chilis is due to a change of ownership and no changes are being made.

Motion by Pietryla, second by Zollers to approve the recommendation for a B1 liquor license application for Chilis located at 3795 E Main Street, St. Charles.

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

6. Public Comment.

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

8. Adjournment.

Motion by Ms. Zollers, second by Mr. Gehm to adjourn the meeting at 4:43pm

:tc

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 9/12/2020 and ending 9/12/2020
Time Starting 1pm and ending 6:45pm
Location of Event Mount Saint Mary Park

Name of Business St Charles Park District
Address of Business 8 North Avenue Business Phone 630-513-6200
Is the Applicant a Not-For-Profit Organization: Government-Local
Authorized Agent Mike Kies Title Supt. Of Recreation
Has Applicant had a Class E1 License in the previous 365 days? Y If YES, on what date:
Does Applicant have Dram Shop Insurance? Y If YES, attach evidence of insurance.

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: Holly Cabel Signed: _____
Sworn to before me this 6th day of August, 2020.
Notary Public Jennifer Santos

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: _____ Date: _____ Chief of Police: _____
Approved: _____ Date: _____ Liquor Commissioner: _____



Executive Summary – Sip & Stroll

This is an application request for a Class E-1 Temporary License, authorizing for consumption of hard cider, wine and craft beer at Mt. St. Mary's Park. This temporary license request is for Saturday, September 12, 2020.

This is the third year for this event and St. Charles Park District approval has been granted.

Ticket sales will be limited per individual and per time slot (40 individuals per time slot).

This is a 21 and older only event. Participants must pre-register for this event; same day sales will not be available. All participants will be required to check in 5-minutes prior to their event time slot, where they will receive their event wrist bands. All hard cider and craft brew samples will be provided in roped off areas along the path. Fencing will be installed between the two pavilion areas.

The Park District event organizers are working with local businesses, The Wine Exchange, Riverlands, Pollyanna and the Home Brew Shop to pair food with the wine, cider and craft beer samples. The event is expected to end at 6:45 p.m. 160 participants are anticipated for this event, 40 participants per slot with 4 available time slots.

Sip & Stroll

Liquor Supervisors

- Cayla Greenfield – St. Charles Park District
- Jennifer Bruggeman – St. Charles Park District
- Sabrina Killeen – St. Charles Park District

BASSET Card



May 24, 2018



Letter ID: L1202409520

CAYLA GREENFIELD
8 NORTH AVE.
ST. CHARLES IL 60174

License No.: 5A-0105312
Expiration Date: 5/22/2021
License Type: Basset Card

Your "Student ID number" is: 3714597

Your "Trainer's ID number" is: 5A-0105312

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

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

Date of Certification: 5/22/2018 Expires: 5/22/2021
Trainer's IL Liquor License Number: 5A-0105312

CAYLA GREENFIELD
8 NORTH AVE.
ST. CHARLES IL 60174

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

BASSET Card



May 15, 2018



Letter ID: L1705188048

JENNIFER BRUGGEMAN
8 NORTH AVENUE
SAINT CHARLES IL 60174

License No.: 5A-0110606
Expiration Date: 5/14/2021
License Type: Basset Card

Your "Student ID number" is: 12284785

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>ILLINOIS LIQUOR CONTROL COMMISSION 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD Date of Certification: 5/14/2018 Expires: 5/14/2021 Trainer's IL Liquor License Number: 5A-0110606 JENNIFER BRUGGEMAN 8 NORTH AVENUE SAINT CHARLES IL 60174</p> <p>**Card is not transferrable - OFF-PREMISE ONLY**</p>

Certificate of Completion

**American
Safety Council**

SABRINA KILLEEN

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 9/12/2019

from the American Safety Council.



Jeff Pairan

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the St. Charles Park District
(name of organization)
 (“Organization”) to conduct Sip & Stroll
(name of event) (“Event”), the Organization recognizes, acknowledges and assumes any and all risks arising from or in any way related to the Event.

To the fullest extent permitted by law, the Organization hereby agrees to defend, indemnify and hold harmless the City of St. Charles, its officers, officials, employees and agents from and against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, cost, and expenses (including all attorney’s fees and costs), arising from, or resulting from or in any way related, directly and/or indirectly to the Event, except that arising out of the sole legal cause of the City of St. Charles, its officers, officials, employees and agents.

The Organization shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and, if any judgment shall be rendered against the City of St. Charles, its officers, officials, employees and/or agents, in any such action, the Organization at its own expense shall satisfy and discharge same.

The invalidity of any provision(s) of this INDEMNIFICATION/HOLD HARMLESS or unenforceability of any of its provisions shall not affect the validity or enforceability of the remainder of this INDEMNIFICATION/HOLD HARMLESS.

The Organization and the authorized signatory below warrant and represent that the authorized signatory below has full authority to execute and submit this application, including, but not by way of limitation, the INDEMNIFICATION/HOLD HARMLESS

provisions contained herein.

The Organization and the authorized signatory below agree to inform the City of St. Charles of any changes in the application at least thirty (30) days prior to the event.

St Charles Park District
(Name of Organization)

8/6/2020
(Date)

by Holly Cabel
Authorized Signatory

Signed and sworn to before me this 6th day of August, 2020.

Jennifer Santos
Notary Public



All applications must be signed and notarized.

After submitting all forms, your application will be reviewed by City staff. All departments that will be involved in providing services or permits for the event will be notified. **Please do not assume that all aspects of the event will be approved. You may be asked to make some changes to your plan based on the availability of services and scheduling of other events.**

The City of St. Charles reserves the right to cancel any event at any time for reasons deemed necessary by the City Council and/or City Administrator.

Deliver All Completed Items to:
City of St. Charles
Attn: The St. Charles Police Department
1515 W. Main Street
St. Charles, IL 60174

Mt. St. Mary Park Trail Map



- ➡ Indicates Route
- ✕ Indicates Stops





STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

1A-0104079

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL
ACT OF 1934, THIS CERTIFIES THAT:

ST CHARLES PARK DIST
POTAWATOMIE GOLF COURSE
845 N 2ND AVE
SAINT CHARLES IL 60174-1213

Kane

HAS PAID ALL FEES
AND IS ISSUED A
LICENSE IN THE
FOLLOWING CLASS:

**RETAILER
ON-PREMISES**

ISSUE DATE: 02/25/20 Effective: 04/01/20

THIS LICENSE
EXPIRES ON: 03/31/21

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW
IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.
Warehouse: N/A

Sales Tax Acct # 02847868

THIS LICENSE NOT TRANSFERABLE
AS TO PRINCIPAL

CERTIFICATE OF COVERAGE

Name and Address of Agency

Park District Risk Management Agency
 2033 Burlington Avenue
 Lisle, Illinois 60532-1646
 630-769-0332

Name and Address of Member

St. Charles Park District
 101 S. Second Street
 St. Charles, IL 60174

SCOPE OF COVERAGE

The Park District Risk Management Agency (PDRMA) is an intergovernmental self-insurance and risk management pool established under the constitution and the statutes of the State of Illinois to provide coverage for its members against certain claims and losses. Each member of PDRMA is entitled to the scope and amounts of coverage set forth below. In addition, PDRMA may extend the same scope of coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, and amendments that are applicable to the members.

The above named entity is a member in good standing of the Park District Risk Management Agency. The scope of coverage provided by the agency may, however, be revised at any time by the actions of PDRMA's governing body. As of the date this certificate is issued, the information set out below accurately reflects the scope of coverage established for the current coverage year.

Scope of Coverage	Coverage Document	Coverage Dates	Limits Each Occurrence	In millions (000,000)
General Liability * Commercial general liability * Occurrence * Liquor liability	L010120	01/01/2020 - 12/31/2020	Bodily Injury and Property Damage combined	\$2,000,000
			Personal Injury	\$2,000,000
Automobile Liability * any auto	L010120	01/01/2020 - 12/31/2020	Bodily Injury and Property Damage combined	\$2,000,000
Workers' Compensation	WC010120	01/01/2020 - 12/31/2020		Statutory
Employer's Liability	WC010120	01/01/2020 - 12/31/2020		\$3,000,000
Property	P0700120	01/01/2020 - 12/31/2020		
Other		01/01/2020 - 12/31/2020		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

City St. Charles is/are additionally insured for use of property.

Coverage is for general liability with respect to the operations of the St. Charles Park District. Additional insured coverage shall not apply to any liability resulting from the certificate holder's own negligence or the negligence of its servants agents or employees.

Certificate Holder

City of St. Charles
 2 East Main St.
 St. Charles, IL 60174

Date Issued: 12/1/2019



 Authorized Representative



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 5

Title:

Recommendation to approve an Application for a New Massage Establishment License for The Healing Path located at 1121 E Main St, St. Charles, IL

Presenter:

Police Chief Keegan

Meeting: Liquor Control Commission

Date: August 17, 2020

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Please see attached information regarding this recommendation.

Attachments (*please list*):

Massage Establishment Application

Background Check

Site Plan

Business Plan

Recommendation/Suggested Action (*briefly explain*):

Recommendation to Approve an Application for a New Massage Establishment License for The Healing Path located at 1121 E Main St, St. Charles, IL.



Memo

Date: 8/11/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-The Healing Path – 1121 E Main Street

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

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

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

Thank you in advance for your consideration in this matter.



Memo

Date: 08-14-2020

To: Chief Keegan (via chain of command)

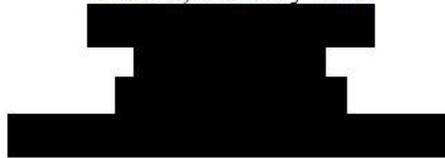
From: Det. Larsen #373

Re: Massage Therapist / Chastity Jensen

The purpose of this memo is to document the background investigation of Chastity A. Jensen pursuant to her application for a Massage Establishment License for The Healing Path.

Applicant

Jensen, Chastity Ann



- Jensen currently resides at the above address in Geneva, IL. Jensen has been residing at this address for approximately three months.
- The Geneva police department has no negative contacts with Jensen.
- Jensen has no negative contacts through our department's New World System.
- Jensen has no negative contacts through the Aegis Link System.
- Jensen is IL resident and is a U.S. Citizen.
- Jensen's maiden name is Chastity A. Peterson. This name was checked along with her current name in all the same data bases with no negative contacts found.
- Jensen stated she has resided at addresses in Geneva for the last 13 years. Geneva police have one traffic contact with Jensen.
- A search of the Kane County and DuPage County circuit clerk's websites yielded a traffic citation issued to Jensen under the name Peterson in 1989.

Service, Courage, Professionalism, Dedication



- Jensen plans on moving her existing massage business (The Healing Path) to St. Charles. The business will be located at 1121 E. Main St. Suite # 127, St. Charles, IL 60174.
- Batavia Enterprises Real Estate manages the property and has yet to sign a lease with Jensen. Batavia Enterprise Real Estate who will not allow Jensen to occupy the suite without a license. Batavia Enterprise Real Estate employee Nick Scanlan confirmed Jensen will be allowed to sign a lease to occupy the suite if she obtains a license. No site inspection was completed.
- Jensen stated prior to the pandemic her business was located at 117 Flinn St. Batavia, IL. Batavia Police have no contacts with Jensen.
- At this time Jensen will be the only massage therapist and employee of the business.
- Jensen submitted a set of fingerprints to the St. Charles Police Department. The response has yet to be received.
- Jensen advised that the 356 square foot suite will be divided into an office/lobby area and a massage area. She provided a physical layout of the business when she submitted her application to the city of St. Charles. (See attached business floor plan.)
- Jensen stated she attended the Elgin Community College Massage Therapy Program, where she obtained her State of Illinois Massage Therapy License #227018518. Elgin Community College police department advised they had no contacts with Jensen.
- I logged onto the Illinois Department of Financial & Professional Regulation website. A check of Jensen's massage license number came back valid and in good standing with no discipline.
- I logged into TLOxp, law enforcement database, and conducted a check on Jensen's social security number. It registered to her and did not list any additional licenses registered to Jensen. There was no criminal history.
- Jensen was provided an electronic copy of Local Ordinance 5.20 and was told to review the requirements of the Massage Therapist License.

- Jensen provided me with a copy of her liability insurance for herself. Jensen is covered under the American Massage Therapy Association (AMTA) with Professional Liability Occurrence Coverage \$2,000,000 per claim. (See attached copy).

This concludes this background investigation.

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



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

MESSAGE ESTABLISHMENT LICENSE APPLICATION

NON-REFUNDABLE

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

Application must be completed in full and notarized before it will be accepted.

All fees must be paid at the time the application is submitted and a current certificate of insurance must be included with this application.

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

1. New License Application Renewal Application

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

Corporation

Partnership

Individual

3. Business Name: The Healing Path Sales Tax#: [REDACTED]

Business Address: 1121 E. Main St #127 Business Phone: 630-251-7124

4. Name of Applicant: Chastity Jensen Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: [REDACTED]

Email Address: [REDACTED] Social Security #: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Issuing State: IL

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

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

Yes

No

6. If yes, explain in detail:

7. Days/Hours of Operation: 9am - 4pm Mon-Sat

8. Will the business be supervised and conducted by a manager?: Yes/No No

If no, please explain:

Individually owned and operated
No employees will be working for owner

9. Name of Manager: NA Home Phone: _____
Home Address: _____ City/Zip: _____
Social Security #: _____ Date of birth: _____

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

Employer: The Healing Path Phone: 

Address: Geneva / ~~IL~~ locations Occupation: Therapeutic massage
Dates of employment: From: 2015 To: Present

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

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

If yes, explain in detail:

12. Will you operate by appointment only? Yes/No Yes



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

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

Issuing authority: License - Ill State Status: Good - Current

Issuing authority: Permits - Geneva Township Status: Good - Current

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

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

Reason: N/A Disposition: _____

Reason: N/A Disposition: _____

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

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

Approx sq ft of principal business: 350 Massage stations 1 Premises 1

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

Therapeutic massage and stretching
for injury and/or trauma

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

Name: Chastity A. Jensen Home phone: 630-251-7124

Address: 1786 Allen Dr. City/Zip: Geneva 60134

Position employed: owner and operator of Business

State of Illinois Massage License Number: [REDACTED]

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only ~~NA~~

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

Name	Address	Home Phone #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Yes No

3. If yes, explain in detail:

Affidavit

State of Illinois)
) SS
County of Kane)

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

Signature of Applicant Charity Depew

Signature of Applicant Charity Depew

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

Given under my hand and notarial seal this 28th day of July, 2020.

SEAL

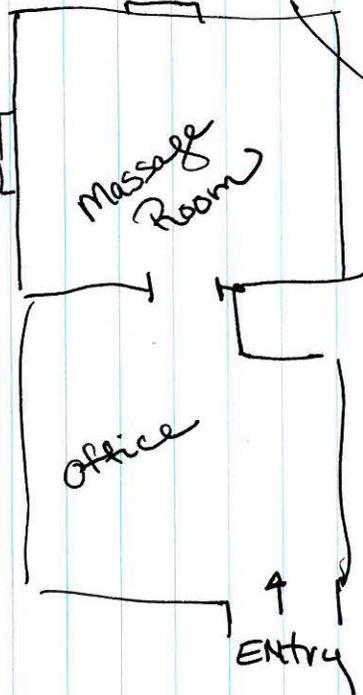
Carrie Plemons
Notary Public



The Healing Path
1121 2 main St
St. Charles
#127 (lower level)

Rt 64

windows



parking

Hall