

AGENDA
THE CITY OF ST. CHARLES
GOVERNMENT OPERATIONS COMMITTEE
ALD. STEVE WEBER, CHAIR
MONDAY, JUNE 19, 2023
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET

1. Call to Order

2. Roll Call

3. Administrative - None

4. Omnibus Vote

Items with an asterisk (*) are considered to be routine matters and will be enacted by one motion. There will be no separate discussion on these items unless a council member/citizen so requests, in which event the item will be removed from the consent agenda and considered in normal sequence on the agenda.

5. Police Department

- a. Recommendation to approve a Proposal for a C-1 Liquor License Application and 1:00 am Late Night Permit for SCMC Enterprises dba Rudy's Bar, Located at 214 W. Main St., St. Charles.

6. Finance Department

- a. Recommendation to Approve the Funding Allocation Requests of St Charles 708 Mental Health Board for FY 2022-2023.

7. Information Systems Department

- *a. Recommendation to approve a **Resolution** to Authorize staff to Award a Contract to Carahsoft Technology Corporation for Okta Software Licenses and Support for \$25,719.

8. Additional Items from Mayor, Council or Staff

9. Executive Session

- Personnel – 5 ILCS 120/2(c)(1)
- Pending, Probable or Imminent Litigation – 5 ILCS 120/2(c)(11)
- Property Acquisition – 5 ILCS 120/2(c)(5)
- Collective Bargaining – 5 ILCS 120/2(c)(2)
- Review of Executive Session Minutes – 5 ILCS 120/2(c)(21)

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 ITEM EXECUTIVE SUMMARY

Agenda Item Number: 5.a

Title:

Recommendation to approve a Proposal for a C-1 Liquor License Application and 1 am Late Night Permit for SCMC Enterprises dba Rudy's Bar, Located at 214 W. Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee **Date:** June 19, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

SCMC Enterprises dba Rudy's, located at 214 W. Main St., is requesting approval of a C-1 liquor license application and a 1 am late night permit for their business.

This applicant operates two current restaurants and bars in St. Charles, The Beach Hut and the R-Bar. There have been no issues with either location or concerns with this application being approved for a license for this new establishment.

Before being presented to this Committee, this item was discussed at the Liquor Control Commission meeting at 4:30 pm on June 19, 2023. The City Council will take a final vote on this item at the next City Council Meeting.

Attachments *(please list):*

Liquor License Application, COI, Floor Plan, Site Plan, Articles of Incorporation, BASSET Training, Business Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a Proposal for a C-1 Liquor License Application and 1 am Late Night Permit for SCMC Enterprises dba Rudy's Bar, Located at 214 W. Main St., St. Charles.



Memo

Date: 6/14/2023

To: Mayor Lora Vitek – Liquor Commissioner

From: Erik Mahan, Deputy Chief of Police

Re: Background Investigation, Class C Liquor License, Rudy's 210 W. Main Street

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning a new establishment. This Investigation was done based on the application by SCMC Enterprises, Inc. (dba Rudy's) for a City of St. Charles Class C Liquor License. This applicant proposes this business to be located at 210 W. Main Street. The applicant currently holds similar licenses for two other businesses (R House and The Beach Hut). No issues of note were discovered in the background investigation and the Police Department recommends approval.

EM

A handwritten signature in black ink, appearing to be "EM", written over the typed name "EM".



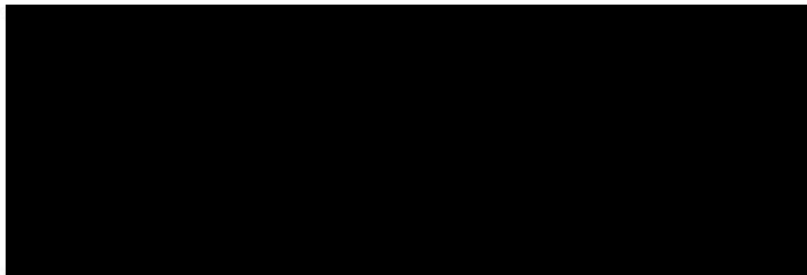
Memo

Date: 06/09/23
To: Chief Keegan #300 (via chain of command)
From: Sgt. Vicicondi #368 DL#340
Re: Liquor License- Tavern (C) Background, SCMC Enterprises, Inc (dba Rudy's)

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 a Tavern Class C liquor license for the business, SCMC Enterprises, Inc (dba Rudy's) - which is located at 210 West Main Street.

Applicants:

Rudowicz, Brian P. Allen, Justin A.



Application:

The application was received on 05/01/23. The application is complete to include: a lease (unsigned), a Certificate of Liability Insurance (\$2,000,000 in aggregate / \$1,000,000 for each occurrence), a business plan (floor plan), a menu, and hours of operation. Brian and Justin are owners of SCMC Enterprises, Inc. Rudy's will serve alcohol and no food; but free pretzels will be given out.

BASSET certificates were included for Brian as well as several employees. *Justin later emailed me his certificate (graduation date of 06/07/23).*

A check of the Illinois Liquor Control Commission website showed an active license status for both of Brian and Justin's other liquor businesses (R House and The Beach Hut).



A Business Report check of SCMC Enterprises Inc. in TLO did not reveal anything that would prohibit the acquisition of a liquor license.

A check in the IL Secretary of State website showed SCMC Enterprises Inc. as being listed as active.

Personal Interview:

In Summary:

On 06/06/23, I met with and interviewed Brian and Justin at their other business, St. Charles Motor Cars (4220 E. Main St.). This was due to the site of 210 W. Main St. (Rudy's) currently being under renovation. I learned that the renovations include building a wooden bar, putting in a second bathroom, and completing cosmetic upgrades. Brian and Justin each signed a waiver for this investigation. I was provided with photocopies of Brian and Justin's driver's licenses.

Justin has lived at his current address for approximately 6 years. Prior to that he lived at [REDACTED] (where he lived for 12 years). Justin is a U.S. Citizen.

Brian has lived at his current address for approximately 12-13 years. Brian is a U.S. Citizen.

Brian and Justin currently have three businesses in St. Charles (R-House, The Beach Hut, and St. Charles Motor Cars). They do not have any liquor inventory at this time for Rudy's. Brian and Justin are current liquor license holders for R-House and The Beach Hut and they advised they have no past liquor violations. They plan to sell liquor and open Rudy's on 09/01/23. They hope renovations will be done by the end of August and they plan on having 2 or 3 employees.

Tyler Rudowicz [REDACTED] will be the on-site manager. I received two photocopies of Tyler's Basset certificates. One certificate expired on 05/27/2022, and one certificate was completed on 04/27/2022. The latter does not have an expiration date.

A check of Tyler's BASSET card was conducted and it showed that it will expire on 04/27/2025.

Records Checks: Brian Rudowicz

Brian Rudowicz provided an address of [REDACTED]

A check in New World records, which includes the Geneva Police Department, revealed no negative contacts.

A check for Brian in TLO had no results for real-time incarcerations and arrests. I searched Criminal and Traffic Offenses and it had one result for a traffic offense (2006). TLO also disclosed that Brian had one result for a bankruptcy with a Filing Date of 10/14/2014.

A check in Clear revealed no negative contacts.

A check with the Kane County Portal website disclosed of one traffic case (2006), one CH-Real Estate Mortgage Foreclosure case (2011), and one L-Contract Money Damage case (2013).

Brian's fingerprints were submitted to the Illinois State Police Bureau of Identification and the FBI. Their results indicated no record of any arrest.

A check of Brian's BASSET card was conducted and it indicated that it will expire on 04/20/25.

-See the attached documents for further information.

Records Checks: Justin Allen

Justin Allen provided an address of 

A check in New World records, which includes the Geneva Police Department and the Batavia Police Department, revealed no negative contacts. A check in Aegis Link records, which includes the Kane County Sheriff's Office, had no records for Justin.

A check in Clear revealed no records for Justin.

A check for Justin in TLO had no results for real-time incarcerations and arrests. I searched Criminal and Traffic Offenses in TLO and it has the following results: there were four traffic offenses, with the latest being in 2012. There was one Criminal Misdemeanor result for: Minor Poss. Liquor in Public (1992CM002194). The listed Date is 04/27/1992 and the arresting agency is the St. Charles Police Dept.

A check with the Kane County Portal's website disclosed of several traffic cases (last one in 2012), an ordinance violation case (1998/Parking Violation), and one Criminal Misdemeanor case (1992-CM-002194 - File Date: 04/27/1992 - SCPD).

Justin's fingerprints were submitted to both the FBI and the Illinois State Police Illinois Bureau of Identification. Their reply indicated no records of any arrest.

A check of Justin's BASSET card was conducted and it had two results. One result expires on 05/02/24 and one result expires on 02/08/26 (Note: each result has a different license number).

-See the attached documents for further information.

Pending Items:

On 06/09/23, I called and spoke with Brian in regards to the unsigned lease. Brian indicated that the lease was signed on Wednesday (06/07/23).

On 06/09/23, through email communication, I advised Brian to send me and the city a copy of the signed lease. I also emailed Brian and advised him that Tyler would have to be fingerprinted, prior to Rudy's opening, due to him being a manager.

This concludes this background investigation.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sgt. Vicicondi 368".

Sgt. Vicicondi 368



Memo

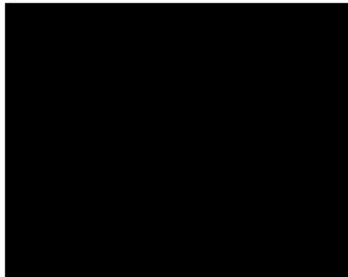
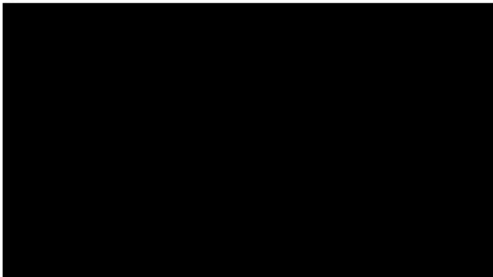
Date: 06/14/23
To: Chief Keegan #300 (via chain of command)
From: Sgt. Vicicondi #368
Re: Liquor License- Tavern (C) Background, SCMC Enterprises, Inc (dba Rudy's) - Supplemental Memo

The purpose of this supplemental 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 a Tavern Class C liquor license for the business, SCMC Enterprises, Inc (dba Rudy's) - which is located at 210 West Main Street.

Applicants:

Rudowicz, Brian P.

Allen, Justin A.



Signed Lease and Manager Fingerprints:

On 06/13/23, I received a copy of the signed lease via email from Justin Allen (see attached). On 06/13/23, I met with Manager Tyler J. Rudowicz [REDACTED], and fingerprinted him at the SCPD (for the purpose of a liquor applicant). The ISP Bureau of Identification and FBI results indicated there was no record of any arrest for Tyler.

This concludes this supplemental memo.

Respectfully submitted,

Sgt. Vicicondi 368



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

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

OFFICIAL USE ONLY

Signature of Investigating Officer

Badge Number & Rank

Approval Recommended* Approval NOT Recommended

Signature of Chief of Police

Date

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

Date Application Received: 5-1-2023

LICENSE INFORMATION:

- A Package \$3200-3600 A1 A2 A4 A5 A6
- B Restaurant \$2400-3600 B1 B2 B3
- C Tavern \$2400-3600 C1 C2 C1
- 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

Late Night Permit 1:00am \$800 (B/C only)

Late Night Permit 2:00am \$2300 (B/C only)

*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): S Corp

2. Business Name: SCMC Enterprises Inc.

3. Business Address: 214 W. Main Street St. Charles, IL 60174

4. Type of Business (5.08.070-3): Tavern	5. Length of Time in this Business (5.08.070-4): 12-2018	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 5000.00
7. Business Phone: 224-227-0073	8. Business E-mail: brudy45@gmail.com	9. Business Website: N/A
11. Applicant/Contact Person Name: Brian Rudowicz	12. Title: President	10. Illinois Tax ID Number: 83-2031006

14. Applicant's Address and all addresses for the last 10 years: [Redacted]

15. [Redacted]

18. If Corporation, Corporation Name: SCMC Enterprises Inc

19. Corporation Address (city, state, zip code): 214 W. Main Street St. Charles, IL 60174

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

Full Name, include middle initial: Brian P. Rudowicz Title: President

Birthdate: [Redacted] Birthplace: [Redacted]

Home Address, and all addresses for the last 10 years: [Redacted] Email Address: [Redacted]

Full Name, include middle initial: **Justin A. Allen** Title: **Vice-President**
 Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____
 Home Address, and all addresses for the last 10 years: _____ Email Address: _____

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: 210 W. Main Street	2. # Parking Spaces: 0	3. Outside Dining s.f. [17.20.020-R]: N/A	4. Total Building s.f.: 1200-1500 s.f.
5. Total # Seats: 40	6. Live Entertainment Area s.f. [5.08.010-H]: No		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): Country Bar			

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

If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? Yes No

1. Is any individual a naturalized citizen? Yes No
 If yes, print name(s), date(s), and place(s) of naturalization:

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

3. 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: **JWm 2010, LLC** Phone Number:

Address of Building Owner: **P.O. Box 469** E-mail Address:

Geneva, IL 60134

Mailing Address of Building Owner (if different):

Name of Building Owner: **Martin Farm Holding, LLC** Phone Number:

Address of Building Owner: **P.O. Box 469** E-mail Address:

Geneva, IL 60134

Mailing Address of Building Owner (if different):

Name of Building Owner: Phone Number:

Address of Building Owner: E-mail Address:

Mailing Address of Building Owner (if different):

4. 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): **THE BEACH HUT**
RHOUSE

5. 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. (5.08.050)

6. 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 Date of permit application **In process**

7. 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:

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: <u>R House</u> Location, City/State: <u>St. Charles, IL</u></p> <p>Date: _____ Special Explanations: _____</p> <p>Government Unit: <u>Beach Hut</u> Location, City/State: <u>St. Charles, IL</u></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): _____</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</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>

14. 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 2 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): 5-1-23

15. 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:

16. 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

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 (First, Middle, Last): Shee Brown Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 3-22-2023 Place Course was Taken: 360training.com Certificate Granted? (Y/N) (Y) Expiration: 3-22-2026

Name (First, Middle, Last): Brian Rudowicz Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 4-20-2022 Place Course was Taken: American Safety Council Certificate Granted? (Y/N) (Y) Expiration: 4-20-2025

Name (First, Middle, Last): Jessica Horn Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 2-13-2023 Place Course was Taken: 360training.com Certificate Granted? (Y/N) (Y) Expiration:

Name (First, Middle, Last): Jacqueline Gorr Birthdate: [REDACTED]
 Home Street Address, Incl City, State, Zip: [REDACTED]
 Date of Course: 8-23-2022 Place Course was Taken: IL liquor Com. Commission Certificate Granted? (Y/N) (Y) Expiration: 8-23-2025

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.

COMMENTS/ADDITIONAL INFORMATION

Business Name: SCMG Enterprises Inc.

SIGNATURES

[Handwritten Signature]
Applicant's Signature

Subscribed and sworn before me this 1 day of May, 2023

(Seal)



[Handwritten Signature]
Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 06/06/23 Name of Applicant: Brian Rudowicz + Justin Allen

Name of Business: Rudy's

Address of Business: 210 W. Main St., St. Charles, IL Ward Number: 4

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:

- Date on which applicant will begin selling retail alcoholic liquors at this location:
09/01/23
- 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
- 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
- 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: <i>SCPD</i> Date: <i>05/22/23</i>
14.	Other necessary data: <i>N/A</i>

80.2 FT

DRINK R.

← 36" →
REAR EXTERIOR EXIT WITH PUSH BAR

← 36" →
REAR INTERIOR EXIT

HOT WATER TANK
HEATER HVAC
SHELVES

STORAGE

← 36" →

← 36" →

NEW ADA
BATHROOM

NEW ADA
BATHROOM

LAV
SINK

LAV
SINK

CHAIR
TABLE
CHAIR
CHAIR
TABLE
CHAIR

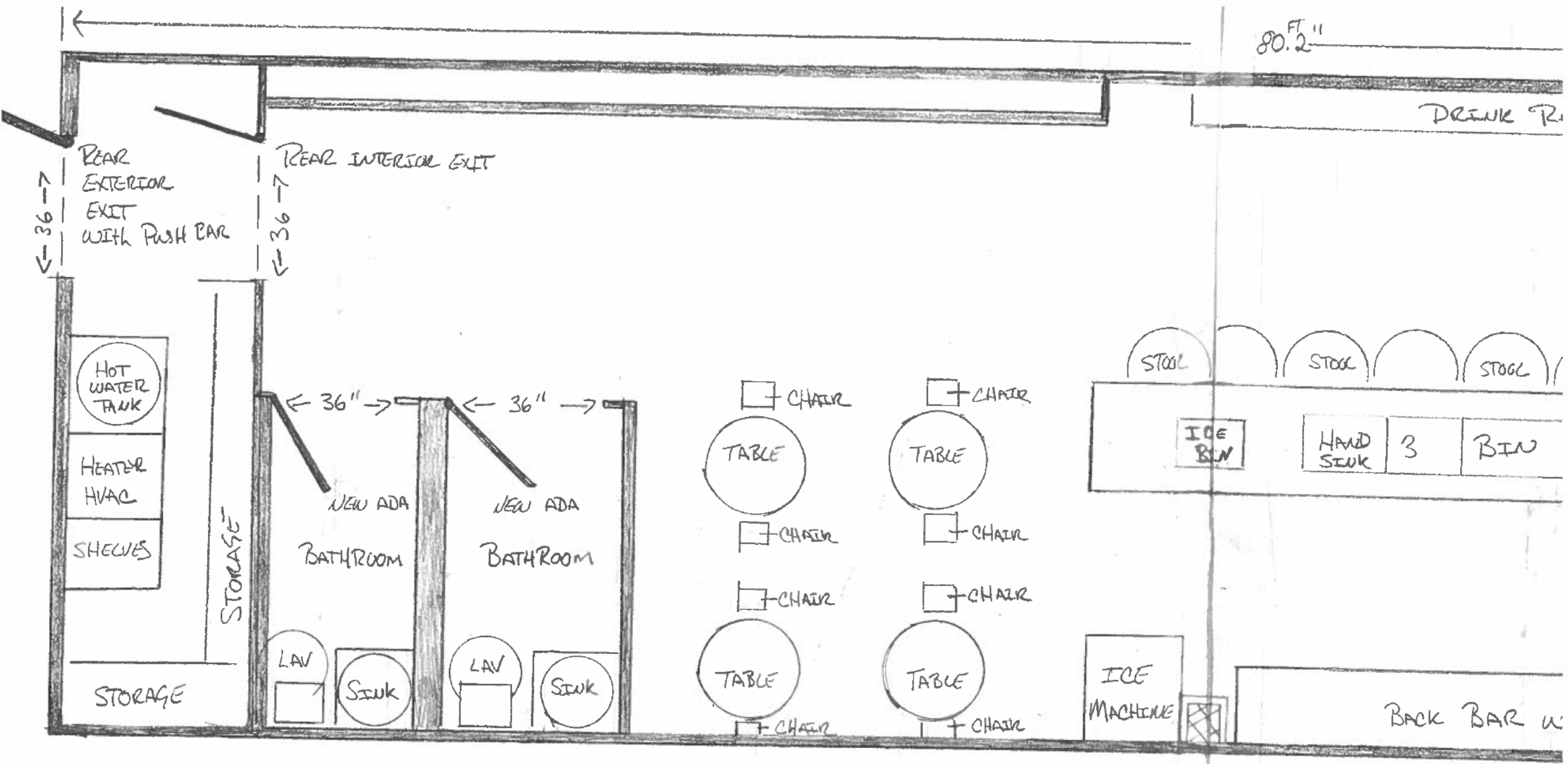
CHAIR
TABLE
CHAIR
CHAIR
TABLE
CHAIR

STOOL STOOL STOOL

ICE BIN
HAND SINK 3
BIN

ICE MACHINE

BACK BAR w



RUDY'S BAR

210 WEST MAIN STREET

SAINT CHARLES, IL. 60174

GENERAL NOTES:

- All work shall comply with the Applicable Local, State, County and Federal Codes, Ordinances, Laws, Regulations and Protective Covenants governing the site of work.

BUILDING CODES

BUILDING CODE	2021 INTERNATIONAL BUILDING CODE (IBC)
MECHANICAL CODE	2021 INTERNATIONAL MECHANICAL CODE
ELECTRICAL CODE	2020 NATIONAL ELECTRICAL CODE (NEC)
FIRE CODE	2021 INTERNATIONAL FIRE CODE
FUEL GAS	2021 INTERNATIONAL FUEL GAS CODE
ENERGY CODE	2021 ILLINOIS ENERGY CONSERVATION CODE
PLUMBING CODE	2014 ILLINOIS STATE PLUMBING CODE
ACCESSIBILITY CODE	1997 ILLINOIS ACCESSIBILITY CODE
LOCAL AMENDMENTS	w/ LOCAL AMENDMENTS

Scope of Document:

These architectural plans and specifications indicate the general scope of the project in terms of architectural, design concept, building dimensions, type of structural, mechanical and utility systems, and an outline of major architectural elements of construction as such, these plans do not necessarily indicate or describe all work required for the full performance or completion of the work. However it is the intent of these drawings to provide for complete building and building systems. Omission of items reasonably required to achieve completion shall not relieve the contractor from the responsibility to provide these items at no additional cost to the owner. In addition to being in strict accordance with these plans and specifications it is also intended that the work be of sound and quality construction, performed by experienced and qualified tradesman in a timely manner. Contractor, subcontractors and suppliers shall be solely responsible for the inclusion of adequate amounts to cover the installation of all items indicated, described or implied. The architect is not responsible for protecting the owner against defects or deficiencies in the work.

Special Safety Note

All contractors, subcontractors and their representatives working on this project shall at all times prior to and during the course of their activity be responsible for the safety of their employees as well as others and in the care of the property each as represent their employees shall ascertain that the conditions under which they will be required to accomplish their work are safe and meet all regulations of the occupational safety and hazard act or other governing regulations, the beginning of work by a contractor or subcontractor shall indicate satisfaction concerning safety and full responsibility for accidents and or damage if unsatisfied. The contractor or subcontractor shall indicate the actions and or device necessary to render the job site safe. If the work of other parties, is upon inspection, found at any time to be unsafe, the contractor or subcontractor shall immediately stop all work and notify the general contractor, architect and owner. The beginning of work shall indicate acknowledgment and acceptance of these requirements.

Special Supervision Notice

The architect is not supervising the construction of this building. Therefore, the use of these drawings by the owner or his contractor, builder, subcontractors, or tradesman shall constitute a hold harmless agreement between the drawing user and the architect. The user shall in fact agree to hold the architect harmless for any responsibility in regard to the construction means, methods, techniques, sequences or procedures and for any safety programs or precautions in connection with the work. Further, the architect shall be held harmless for any responsibility in regard to any costs or problems arising from the negligence of the contractor, subcontractor, builder, tradesman or workman or for their failure to comply with and adhere to these plans and specifications. he shall fully coordinate his work with all other trades and make all necessary field adjustments to accommodate the work at no additional cost to the owner.

Limit of Liability

All work is to be performed in strict accordance with local codes and ordinances. Contractors shall inform the architect, in writing of these items which may conflict with local code requirements or accepted practice so that these items, if any may be resolved prior to execution of construction agreements. The architect shall not be responsible for the acts or omissions of the owner. The contract or subcontracts performing any of the work described in and or related to these plans and specifications, deviation in any form, fashion or manner without the prior written approval of the architect shall relieve the architect from any and all liability or responsibility arising out of conditions or circumstances both related and unrelated to such deviations. On site verification of all dimensions and conditions as well as exact fit proper completion of the work shall be the responsibility of the contractor.

ABBREVIATIONS

AB	ANCHOR BOLT	FP	FIRE FLEECE	FV3	FLY VAPOR BARRIER
ABV	ABOVE	FR	FROST PROOF	FV4	FLY VAPOR BARRIER
ACT	AIR CONDITIONING	FT	FOOTING	FV5	FLY VAPOR BARRIER
AD	ADJUSTABLE	FUR	FURRED(ING)	FV6	FLY VAPOR BARRIER
ADJ	ADJUSTABLE	FRN	FURNACE	FV7	FLY VAPOR BARRIER
ADP	AIR CONDITIONING	FX	FIXED	FV8	FLY VAPOR BARRIER
AG	AGGREGATE	G	GALLON	FV9	FLY VAPOR BARRIER
AGF	AGGREGATE FRESH FLOOR	GA	GARAGE	FV10	FLY VAPOR BARRIER
ALT	ALTERNATE	GC	GENERAL CONTRACTOR	FV11	FLY VAPOR BARRIER
ALU	ALUMINUM	GI	GIRDER	FV12	FLY VAPOR BARRIER
AM	ARCHITECTURAL	GL	GLASS	FV13	FLY VAPOR BARRIER
AMC	ARCHITECTURAL	GLK	GLASS BLOCK	FV14	FLY VAPOR BARRIER
AUT	AUTOMATIC	GR	GRANULAR	FV15	FLY VAPOR BARRIER
AV	AIR VENTILATION	GRN	GRANITE	FV16	FLY VAPOR BARRIER
B	BATH	GYP	GYPHUM	FV17	FLY VAPOR BARRIER
BAT	BATTERY	H	HANGER	FV18	FLY VAPOR BARRIER
BDR	BEDROOM	HBL	HANGING BALL BEARING	FV19	FLY VAPOR BARRIER
BIB	BIB	HCB	HANGING CORE BOARD	FV20	FLY VAPOR BARRIER
BIBS	BIBS	HCF	HANGING CORE BOARD	FV21	FLY VAPOR BARRIER
BIBS	BIBS	HCD	HANGING CORE BOARD	FV22	FLY VAPOR BARRIER
BIBS	BIBS	HCE	HANGING CORE BOARD	FV23	FLY VAPOR BARRIER
BIBS	BIBS	HCF	HANGING CORE BOARD	FV24	FLY VAPOR BARRIER
BIBS	BIBS	HCG	HANGING CORE BOARD	FV25	FLY VAPOR BARRIER
BIBS	BIBS	HCH	HANGING CORE BOARD	FV26	FLY VAPOR BARRIER
BIBS	BIBS	HCI	HANGING CORE BOARD	FV27	FLY VAPOR BARRIER
BIBS	BIBS	HCH	HANGING CORE BOARD	FV28	FLY VAPOR BARRIER
BIBS	BIBS	HCH	HANGING CORE BOARD	FV29	FLY VAPOR BARRIER
BIBS	BIBS	HCH	HANGING CORE BOARD	FV30	FLY VAPOR BARRIER
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BIBS	BIBS	HCH	HANGING CORE BOARD	FV98	FLY VAPOR BARRIER
BIBS	BIBS	HCH	HANGING CORE BOARD	FV99	FLY VAPOR BARRIER
BIBS	BIBS	HCH	HANGING CORE BOARD	FV100	FLY VAPOR BARRIER

SYMBOL LEGEND

	EARTH		SECTION KEY
	SAND OR GROUT		SHEET NUMBER
	BRICK		DETAIL NUMBER
	CONCRETE BLOCK		SHEET NUMBER
	CONCRETE		ELEVATION NUMBER
	STONE		SHEET NUMBER
	STEEL		ROUND OR DIAMETER
	DIMENSIONAL LUMBER		CENTERLINE
	BLOCKING		FINISH GRADE HOOD
	PLYWOOD		GRANULAR FILL
	GRANULAR FILL		BATT INSULATION
	BATT INSULATION		RIGID INSULATION
	RIGID INSULATION		INTERIOR PARTITION WALL
	INTERIOR PARTITION WALL		INTERIOR LOAD BEARING WALL
	INTERIOR LOAD BEARING WALL		BALLOON FRAME WALL
	BALLOON FRAME WALL		DROPPED CEILINGS OR SOFFIT
	DROPPED CEILINGS OR SOFFIT		

SHEET INDEX

- 1.1 COVER SHEET
- 1.2 NOTES AND DETAILS
- 3.1.1 NEW FLOOR PLAN
- 3.1.2 EXISTING FLOOR PLAN
- 3.1.3 EGRESS FLOOR PLAN
- 3.1.4 ROOM FINISH LAYOUT
- 5.1 RESTROOM ACCESSIBILITY PLAN
- 8.1.2 NEW & EXISTING FIRST FLOOR ELEC. PLAN
- 8.1.3 NEW & EXISTING FIRST FLOOR REFLECTED CEILING PLAN

Architects Declaration

I hereby declare that these plans were prepared under my direct supervision, and that, to the best of my knowledge they conform to all local codes and ordinances. I reserve common law copyright and other property rights restricting these plans to the original site and purpose for which they were prepared, and any reproductions, re-use or assignments without my written consent are prohibited.



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A INTERIOR REMODEL for
RUDY'S BAR
210 WEST MAIN STREET
SAINT CHARLES, IL. 60174

project: -202318

COVER SHEET

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revisions:	
date:	drawn by:
designed by:	MAA
drawn by:	MAA
checked by:	MAA
date:	06/02/23

sheet:
1.1

ADA NOTES:

1. ANY PATH OF TRAVEL SHALL BE CONSIDERED A RAMP IF ITS SLOPE IS GREATER THAN 1/4" RISE IN 30"-0" OF HORIZONTAL RUN (ADA 4.3.1/TITLE 24 SEC. 4.11).

2. ALL ACCESSIBLE ENTRANCES SHALL BE IDENTIFIED WITH AT LEAST ONE STANDARD SIGN AND WITH ADDITIONAL DIRECTIONAL SIGNS, AS REQUIRED, VISIBLE FROM APPROACHING PEDESTRIAN WAYS. (ADA 4.1.2/TITLE 24 SEC. 4.05).

3. EVERY REQUIRED ENTRANCE OR PASSAGE DOORWAY SHALL BE OF A SIZE AS TO PERMIT THE INSTALLATION OF A DOOR NOT LESS THAN 3'-0" IN WIDTH AND NOT LESS THAN 8'-0" IN HEIGHT. DOORS SHALL BE CAPABLE OF OPENING AT LEAST 90 DEGREES AND SHALL BE SO MOUNTED THAT THE CLEAR WIDTH OF THE DOORWAY IS NOT LESS THAN 32". (ADA 4.1.5/TITLE 24 SEC. 3304 (F)).

4. HAND ACTIVATED DOOR OPENING HARDWARE SHALL BE CENTERED BETWEEN 36" TO 44" ABOVE THE FLOOR. LATCHING AND LOCKING DEVICES THAT ARE HAND ACTIVATED AND WHICH ARE IN THE PATH OF TRAVEL, SHALL BE OPENABLE WITH A SINGLE EFFORT BY LEVER TYPE HARDWARE, BY PANIC BARS, PUSH-PULL ACTIVATORS, OR OTHER HARDWARE DESIGNED TO PROVIDE PASSAGE WITHOUT REQUIRING THE ABILITY TO GRASP THE OPENING HARDWARE. LOCKED EXIT DOORS SHALL OPERATE AS ABOVE IN EGRESS DIRECTIONS. HANDLES, KNOBS, LATCHES AND OTHER OPERATING DEVICES ON ACCESSIBLE DOORS SHALL HAVE A SHAPE THAT IS EASY TO GRASP WITH ONE HAND AND DOES NOT REQUIRE TIGHT GRASPING, TIGHT FINCHING, OR TWISTING OF THE WRIST TO OPERATE. LEVER OPERATED MECHANISM, PUSH-TYPE MECHANISM AND 1/4" SHAPE HANDLES ARE ACCEPTABLE DESIGNS. WHEN SLIDING DOORS ARE FULLY OPEN OPERATING HARDWARE SHALL BE EXPOSED AND USABLE FROM BOTH SIDES. (ADA 4.3.9/TITLE 24 SEC. 3304).

5. THE WIDTH OF THE LEVEL AND CLEAR AREA ON THE SIDE TO WHICH THE DOOR SWINGS SHALL EXTEND 24" PAST THE STRIKE EDGE OF THE DOOR FOR EXTERIOR DOORS AND 18" PAST THE STRIKE EDGE FOR INTERIOR DOORS. (ADA 4.3.5/TITLE 24 SEC. 3307 (D)).

6. THE FLOOR OR LANDINGS SHALL NOT BE 1/2" LOWER THAN THE THRESHOLD OF THE DOORWAY. CHANGE IN LEVEL BETWEEN 1/4" TO 1/2" SHALL BE BEVELED WITH A SLOPE NO GREATER THAN 1:2. (ADA 4.3.8/TITLE 24 SEC. 3301 (1)).

7. MAXIMUM EFFORT TO OPERATE DOORS SHALL NOT EXCEED 8 1/2 LBS FOR EXTERIOR DOORS AND 5 LBS FOR INTERIOR DOORS. SUCH PUSH OR PULL EFFORTS BE APPLIED AT RIGHT ANGLES TO HINGED DOORS AND AT THE CENTER PLANE OF SLIDING OR FOLDING DOORS. COMPENSATING DEVICES OR AUTOMATIC DOOR OPERATORS MAY BE UTILIZED TO MEET THE ABOVE STANDARDS WHEN FIRE DOORS ARE REQUIRED. THE MAXIMUM EFFORT TO OPERATE THE DOORS MAY BE INCREASED NOT TO EXCEED 15 LBS. (ADA 4.3.10/TITLE 24 SEC. 3304 (2)).

8. WALKS AND SIDEWALKS SHALL HAVE A CONTINUOUS SLIP RESISTANT SURFACE, NOT INTERRUPTED BY STEPS OR BY ABRUPT CHANGES IN LEVEL EXCEEDING 1/2" AND SHALL MAINTAIN A MINIMUM OF 44" IN WIDTH. (ADA 4.3.2/TITLE 24 SEC. 3301 (F)).

9. DOORS IN ANY POSITION SHALL NOT REDUCE THE MINIMUM DIMENSION OF THE RAMP LANDING TO LESS THAN 42" AND SHALL NOT REDUCE THE REQUIRED WIDTH BY MORE THAN 3/4" WHEN FULLY OPEN. (ADA 4.3.7/TITLE 24 SEC. 3307 (D)).

10. THE WIDTH OF THE LANDING SHALL EXTEND 24" PAST THE STRIKE EDGE OF ANY DOOR OR GATE FOR EXTERIOR RAMPS AND 18" PAST THE STRIKE EDGE FOR INTERIOR RAMPS. (ADA 4.3.4/TITLE 24 SEC. 3307 (D)).

11. IN BUILDINGS AND FACILITIES, FLOORS OF A GIVEN STORY SHALL BE A COMMON LEVEL THROUGHOUT, OR SHALL BE CONNECTED BY PEDESTRIAN RAMPS, PASSENGER ELEVATORS, OR SPECIAL ACCESS LIFTS. (ADA 4.3.1/TITLE 24 SEC. 3325).

12. ON DOORWAYS LEADING TO MEN'S SANITARY FACILITIES, AN EQUILATERAL TRIANGLE 1/4" THICK WITH EDGES 12" LONG AND A VERTEX POINTING UPWARD SHALL BE PROVIDED AND ON DOORWAY LEADING TO WOMEN'S SANITARY FACILITIES A CIRCLE 1/4" THICK AND 12" IN DIAMETER SHALL BE PROVIDED. THESE GEOMETRIC SYMBOLS SHALL BE MOUNTED ON THE LATCH SIDE OF THE DOOR AND THEIR COLOR AND CONTRAST SHALL BE DISTINCTLY DIFFERENT FROM THE COLOR AND CONTRAST OF THE DOOR LETTERS AND NUMBERS. SHALL BE RAISED 1/32", UPPER CASE, SANS SERIF OR SIMPLE SERIF TYPE AND SHALL BE ACCOMPANIED BY GRADE 2 BRAILLE. (ADA 4.3.0/TITLE 24 SEC. 3322 (B)).

13. TOILET FLUSH CONTROLS SHALL BE OPERABLE WITH ONE HAND AND SHALL NOT REQUIRE TIGHT GRASPING, FINCHING, OR TWISTING OF THE WRIST. CONTROLS FOR THE FLUSH VALVES SHALL BE MOUNTED ON THE FLOOR SIDE OF THE TOILET AREAS, NO MORE THAN 44" ABOVE THE FLOOR. THE FORCE REQUIRED TO ACTIVATE CONTROLS SHALL BE NO GREATER THAN 5 LBS. (ADA 4.3.5/TITLE 24 SEC. 3305).

14. WHERE URINALS ARE PROVIDED, AT LEAST ONE WITH A RIM PROJECTING A MINIMUM OF 1/4" FROM THE WALL AND AT A HORIZONTAL DISTANCE OF 17" ABOVE THE FLOOR SHALL BE PROVIDED. (ADA 4.3.1/TITLE 24 SEC. 3303).

15. LAVATORY FIXTURES: THE REQUIREMENT OF THIS SUBSECTION SHALL APPLY TO LAVATORY FIXTURES, VANITIES, AND BUILT-IN LAVATORIES. A CLEAR FLOOR SPACE OF 30" X 48" COMPLYING WITH SECTION 503(C) SHALL BE PROVIDED IN FRONT OF A LAVATORY TO ALLOW A FORWARD APPROACH. SUCH CLEAR FLOOR SPACE SHALL ADJOIN OR OVERLAP AN ACCESSIBLE ROUTE AND SHALL EXTEND INTO KNEE AND TOE SPACE UNDERNEATH THE LAVATORY. 5. MIRRORS SHALL BE MOUNTED WITH THE BOTTOM EDGE NO HIGHER THAN 40" FROM THE FLOOR. TOILEL, SANITARY NAPKINS WASTE RECEPTACLES, SPENSE TOWEL, SANITARY NAPKINS WASTE RECEPTACLES, AND OTHER SIMILAR DISPENSING AND DISPOSAL FIXTURES ARE PROVIDED, AT LEAST ONE OF EACH TYPE SHALL BE LOCATED WITH ALL OPERABLE PARTS, INCLUDING COIN SLOTS, WITHIN 40" FROM THE FINISHED FLOOR. TOILET TISSUE DISPENSERS, TOILET TISSUE DISPENSERS SHALL BE LOCATED ON THE WALL WITHIN 12" OF THE FRONT EDGE OF THE TOILET SEAT.

16. HEIGHT AND CLEARANCES: LAVATORIES SHALL BE MOUNTED WITH THE RIM OR COUNTER SURFACE NO HIGHER THAN 34" (865MM) ABOVE THE FINISHED FLOOR. PROVIDE A CLEARANCE OF AT LEAST 24" (635MM) FROM THE FLOOR TO THE BOTTOM OF THE APRON, KNEE AND TOE CLEARANCE SHALL COMPLY WITH FIGURE 4 B THIS SHEET.

17. CLEAR FLOOR SPACE: A CLEAR FLOOR SPACE OF 30" X 48" (914MM X 1220MM) COMPLYING WITH ADA 4.2.4 SHALL BE PROVIDED IN FRONT OF A LAVATORY TO ALLOW FORWARD APPROACH. SUCH CLEAR FLOOR SPACE SHALL ADJOIN OR OVERLAP AN ACCESSIBLE ROUTE AND SHALL EXTEND A MAXIMUM OF 18" (457MM) UNDERNEATH THE LAVATORY.

18. EXPOSED PIPES AND SURFACES, HOT WATER AND DRAIN PIPES UNDER LAVATORIES SHALL BE INSULATED OR OTHERWISE COVERED. THERE SHALL BE NO SHARP OR ABRASIVE SURFACES UNDER LAVATORIES. (ADA 4.2.4).

19. FAUCETS: FAUCETS SHALL COMPLY WITH ADA 4.2.1. LEVER-OPERATED, PUSH-TYPE AND ELECTRONICALLY CONTROLLED MECHANISMS ARE EXAMPLES OF ACCEPTABLE DESIGNS. SELF-CLOSING VALVES ARE ALLOWED IF THE FAUCET REMAINS OPEN FOR AT LEAST 10 SECONDS.

20. GRAB BARS, TUB AND SHOWER SEATS, FASTENERS AND MOUNTING DEVICES SHALL BE DESIGNED FOR 250 LBS PER LINEAR FOOT LOAD. (ADA 4.2.3/TITLE 24 SEC. 503(A)(2)).

21. GRAB BARS SHALL BE LOCATED ON EACH SIDE, OR ONE SIDE AND THE BACK OF THE PHYSICALLY DISABLED TOILET STALL OR COMPARTMENT AND SHALL BE TITLE 24 SEC. 503(A)(3).

22. THE DIAMETER OR WIDTH OF THE GRIPPING SURFACE OF THE GRAB BAR SHALL BE 1 1/4" TO 1 1/2" OR THE SHAPE SHALL PROVIDE AN EQUIVALENT GRIPPING SURFACE. (ADA 4.2.6/TITLE 24 SEC. 503(A)(3)).

23. ALCOVES, WATER FOUNTAINS SHALL BE LOCATED COMPLETELY WITHIN ALCOVES OR OTHERWISE POSITIONED SO AS NOT TO ENCROACH INTO PEDESTRIAN WAYS. THE ALCOVE IN WHICH THE WATER FOUNTAIN IS LOCATED SHALL BE NOT LESS THAN 32" IN WIDTH AND 18" IN DEPTH. THE SURFACE OF THE PATH OF TRAVEL AT THE WATER FOUNTAIN SHALL BE TEXTURED SO THAT IT IS CLEARLY IDENTIFIED BY A BLIND PERSON USING A CANE. THE MINIMUM TEXTURED AREA SHALL EXTEND FROM THE WALL SUPPORTING THE WATER FOUNTAIN TO 1'-0" BEYOND THE FRONT EDGE OF THE WATER FOUNTAIN AND SHALL EXTEND 1'-0" BEYOND EACH SIDE OF THE WATER FOUNTAIN, OR, IF THE WALLS SHALL BE PROVIDED ON EACH SIDE OF THE WATER FOUNTAIN, THE FINISH SHALL PROJECT OUT FROM THE SUPPORTING WALL AT LEAST AS FAR AS THE WATER FOUNTAIN TO WITHIN 6" OF THE SURFACE OF THE PATH OF TRAVEL. ALSO THERE SHALL BE A MINIMUM OF 32" CLEAR BETWEEN THE FINISH WALLS. SIZE AND APPROACH--THE MINIMUM CLEAR FLOOR SPACE REQUIRED TO ACCOMMODATE A SINGLE, STATIONARY WHEELCHAIR AND OCCUPANT IS 30" X 48". THE MINIMUM CLEAR FLOOR OR GROUND SPACE FOR WHEELCHAIRS MAY BE POSITIONED FORWARD OR PARALLEL APPROACH TO AN OBJECT, CLEAR FLOOR OR GROUND SPACE FOR WHEELCHAIRS MAY BE PART OF THE KNEE SPACE REQUIRED UNDER SCOPE OBJECTS. RELATIONSHIP OF HANDICAPED CLEARANCE TO WHEELCHAIR SPACES--ONE FULL UNOBSTRUCTED SIDE OF THE CLEAR FLOOR OR GROUND SPACE FOR A WHEELCHAIR SHALL ADJOIN ANOTHER WHEELCHAIR CLEAR FLOOR SPACE. IF A CLEAR FLOOR SPACE IS LOCATED IN AN ALCOVE OR OTHERWISE CONFINED ON ALL OR PART OF THREE SIDES, ADDITIONAL HANDICAPED CLEARANCES SHALL BE PROVIDED. (ADA 4.3.6/TITLE 24 SEC. 3110(2)).

24. LAVATORIES SHALL BE MOUNTED WITH A MINIMUM DISTANCE OF 18" TO THE CENTERLINE OF THE FIXTURE. (ADA 4.3.1/TITLE 24 SEC. 3303).

25. WATER CLOSET COMPARTMENTS SHALL BE EQUIPPED WITH A DOOR THAT HAS AN AUTOMATIC CLOSING DEVICE AND SHALL HAVE A CLEAR UNOBSTRUCTED OPENING WIDTH OF 32" WHEN LOCATED AT THE END AND 34" WHEN LOCATED AT THE SIDE WITH THE DOOR POSITIONED AT AN ANGLE OF 90 DEGREES FROM ITS CLOSED POSITION. EXCEPT FOR DOOR OPENING WIDTHS AND DOOR SWINGS, A CLEAR UNOBSTRUCTED ACCESS NOT LESS THAN 44" SHALL BE PROVIDED TO WATER CLOSET COMPARTMENTS DESIGNED FOR USE FOR THE HANDICAPPED / PEOPLE WITH DISABILITIES AND THE SPACE IMMEDIATELY IN FRONT OF A WATER CLOSET COMPARTMENT SHALL BE NOT LESS THAN 48" AS MEASURED AT RIGHT ANGLES TO COMPARTMENT DOOR IN ITS CLOSED POSITION.

27. THE CENTER OF THE GRIP OF THE OPERATING HANDLE OF SWITCHES INTENDED TO BE USED BY THE OCCUPANT OF THE ROOM OR AREA TO CONTROL LIGHTING AND RECEPTACLE OUTLETS, APPLIANCES, OR COOLING, HEATING, AND VENTILATING EQUIPMENT, AS SET FORTH IN THESE BUILDING STANDARDS AND THE SYMBOL SPECIFIED ABOVE SHALL CONSIST OF A WHITE FIGURE ON A BLUE BACKGROUND. THE BLUE SHALL BE EQUAL TO COLOR NUMBER 90050 IN FEDERAL STANDARD 459A. (ADA 4.3.0/TITLE 24 SEC. 3127).

28. THE CENTER OF FIRE ALARM INITIATING DEVICES (BOXES) SHALL BE LOCATED 48" ABOVE THE LEVEL OF THE FLOOR WORKING PLATFORM, GROUND SURFACES, OR 6" BELOW. (ADA 4.2.3/TITLE 24 SEC. 706-10). 29. THE INTERNATIONAL SYMBOL OF ACCESSIBILITY SHALL BE THE STANDARD USED TO IDENTIFY FACILITIES THAT ARE ACCESSIBLE TO AND USABLE BY PHYSICALLY DISABLED PERSONS AS SET FORTH IN THESE BUILDING STANDARDS AND THE SYMBOL SPECIFIED ABOVE SHALL CONSIST OF A WHITE FIGURE ON A BLUE BACKGROUND. THE BLUE SHALL BE EQUAL TO COLOR NUMBER 90050 IN FEDERAL STANDARD 459A. (ADA 4.3.0/TITLE 24 SEC. 3127).

30. AT KITCHEN SINKS, FAUCET CONTROLS, AND OPERATING MECHANISMS SHALL BE OPERABLE WITH ONE HAND AND SHALL NOT REQUIRE TIGHT GRASPING, FINCHING, OR TWISTING OF THE WRIST. THE FORCE REQUIRED TO ACTIVATE CONTROLS SHALL BE NO GREATER THAN 5 LBS. LEVER-OPERATED, PUSH-TYPE AND ELECTRONICALLY CONTROLLED MECHANISMS ARE EXAMPLES OF ACCEPTABLE DESIGNS. SELF-CLOSING VALVES ARE ALLOWED IF THE FAUCET REMAINS OPEN FOR AT LEAST 10 SECONDS. SINKS SHALL BE MOUNTED ON COUNTER SURFACE NO HIGHER THAN 34" ABOVE FINISH FLOOR AND SHALL PROVIDE KNEE CLEARANCE OF 27" HIGH (711MM) X 31" DEEP (787MM). KNEE CLEARANCE SHALL BE NO DEEPER THAN 6" (152MM). (ADA 4.2.4/TITLE 24 SEC. 3030).

31. WALKS, SIDEWALKS, AND PEDESTRIAN WAYS SHALL BE FREE OF GRATING UNLESS NECESSARY. FOR GRATING LOCATED IN THE SURFACE OF ANY OF THESE AREAS, GRID OPENINGS IN GRATING SHALL BE LIMITED TO 1/2" IN THE DIRECTION OF TRAFFIC FLOW. (ADA 4.3.4/TITLE 24 SEC. 3325(D)).

32. ABRUPT CHANGES IN LEVEL ALONG ANY OF ACCESSIBLE ROUTE SHALL NOT EXCEED 1/2" WHEN CHANGES IN LEVEL DO OCCUR, THEY SHALL BE BEVELED WITH A SLOPE NO GREATER THAN 1:2 EXCEPT THAT LEVEL CHANGES NOT EXCEEDING 1/4" MAY BE VERTICAL. (ADA 4.3.7/TITLE 24 SEC. 3301(D)).

33. WHEN CHANGES IN LEVEL GREATER THAN 1/2" ARE NECESSARY, THEY SHALL COMPLY WITH THE REQUIREMENTS FOR CURB RAMPS. (ADA 4.3.7/TITLE 24 SEC. 3301(D)). 34. WALKS SHALL BE PROVIDED WITH A LEVEL AREA AT LEAST 60" X 60" AT A DOOR OR GATE THAT SWINGS TOWARDS THE WALK, AND NOT LESS THAN 48" WIDE X 48" DEEP AT A DOOR OR GATE THAT SWINGS AWAY FROM THE WALK. SUCH WALKS SHALL EXTEND 24" TO THE SIDE OF THE SIDE OF THE STRIKE EDGE OF A DOOR OR GATE THAT SWINGS TOWARDS THE WALK. (ADA 4.3.4). 35. ALL WALKS WITH CHANGES IN GRADE OR GRADIENTS SHALL HAVE LEVEL AREAS AT LEAST 5'-0" IN LENGTH AT INTERVALS OF AT LEAST 300'-0" IN LENGTH. (ADA 4.3.4).

36. PEDESTRIAN RAMPS OTHER THAN THOSE SERVING PRIMARY ENTRANCES TO BUILDINGS SHALL HAVE A SLOPE NO LESS THAN 36". (ADA 4.3.3). 37. PEDESTRIAN RAMPS SERVING PRIMARY ENTRANCES TO BUILDINGS SHALL BE A MINIMUM 48" CLEAR WIDTH BUT NOT LESS THAN THE WIDTH REQUIRED FOR EXITS. (TITLE 24 SEC. 3303(B)).

38. PEDESTRIAN RAMPS SERVING PRIMARY ENTRANCES TO BUILDINGS HAVING AN OCCUPANT LOAD OF 300 OR MORE SHALL HAVE A MINIMUM CLEAR WIDTH OF 60". (TITLE 24 SEC. 3303(B)).

39. THE MAXIMUM SLOPE OF A RAMP THAT SERVES ANY EXTERIOR PROVIDES HANDICAP ACCESS, OR IS IN THE PATH OF TRAVEL SHALL BE 1'-0" RISE IN 12'-0" OF HORIZONTAL RUN. (ADA 4.8.2/TITLE 24 SEC. 3307(C)). 40. RAMP LANDINGS SHALL BE PROVIDED AT THE TOP AND BOTTOM OF EACH RAMP. (ADA 4.8.2/TITLE 24 SEC. 3307(C)). 41. INTERMEDIATE LANDINGS SHALL BE PROVIDED AT INTERVALS 5' NOT EXCEEDING 30' OF VERTICAL RISE AND AT EACH CHANGE OF DIRECTION. LANDINGS ARE NOT CONSIDERED IN DETERMINING THE MAXIMUM HORIZONTAL DISTANCE OF EACH RAMP. (ADA 4.8.2/TITLE 24 SEC. 3307(D)).

42. TOP LANDINGS SHALL BE NOT LESS THAN 60" WIDE AND SHALL HAVE A LENGTH OF NOT LESS THAN 60". (ADA 4.8.4/TITLE 24 SEC. 3307(D)).

43. INTERMEDIATE LANDINGS AT A CHANGE OF DIRECTION IN EXCESS OF 30 DEGREES AND BOTTOM LANDINGS SHALL HAVE A DIMENSION IN THE DIRECTION OF RAMP RUN OF NOT LESS THAN 70". (TITLE 24 SEC. 3307(D)).

44. OTHER INTERMEDIATE LANDINGS SHALL HAVE A DIMENSION IN THE DIRECTION OF THE RAMP RUN OF NOT LESS THAN 60". (ADA 4.8.4/TITLE 24 SEC. 3307(D)).

45. THE CROSS-SLOPE ON A RAMP OR A SLOPE ACROSS A RAMP LANDING IN ANY DIRECTION SHALL NOT EXCEED 1/4". (ADA 4.8.3).

46. HANDRAILS ARE REQUIRED ON RAMPS THAT PROVIDE HANDICAP ACCESS IF THE SLOPE EXCEEDS 1'-0" RISE IN 12'-0" OF HORIZONTAL RUN. (ADA 4.8.2).

47. HANDRAILS SHALL BE PLACED ON EACH SIDE OF EACH RAMP AND SHALL BE CONTINUOUS THE FULL LENGTH OF THE RAMP. SHALL BE 30" TO 34" ABOVE THE RAMP SURFACE. SHALL EXTEND A MINIMUM OF 1'-0" BEYOND THE TOP AND BOTTOM OF THE RAMP, AND THE ENDS SHALL BE RETURNED. (ADA 4.8.3/TITLE 24 SEC. 3307(E)).

48. IF EMERGENCY WARNING SYSTEMS ARE REQUIRED THEY SHALL ACTIVATE A MEANS OF WARNING THE HEARING IMPAIRED, FLASHING VISUAL WARNING SHALL HAVE A FREQUENCY OF NOT MORE THAN 60 FLASHES PER MINUTE. (TITLE 24 SEC. 703(C)).

49. ELEVATORS SHALL BE AUTOMATIC SELF-LEVELING 1/2" TOLERANCE MAXIMUM UNDER RATED LOADING TO ZERO LOADING CONDITIONS. (ADA 4.3.0/TITLE 24 SEC. 3105(1)).

50. AUTOMATIC, POWER OPERATED HORIZONTAL SLIDING CAR AND HOISTWAY DOORS SHALL BE PROVIDED. (TITLE 24 SEC. 503).

51. DOOR WIDTH SHALL BE 36" CLEAR MINIMUM. (ADA 4.1.0/TITLE 24 SEC. 3103(3)).

52. CAR SIZE: 66" X 54" MINIMUM EXCLUDING RETURN PANEL. MINIMUM DISTANCE BETWEEN WALL AND RETURN PANEL SHALL BE 8". (ADA 4.1.0/TITLE 24 SEC. 503(4)). WARNING: OTHER CODES, INCLUDING BUT NOT LIMITED TO FIRE CODE, BUILDING CODE, ELEVATOR CODE AND REGULATIONS ADOPTED BY THE STATE FIRE MARSHALL MAY CONTAIN MORE RESTRICTIVE PROVISIONS REGARDING ELEVATOR CAR SIZE. CHECK WITH THE APPROPRIATE ENFORCING OFFICIALS FOR DETAILS.

53. FLOOR BUTTONS SHALL BE WITHIN 4'-6" OF THE FLOOR, EXCEPT FOR THE PHOTO-ELECTRIC TUBE BY-PASS SWITCH, EMERGENCY CONTROLS AND THREE SIDES. EMERGENCY CONTROLS IN ONE LOCATION OR LOCATED TO THE BOTTOM OF THE PANEL AND NO LOWER THAN 2'-8" FROM THE FLOOR FOR MULTIPLE CONTROLS, ONE SET MUST COMPLY WITH THE HEIGHT REQUIREMENTS. THE EMERGENCY TELEPHONE SHALL BE POSITIONED AT 4'-0" MAXIMUM ABOVE THE FLOOR WITH A 2'-3" MINIMUM GORE. (ADA 4.1.0/TITLE 24 SEC. 503(4)).

54. CAR CONTROL BUTTONS SHALL BE 3/4" MINIMUM AND RAISED 1/2" MINIMUM (4-1/2"). CONTROL BUTTONS SHALL BE ILLUMINATED, HAVE SQUARE SHOULDERS, AND BE ACTIVATED BY A MECHANICAL ACTION THAT IS DETECTABLE. ALL BUTTONS SHALL BE DESIGNATED BY A 5/8" MINIMUM ARABIC SYMBOL, TO THE LEFT OF THE CONTROL BUTTON WITH A BRAILLE SYMBOL BELOW THE ARABIC SYMBOL. 3/8" MINIMUM SHALL BE PROVIDED BETWEEN ROWS OF CONTROL BUTTONS. RAISED CHARACTERISTICS SHALL BE WHITE ON A BLACK BACKGROUND. CONTROL AND EMERGENCY EQUIPMENT IDENTIFIED BY RAISED SYMBOLS SHALL INCLUDE: DOOR OPEN, DOOR CLOSE, ALARM BELL, EMERGENCY STOP AND TELEPHONE. (ADA 4.1.0/TITLE 24 SEC. 503 (4B)).

55. A HANDRAIL IS REQUIRED ON ONE WALL OF THE CAR, PREFERABLY THE REAR. THE BAR SHALL BE 1 1/2" MINIMUM CLEAR FROM THE WALL AND 37" (943MM) ABOVE THE FLOOR. (TITLE 24 SEC. 503(5)). NOTE: UNTIL THE OFFICE OF THE STATE ARCHITECT ISSUES SPECIFICATIONS FOR ELEVATOR HANDRAILS THIS BUILDING DEPARTMENT WILL ACCEPT HANDRAILS OF A SIZE THAT COMPARES TO THAT SPECIFIC FOR RESTROOMS OR STAIRS OR RAMPS ONLY.

56. A VISUAL AND AUDIBLE SIGNAL SHALL BE PROVIDED AT EACH HOISTWAY INDICATING THE CAR ANSWERING THE CALL AND THE DIRECTION OF TRAVEL. VISUAL SIGNALS SHALL BE 7 1/2" X 2 1/2" MINIMUM. AUDIBLE SIGNALS SHALL SOUND ONCE FOR THE UP DIRECTION AND TWICE FOR THE DOWN DIRECTION OR SHALL HAVE VERBAL ANNUNCIATIONS THAT SAY UP OR DOWN. THE CENTER LINE OF THESE SIGNALING FEATURES SHALL BE 70" FROM THE LOBBY FLOOR. (ADA 4.1.0/TITLE 24 SEC. 503(3)).

57. ELEVATOR LANDING JAMBS SHALL HAVE THE NUMBER OF THE FLOOR FOR WHICH THE JAMB IS LOCATED DESIGNATED BY A 2" MINIMUM ARABIC NUMBER AND A RAISED BRAILLE SYMBOL AT A HEIGHT OF 9'-0" ABOVE THE FLOOR AND BOTH SIDES OF THE DOOR. RAISED BRAILLE SYMBOL SHALL BE DIRECTLY TO THE LEFT OF THE ARABIC SYMBOL AND SHALL BE ON A CONTRASTING BACKGROUND. (ADA 4.1.0/TITLE 24 SEC. 503(8)).

58. HANDRAILS PROJECTING FROM A WALL SHALL HAVE A SPACE OF NOT LESS THAN 1 1/2" BETWEEN THE WALL AND HANDRAIL. (ADA 4.2.6/TITLE 24 SEC. 3306(1E)).

59. THE GRIP PORTION OF THE HANDRAIL SHALL BE NOT LESS THAN 1 1/4" NOR MORE THAN 1 1/2" IN CROSS SECTIONAL DIMENSION OR THE SHAPE SHALL PROVIDE AN EQUIVALENT GRIPPING SURFACE AND ALL SURFACE SHALL BE SMOOTH WITH NO SHARP CORNERS. (ADA 4.2.6). 60. PROVIDE A SECTION OF SHELF AND ROD IN EACH COAT CLOSET: TO BE NO HIGHER THAN 54" ABOVE THE FLOOR LINE.

ELECTRICAL NOTES:

- 1. ALL ELECTRICAL IS PER ATTACHED DRAWING.
- 2. LIGHTING GCM CHECK TO FOLLOW.

HVAC NOTES:

- 1. ALL HVAC UNITS AND DUCT WORK TO REMAIN AS IS NO CHANGE.

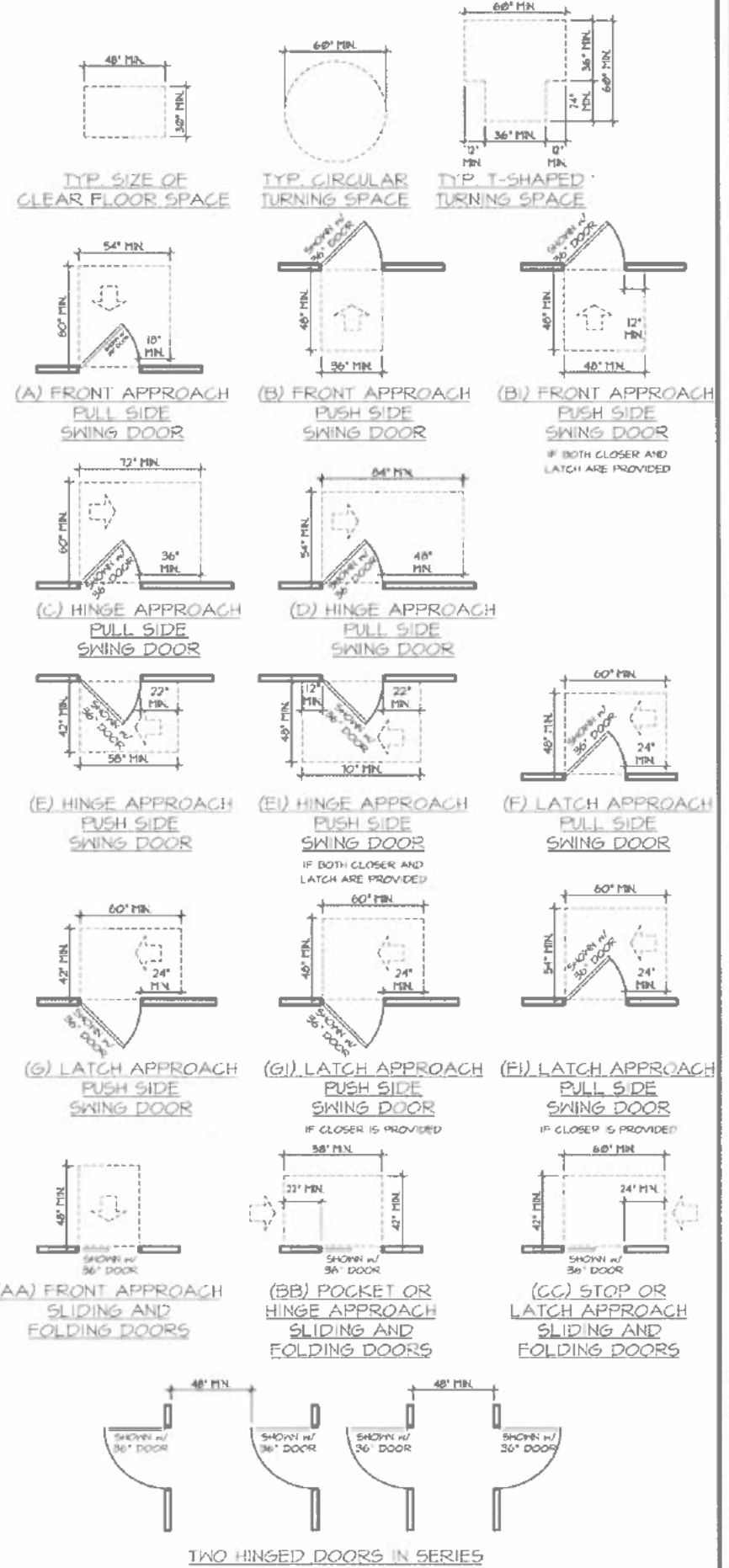
PLUMBING NOTES:

- 1. A VACUUM RELIEF VALVE LOCATED IN THE COLD WATER SUPPLY TO THE ELEVATED WATER HEATER TANK WITH NO VALVES OR OTHER OBSTRUCTIONS LOCATED BETWEEN THE WATER AND THE TANK.
- 2. THE DISCHARGE PIPING FROM THE TEMPERATURE AND PRESSURE RELIEF VALVE IN THE WATER HEATER SHALL DISCHARGE INDIRECTLY AND INDEPENDENTLY TO A FLOOR DRAIN OR OTHER APPROVED TRAPPED AND VENTED RECEPTOR IN THE SANITARY WASTE SYSTEM. A SAFE PAN IS NOT AN APPROVED RECEPTOR.

- 3. ALL LAVATORIES SHALL BE PROVIDED WITH AUTOMATIC WATER SAVING MIXING DEVICES. THE MIXING VALVES SHALL BE THERMOSTATIC, PRESSURE BALANCED OR COMBINATION CONTROLLED AND SHALL BE SET FOR A MAXIMUM TEMPERATURE NOT TO EXCEED ONE HUNDRED TEN DEGREES (110 F.) AT THE TIME OF INSTALLATION. EACH SHALL BE LISTED AND LABELED COMPLIANT WITH EITHER ASSE-1016 OR -1017.

DOOR NOTES:

- 1. ALL HARDWARE TO BE ADA COMPLIANT.
- 2. ALL DOORS TO BE METAL DOORS WITH METAL JAMBS.
- 3. ALL BATHROOM DOORS AND EXTERIOR ONLY TO HAVE CLOSERS.
- 4. DOOR HARDWARE SHALL BE CAPABLE OF OPERATION WITH THE USE OF ONE HAND AND SHALL NOT REQUIRE TIGHT FINCHING, TIGHT GRASPING OR TWISTING OF THE WRIST TO OPERATE. TWISTING DEVICES ARE PROHIBITED. LEVER OR PADLE DRABOUL RELEASES ARE ACCEPTABLE. DOOR THRESHOLD SHALL NOT EXCEED 7" IN HEIGHT, THRESHOLDS EXCEEDING 7" IN HEIGHT SHALL HAVE A 1/2 BEVEL. DOOR CLOSERS SHALL MEET OPENING FORCE AND SWEEP PERIOD REQUIREMENTS.



ACCESSIBLE ROUTES

SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22"x34" SHEET)

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Contact: Mike Arcalone ph: 847-417-9558
ph: 847-466-9330

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BLUEPRINTS BY DESIGN INC.
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ph: 847-417-9558

INTERIOR REMODEL FOR
RUDY'S BAR
210 WEST MAIN STREET
SAINT CHARLES, IL 60174

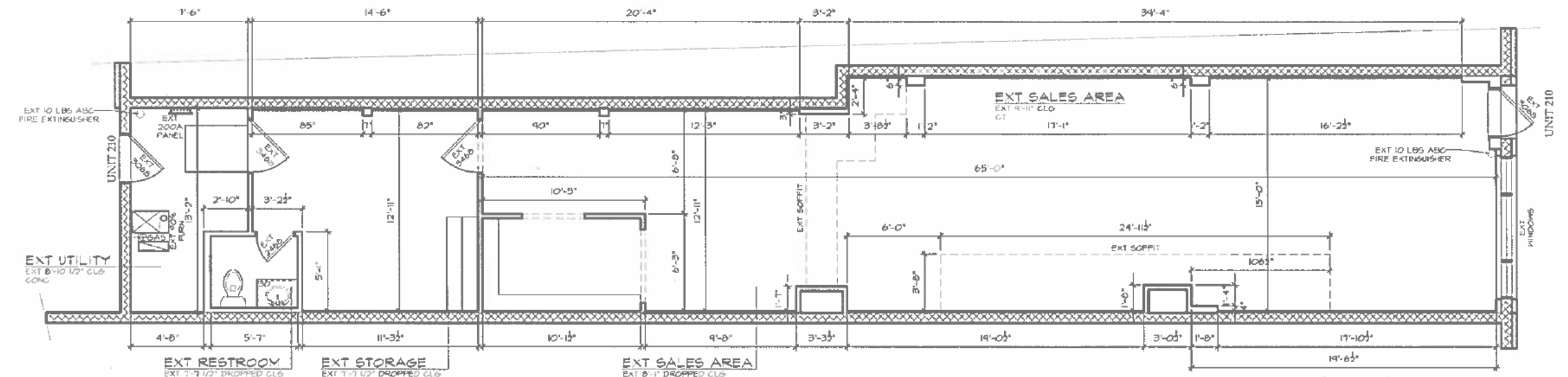
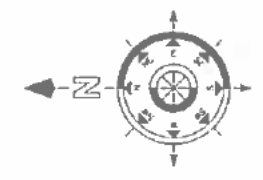
project: - 202318

NOTES AND DETAILS

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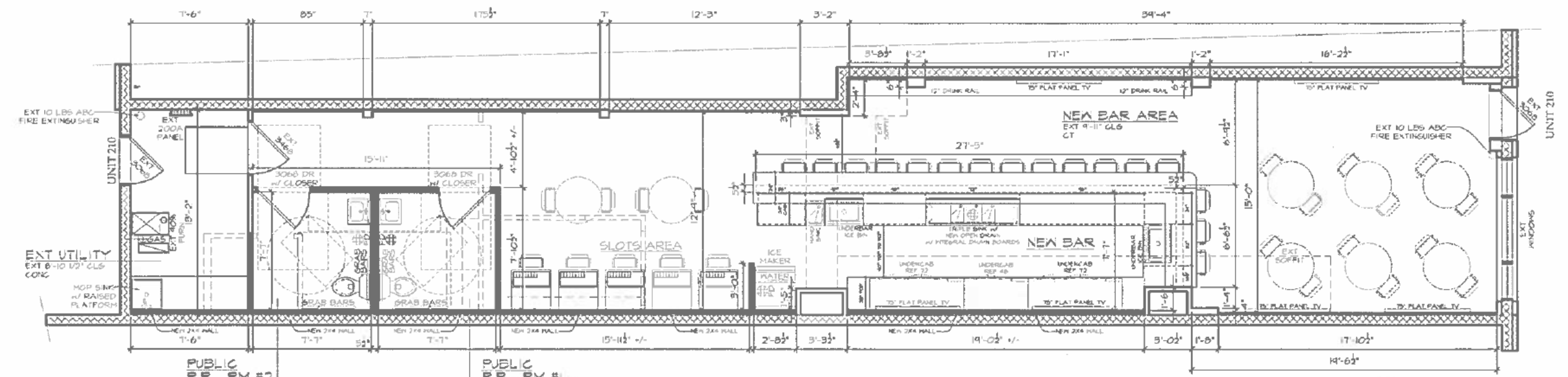
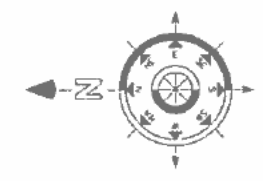
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checked by: MAA
date: 06/02/23
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CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



EXISTING FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)
TOTAL 50. FT. 1824

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



NEW FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)
TOTAL 50. FT. 1824

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A INTERIOR REMODEL for
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NEW & EXISTING FIRST FLOOR PLAN
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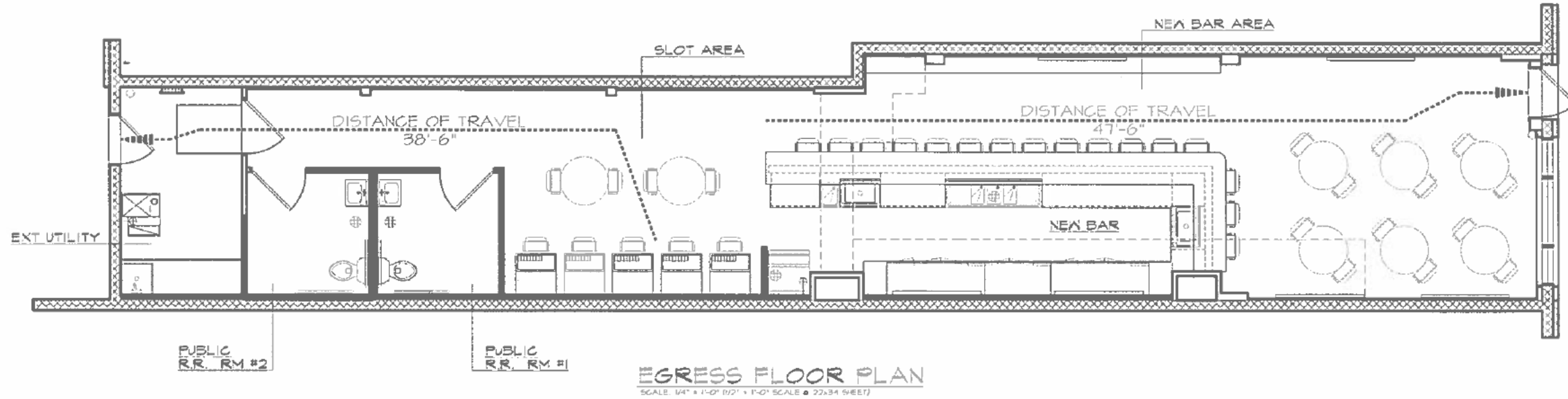
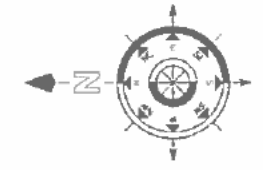
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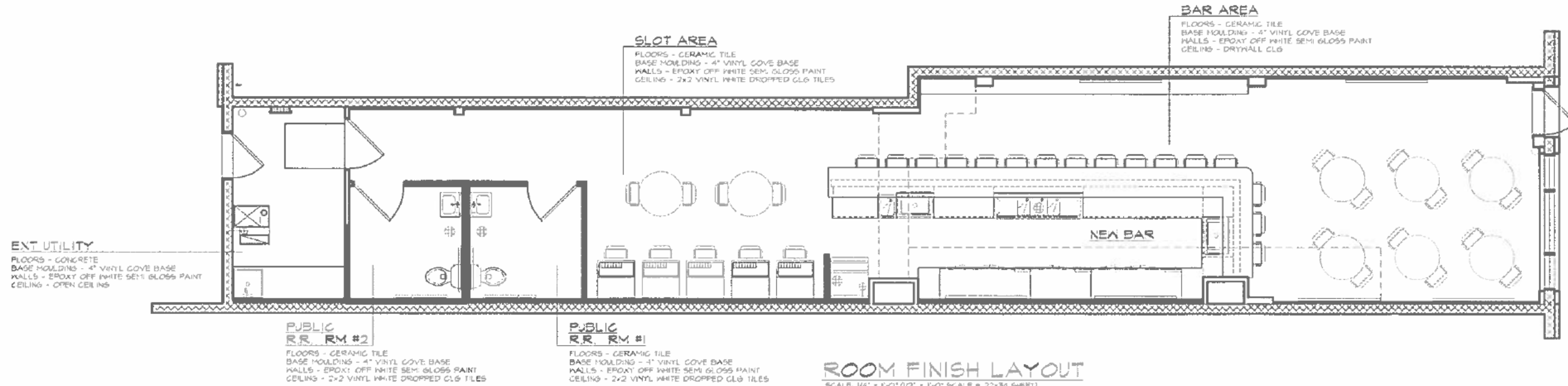
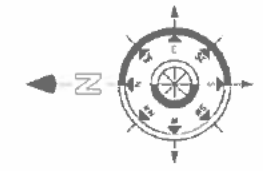
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EGRESS FLOOR PLAN
SCALE: 1/4" = 1'-0" (1/2" = 1'-0" SCALE @ 22x34 SHEET)

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ROOM FINISH LAYOUT
SCALE: 1/4" = 1'-0" (1/2" = 1'-0" SCALE @ 22x34 SHEET)

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**EGRESS FLOOR PLAN
ROOM FINISH LAYOUT**
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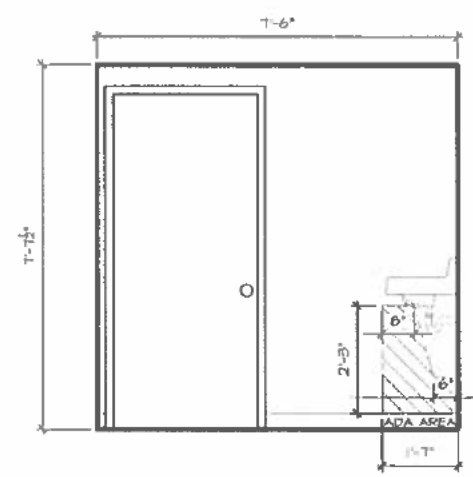
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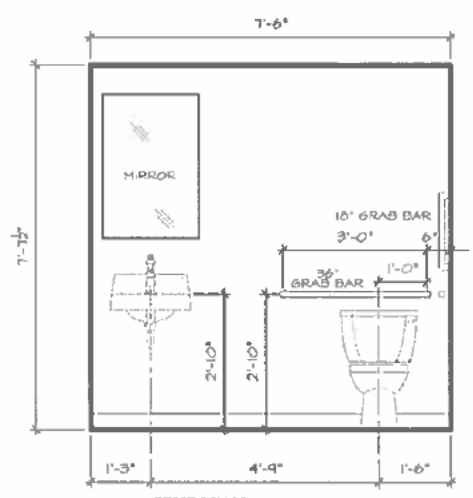
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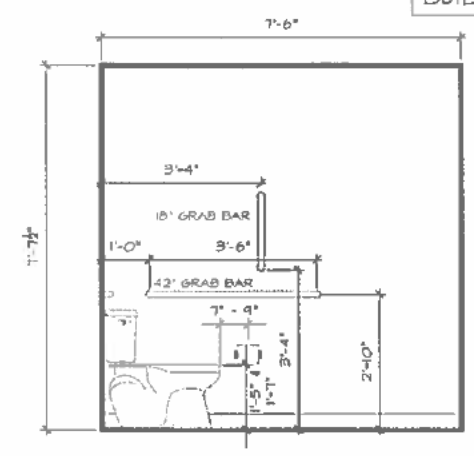
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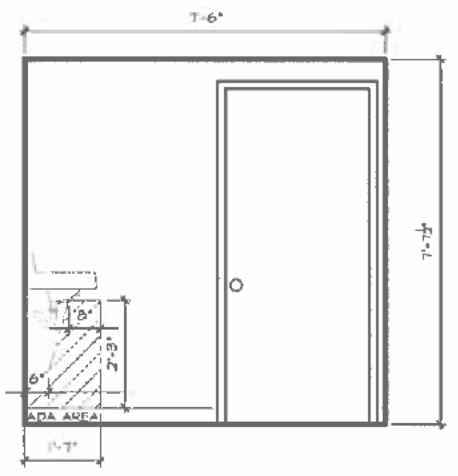
RESTROOM #2
ELEVATION 'D'
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SCALE: 1/2" = 1'-0" • 22X34 SHEET



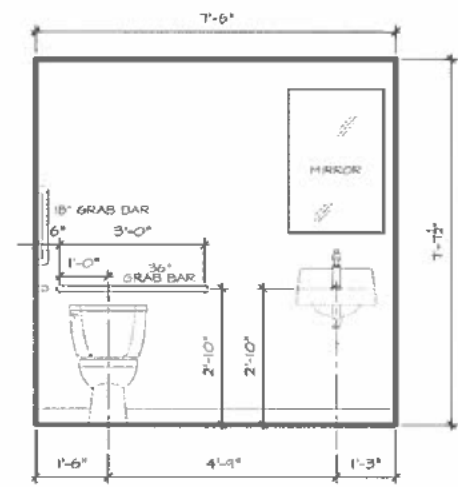
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SCALE: 1/2" = 1'-0" • 22X34 SHEET



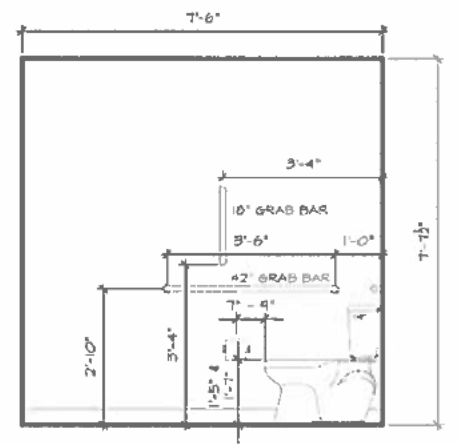
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ELEVATION 'F'
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SCALE: 1/2" = 1'-0" • 22X34 SHEET



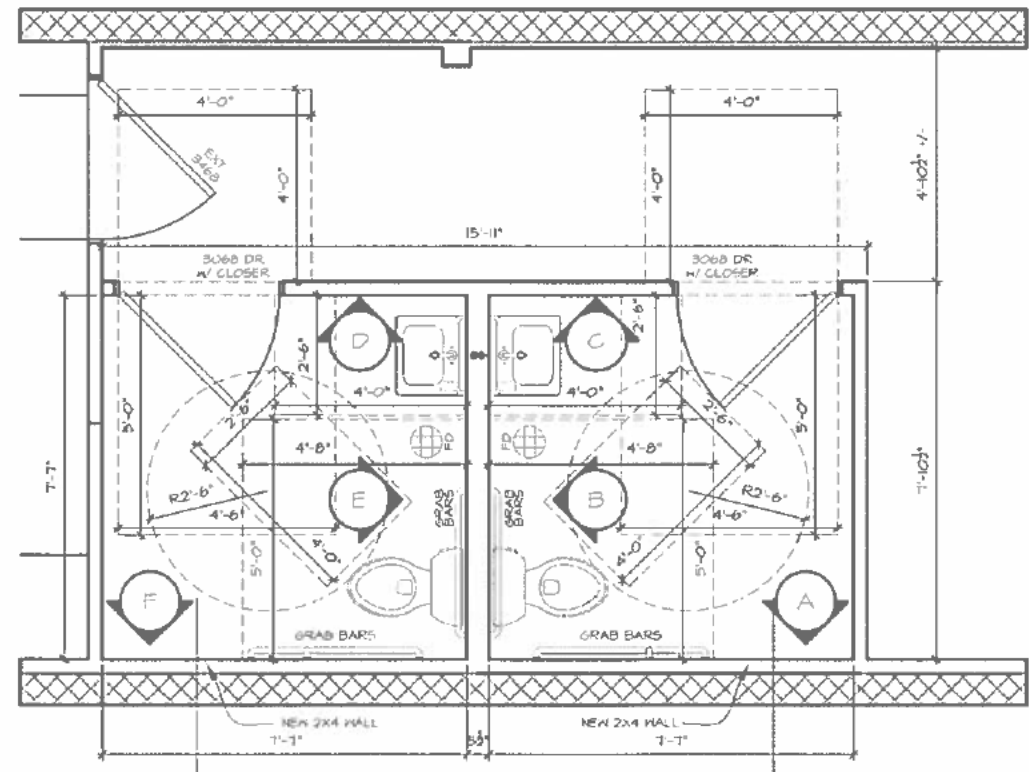
RESTROOM #1
ELEVATION 'C'
SCALE: 1/4" = 1'-0" • 11X17 SHEET
SCALE: 1/2" = 1'-0" • 22X34 SHEET



RESTROOM #1
ELEVATION 'B'
SCALE: 1/4" = 1'-0" • 11X17 SHEET
SCALE: 1/2" = 1'-0" • 22X34 SHEET



RESTROOM #1
ELEVATION 'A'
SCALE: 1/4" = 1'-0" • 11X17 SHEET
SCALE: 1/2" = 1'-0" • 22X34 SHEET



PUBLIC RR. RM #2
7'-7 1/2" DROPPED CLG CT TYP.

PUBLIC RR. RM #1
7'-7 1/2" DROPPED CLG CT TYP.

RESTROOM FLOOR PLAN
SCALE: 1/4" = 1'-0" (1/2" = 1'-0" SCALE • 22X34 SHEET)

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A INTERIOR REMODEL for
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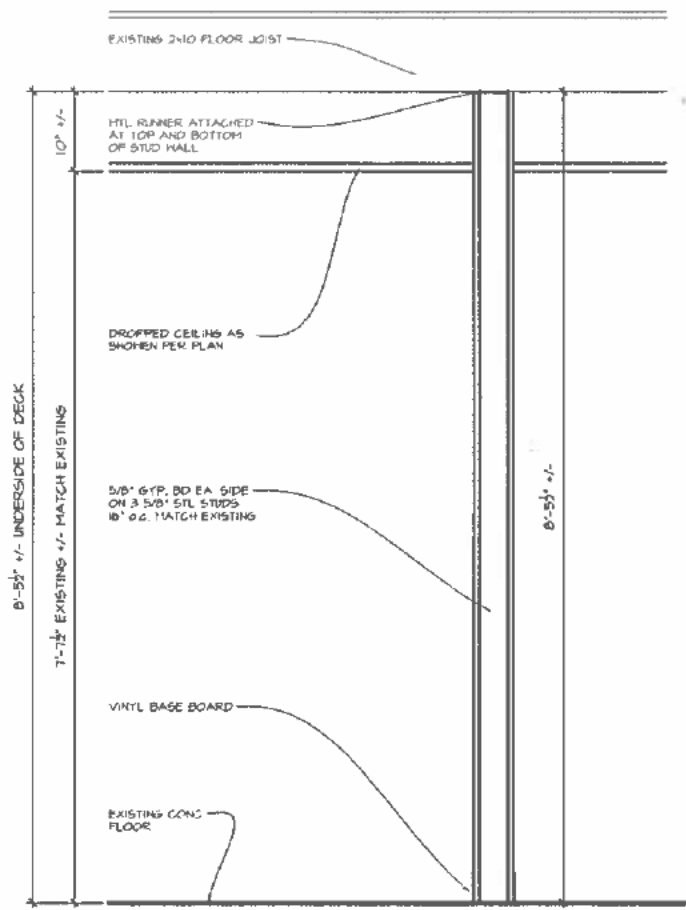
INTERIOR ELEVATIONS
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revisions:

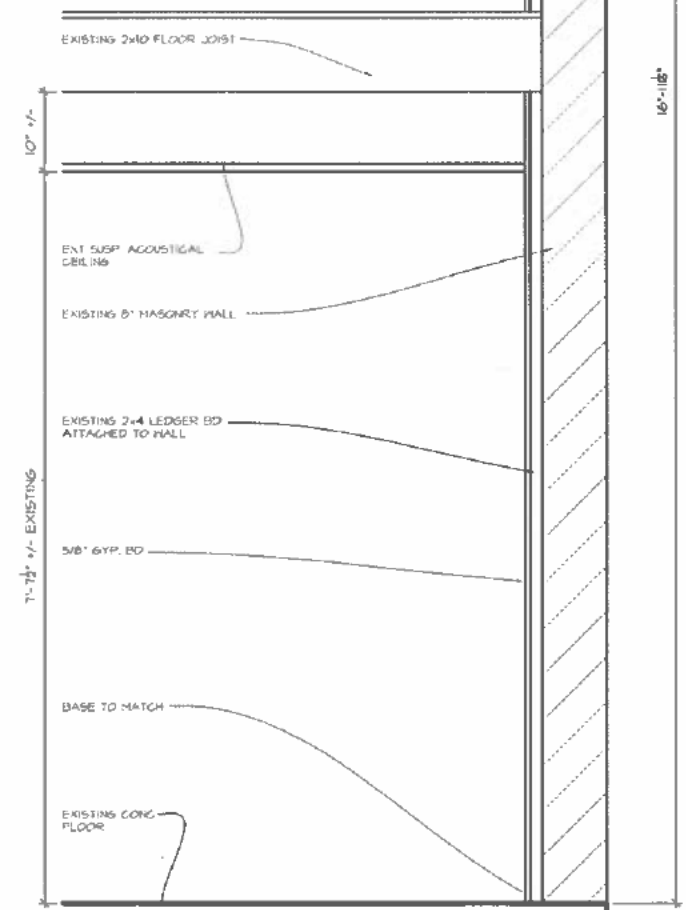
date:	drawn by:

designed by: VAA
drawn by: VAA
checked by: MAA
date: 06/02/23

sheet:
5.1



TYPICAL NEW INTERIOR STUD WALL SECTION
 SCALE: 1/2" = 1'-0" (2x SCALE @ 23x34)



TYPICAL EXISTING MASONRY EXTERIOR WALL SECTION
 SCALE: 1/2" = 1'-0" (2x SCALE @ 23x34)

JAKL BRANDEIS ARCHITECTS LTD
 1800 HAWTHORNE LANE SUITE C
 WEST CHICAGO, IL 60185
 ph: 630-562-3900 fax: 630-562-2570
 Contact: Mike Anzalone ph: 847-417-8558 fax: 847-466-9330

DESIGN / BUILD CONSULTANT
BLUEPRINTS by DESIGN inc.
 1065 Ash Road
 Hoffman Estates, IL 60169
 ph: 847-417-8558

A INTERIOR REMODEL for
RUDY'S BAR
 210 WEST MAIN STREET
 SAINT CHARLES, IL 60174
 project: - 202318

EXISTING BUILDING SECTION
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revisions:

date:	drawn by:

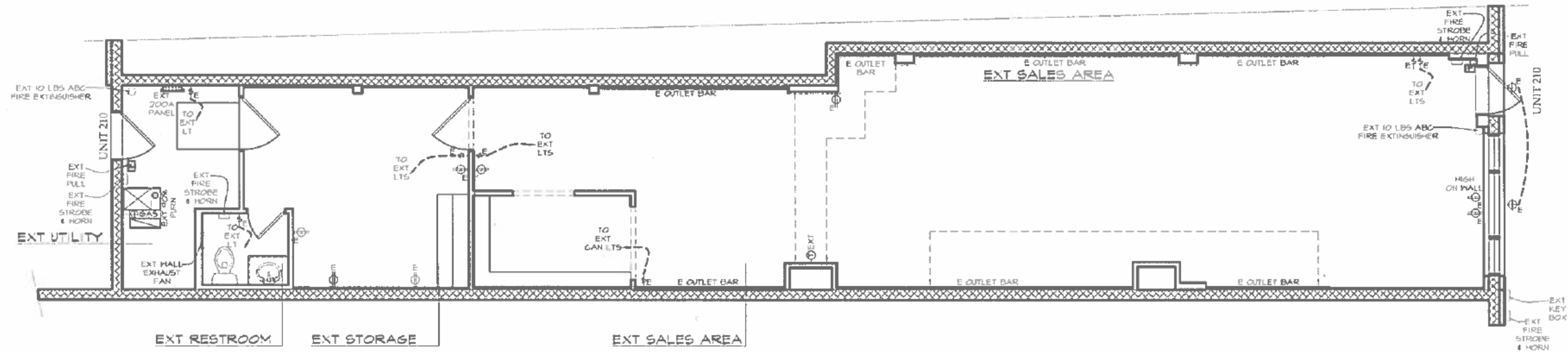
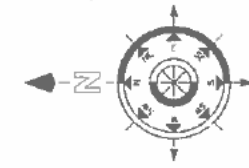
designed by: MAA
 drawn by: MAA
 checked by: MAA
 date: 06/02/23

sheet:
7.1

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



NOTE:
1. ALL LOCATIONS OF ALL EQUIPMENT OUTLETS TO BE REVIEWED IN THE FIELD PRIOR TO INSTALLATION.

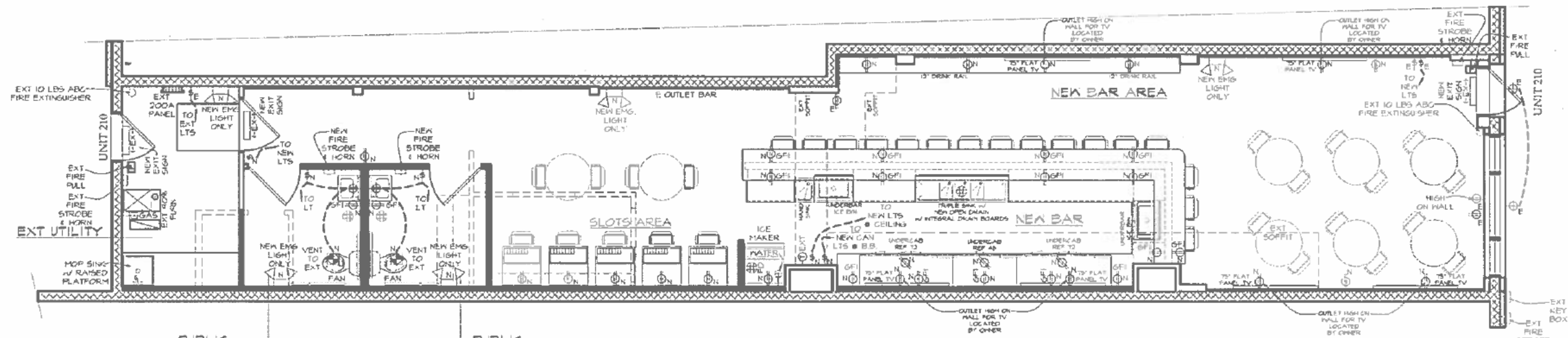
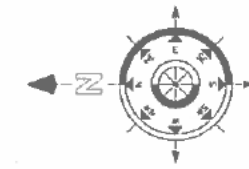


EXISTING FIRST FLOOR ELECTRICAL PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



NOTE:
1. ALL LOCATIONS OF ALL EQUIPMENT OUTLETS TO BE REVIEWED IN THE FIELD PRIOR TO INSTALLATION.



NEW FIRST FLOOR ELECTRICAL PLAN
SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

JAKL BRANDEIS ARCHITECTS LTD
1800 HAWTHORNE LANE SUITE Q
WEST CHICAGO, IL 60185
ph: 530-562-3900 fax: 530-562-2570
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ph: 847-417-9558

A INTERIOR REMODEL for
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210 WEST MAIN STREET
SAINT CHARLES, IL. 60174

project - 202318

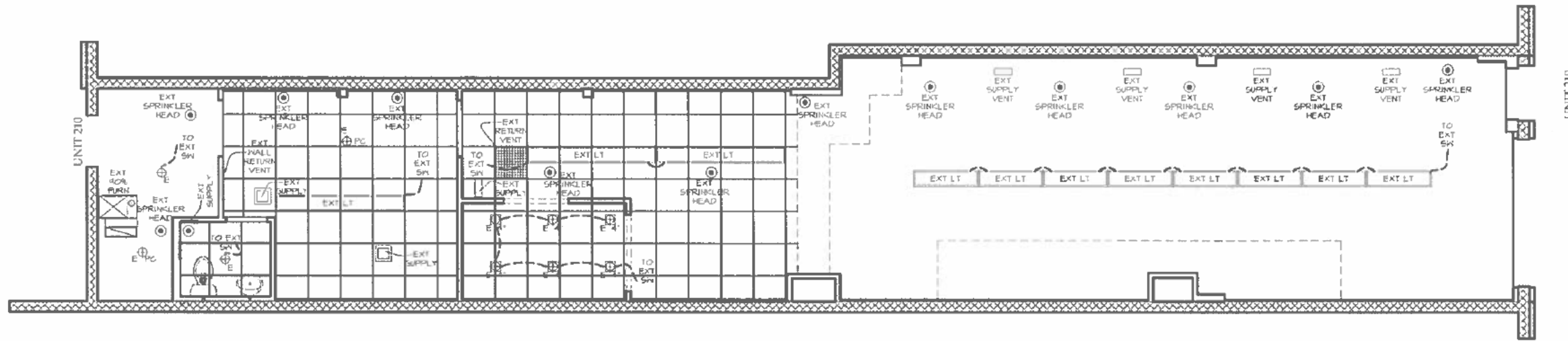
NEW & EXISTING FIRST FLOOR ELEC. PLAN
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revisions:

date:	drawn by:

designed by: VAA
drawn by: VAA
checked by: VAA
date: 06/02/23

sheet:
8.1.2



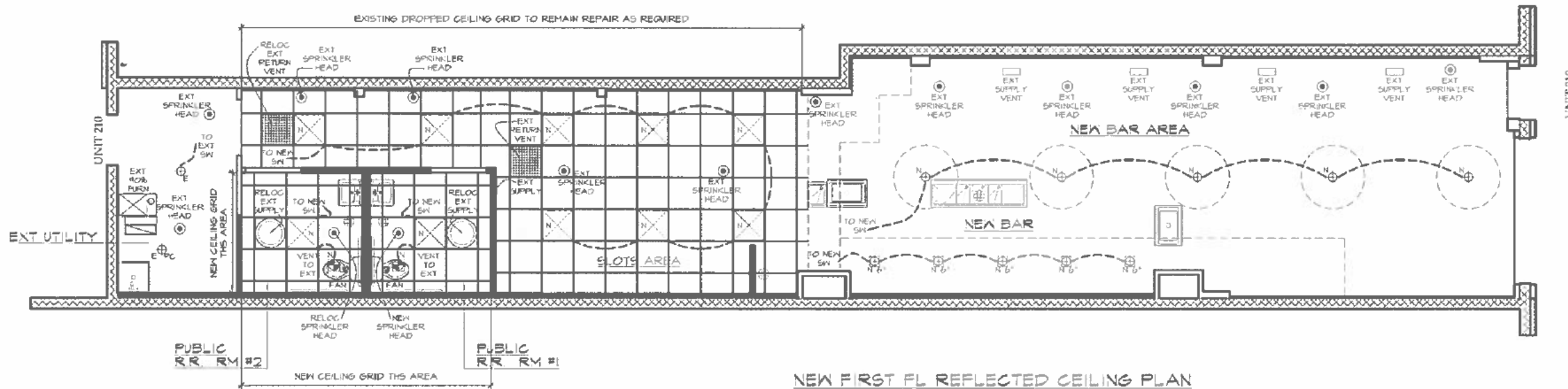
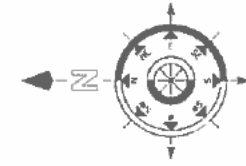
EXISTING FIRST FL REFLECTED CEILING PLAN

SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

LEGEND

HVAC RETURN	HVAC SUPPLY	2'x2' FLORESCENT LIGHT	2'x4' FLORESCENT LIGHT	CAN LIGHT	CEILING FIXTURE
HVAC RETURN	HVAC SUPPLY	EXT SPRINKLER HEAD	2'x4' / 2'x8 FLORESCENT LIGHT		

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



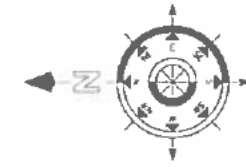
NEW FIRST FL REFLECTED CEILING PLAN

SCALE: 1/8" = 1'-0" (1/4" = 1'-0" SCALE @ 22x34 SHEET)

LEGEND

HVAC RETURN	HVAC SUPPLY	2'x2' FLORESCENT LIGHT	2'x4' FLORESCENT LIGHT	CAN LIGHT	CEILING FIXTURE
HVAC RETURN	HVAC SUPPLY	EXT SPRINKLER HEAD	2'x4' / 2'x8 FLORESCENT LIGHT		

CONTRACTOR TO CONFIRM DIMENSIONS OF BUILDING PRIOR TO ORDERING MATERIALS



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 WEST CHICAGO, IL. 60185
 ph: 530-562-3900 fax: 530-562-2570
 Contact: Mike Anzalone ph: 847-417-8558
 fax: 847-466-9330

DESIGN / BUILD CONSULTANT
BLUEPRINTS by DESIGN inc.
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 ph: 847-417-8558

A INTERIOR REMODEL for
RUDY'S BAR
 210 WEST MAIN STREET
 SAINT CHARLES, IL. 60174

project: - 202318

NEW & EXT FIRST FLOOR REFLECTED CLG PLAN

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revisions:

date:	drawn by:

designed by: VAA
 drawn by: VAA
 checked by: VAA
 date: 06/02/23

sheet:
8.1.3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2023

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

PRODUCER Valley Companies, Inc. 1823 Centre Point Circle Suite 101 Naperville IL 60563	CONTACT NAME: PHONE (A/C, No, Ext): 630-232-1640 E-MAIL ADDRESS: info@valley78.com	FAX (A/C, No): 630-232-1687
	INSURER(S) AFFORDING COVERAGE	
License# 3000101732 SCMCEM-01	INSURER A: Society Insurance	NAIC # 15261
INSURED SCMC Enterprises Inc. 210 W Main St St Charles IL 60174	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 895359404 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP18034534	11/9/2022	11/9/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$
A	LIQUOR LIABILITY			BP18034534	11/9/2022	11/9/2023	AGGREGATE	\$1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

State of Illinois Liquor Control Commission 50 W Washington Suite 209 Chicago IL 60602	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 
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2023

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

PRODUCER
Valley Companies, Inc.
1823 Centre Point Circle
Suite 101
Naperville IL 60563

CONTACT NAME:
PHONE (A/C, No, Ext): 630-232-1640 **FAX (A/C, No):** 630-232-1687
E-MAIL ADDRESS: info@valley78.com

INSURED
SCMC Enterprises Inc.
210 W Main St
St Charles IL 60174

License#: 3000101732
SCMCCENT-01

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Society Insurance	15261
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 917913599

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BP18034534	11/9/2022	11/9/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY		BP18034534	11/9/2022	11/9/2023	AGGREGATE \$1,000,000

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

CERTIFICATE HOLDER

City of St. Charles
2 E Main St
St Charles IL 60174

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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State of Illinois
Domestic/Foreign Corporation Annual Report

Year 2022 Corporation File No 71996573
FILED November 1, 2022
Jesse White, Secretary of State

1. Corporate Name SCMC ENTERPRISES, INC.
Registered Agent JOHN P. COONEY
Registered Office 1311 BUTTERFIELD RD STE 308
City, IL, Zip Code, County DOWNERS GROVE, IL 60515-5625 DU PAGE

2. Principal address of Corporation 214 W MAIN ST
ST CHARLES, IL 60174

3a. State or Country of Incorporation ILLINOIS 3b. Date Incorporated/Qualified 09-26-2018

4. The names and addresses of ALL officers & directors MUST be listed here!

Officers	
Title Name & Address	PRESIDENT BRIAN RUDOWICZ 4220 EAST MAIN ST ST CHARLES IL, 60174
Title Name & Address	SECRETARY BRIAN RUDOWICZ 4220 EAST MAIN ST ST CHARLES IL, 60174
Title Name & Address	DIRECTOR BRIAN RUDOWICZ 4220 E MAIN ST ST CHARLES, IL 60174

5. If 51% or more of the stock is owned by a minority or female, please check the appropriate box
 Minority Female Both

6. Number of shares authorized and issued as of 6-30-2022

Class	Series	Par Value	Number Authorized	Number Issued
COMMON		0.000000	1000	100.000

7. The amount of paid-in-capital as of 6-30-2022 is \$ 10000

8. The corporation elects to pay its annual franchise tax based upon 100% of its total paid-in capital.

9. Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

By BRIAN RUDOWICZ
Authorized Officer
PRESIDENT November 1, 2022
Title & Date

Fee Summary
Franchise Tax: \$0.00
Filing Fee: \$75.00
Penalty: \$0.00
Interest: \$0.00
Total Fee: \$75.00



State of Illinois
Domestic/Foreign Corporation Annual Report

Year 2022 **Corporation File No** 71996573

FILED November 1, 2022

Jesse White, Secretary of State

1. **Corporate Name** SCMC ENTERPRISES, INC.
Registered Agent JOHN P. COONEY
Registered Office 1311 BUTTERFIELD RD STE 308
City, IL, Zip Code, County DOWNERS GROVE, IL 60515-5625 DU PAGE

Officers	
Title Name & Address	DIRECTOR JUSTIN ALLEN 4220 E MAIN ST ST CHARLES, IL 60174
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	
Title Name & Address	

FORM BCA 2.10
ARTICLES OF INCORPORATION
 Business Corporation Act

Filing Fee: \$150
 Franchise Tax: \$ 25
Total: \$175

File #: 71996573

Approved By: JXR

FILED
SEP 26 2018
Jesse White
Secretary of State

1. Corporate Name: SCMC ENTERPRISES, INC.

2. Initial Registered Agent: JOHN P. COONEY

	First Name	Middle Initial	Last Name
Initial Registered Office:	<u>1311 BUTTERFIELD RD STE 308</u>		
	Number	Street	Suite No.
	<u>1311</u>	<u>BUTTERFIELD RD</u>	<u>STE 308</u>
	City	State	ZIP Code
	<u>DOWNERS GROVE</u>	<u>IL</u>	<u>60515-5625</u>
			County
			<u>DU PAGE</u>

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
<u>COMMON</u>	<u>1000</u>	<u>100</u>	<u>\$ 10000</u>

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	<u>SEPTEMBER 26</u>	,	<u>2018</u>		<u>1311 BUTTERFIELD RD STE 308</u>
	Month & Day		Year		Street
	<u>JOHN P. COONEY</u>		<u>DOWNERS GROVE</u>	<u>IL</u>	<u>60515</u>
	Name		City/Town	State	ZIP Code

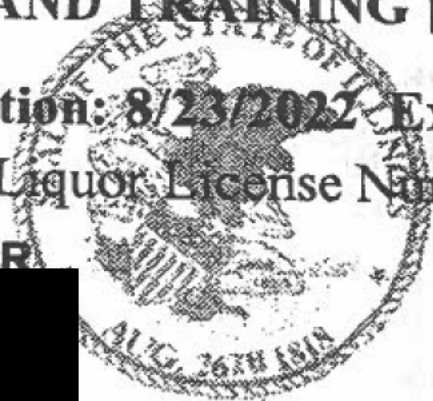
ILLINOIS LIQUOR CONTROL COMMISSION

50 W. Washington Street, Suite 209 - Chicago, IL 60601
**BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD**

Date of Certification: 8/23/2022 Expires: 8/23/2025

Trainer's IL Liquor License Number: 5A-0110606

JACQUELINE GORR

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

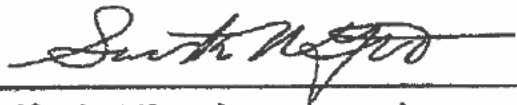
Trainee Name: Jessica Horn

Certificate #: 000027716417

Date of Completion: 02/13/2023

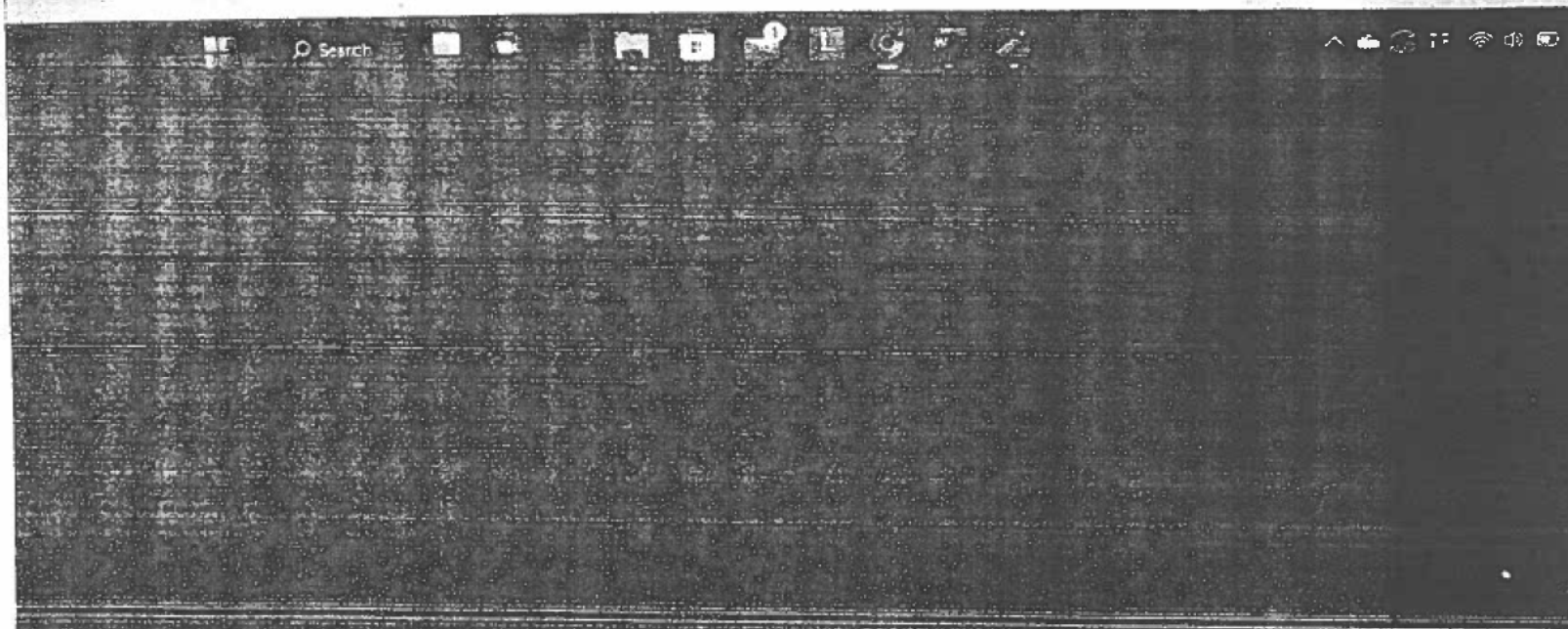
School Name:

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.



Certificate of Completion

**American
Safety Council**

BRIAN RUDOWICZ

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 4/20/2022

from the American Safety Council.



Jeff Pairan

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Shea Brown

Certificate #: 000028290881

Date of Completion: 03/22/2023

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.



Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

Illinois BASSET SELLER / SERVER CERTIFICATION

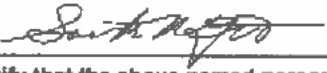
Trainee Name: Shea Brown

Certificate #: 000028290881

Date of Completion: 03/22/2023

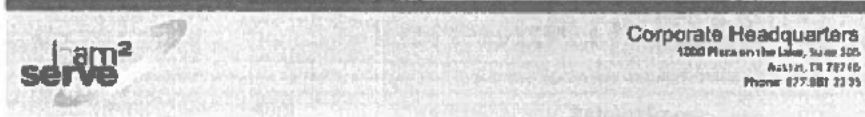
School Name:

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@28serve.com.



DARRIAN M KNOTTS

has successfully completed the **BASSET On The Fly**
ON-PREMISE BASSET certification course

CERTIFICATE #/STUDENT ID: 9682

ISSUE DATE: 06/12/2022



DUSTIN MEYERS

*PER ILCC RULES, THIS TEMPORARY BASSET CARD IS VALID FOR 30 DAYS

BASSET ON THE FLY

2626 Cole Ave, Suite 300 #512, Dallas, TX 75204 | 312-366-3383 | support@bassetonthe-fly.com
Licensed by the Illinois Liquor Control Commission (ILCC) License #5A-1141597

BASSET ON THE FLY

2626 Cole Ave, Suite 300 #512, Dallas, TX 75204

312-366-3383

support@bassetonthe-fly.com

www.bassetonthe-fly.com

Per ILCC rules, this temporary BASSET card is valid for 30 days only. Your official 3-year BASSET card will be mailed by the Illinois Liquor Control Commission (ILCC).

Within 10 days of issuance, this certification should appear in the Illinois Liquor Control Commission's online database at www.ilcc.illinois.gov. If not, please contact us.

Hours of Operation

Monday	CLOSED
Tuesday	CLOSED
Wednesday	2:00 PM – 1:00 AM
Thursday	2:00 PM – 1:00 AM
Friday	2:00 PM – 1:00 AM
Saturday	2:00 PM – 1:00 AM
Sunday	11:00 AM – 6:00 PM

RUDY'S

There will be no food served at Rudy's.

We will give out free pretzels.

RUDY'S ROAD HOUSE

Signature Drinks

Rudy's Mule – Vodka, Ginger beer and lime

Sun-Soaked Cherry – Vodka, Sprite, lime and grenadine

Summertime Peach – Peach & orange vodka, peach schnapps, Sprite, and lime juice

Whisky Sour – Whisky, sour mix, and simple syrup

Wildwood – Vodka, raspberry liqueur, Sprite and sour

Rudy's Lemonade – Jack Daniels, Southern Comfort, Sprite and sour

Passionfruit – Rum, Sprite, pineapple juice and passion fruit liqueur

Premium Selections

SCOTCH

Johnnie Walker Blue Label

Johnnie Walker Green Label

Glenlivet

WHISKEY

Jack Daniel's Single Barrel

Jack Daniel's Single Barrel Rye

Jack Daniel's Sinatra Select

TEQUILA

Don Julio 1942


1000 Milenio

ASSORTED SHOTS


ASSORTED DOMESTIC AND PREMIUM BEERS

ASSORTED OLD FASHION COCKTAILS

ASSORTED BOURBONS

 <p>CITY OF ST. CHARLES ILLINOIS • 1834</p>	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 6.a
	Title:	Recommendation to Approve the Funding Allocation Requests of the 708 Mental Health Board for FY 2023-2024.	
	Presenter:	Bill Hannah, Finance Director Kaylynne Poremba, 708 Mental Health Board Chair	
Meeting: Government Operations Committee		Date: June 19, 2023	
Proposed Cost: \$632,269		Budgeted Amount: \$634,000	Not Budgeted: <input type="checkbox"/>
TIF District: None			
Executive Summary (if not budgeted, please explain):			
<p>The City of St. Charles levies an approximate \$0.04/\$100 EAV property tax to support agencies that provide mental health services to residents of the City of St. Charles. This tax levy was approved by voters by referendum in the spring of 1986 and has been in place since that time. The City's 708 Mental Health Board administers the funding application and presentation process and makes annual recommendations of funding allocations to the various agencies providing these services. The total amount of funding available for allocation in FY 2023-2024 is \$634,000. The recommended funding allocations for the 2023-2024 funding cycle are attached, as well as the historical allocations.</p> <p>Kaylynne Poremba, Chair of the 708 Mental Health Board, will present an overall summary on behalf of all the groups that have requested funding for FY 2023-2024. Additionally, representatives from the seven individual groups receiving greater than \$25,000 in funding will be available should there be any specific questions regarding the services they provide. These organizations include:</p> <ul style="list-style-type: none"> • Association for Individual Development (AID) • CASA Kane County • City of St. Charles Police Department • Ecker Center for Mental Health • Lazarus House • Lighthouse Recovery 			
Attachments (please list):			
Summary sheet of recommended funding allocations of St. Charles 708 Mental Health Board for FY 2023-2024			
Recommendation/Suggested Action (briefly explain):			
Seeking approval of the funding allocation requests of the 708 Mental Health Board for the fiscal year 2023-2024.			

2023-2024 St. Charles 708 Mental Health Board Allocation Worksheet															
	2023 AMOUNT REQUESTED	2023 APPROVED AMOUNT	2022 AMOUNT REQUESTED	2022 APPROVED AMOUNT	2021 AMOUNT REQUESTED	2021 APPROVED AMOUNT	2020 AMOUNT REQUESTED	2020 AMOUNT APPROVED	2019 AMOUNT REQUESTED	2019 AMOUNT APPROVED 03/06/19	2019 AMOUNT APPROVED 06/07/19	2018 AMOUNT REQUESTED	2018 AMOUNT APPROVED	2017 AMOUNT REQUESTED	2017 AMOUNT APPROVED
ASSOCIATION FOR INDIVIDUAL DEVELOPMENT	\$ 61,200.00	\$ 37,942.00	\$ 61,450.00	\$ 32,240.00	\$ 60,000.00	\$ 41,333.94	\$ 75,000.00	\$39,000.00	\$76,000.00	\$64,000.00	\$64,900.00	\$64,000.00	\$60,000.00	\$70,000.00	\$58,000.00
CASA KANE COUNTY	\$ 37,500.00	\$ 29,531.00	\$ 79,750.00	\$ 37,500.00	\$ 25,000.00	\$ 18,591.08	\$ 10,000.00	\$7,763.00	\$10,000.00	\$8,500.00	\$9,400.00	\$10,000.00	\$6,700.00	\$10,000.00	\$6,500.00
COMMUNITY CRISIS CENTER	\$ 19,500.00	\$ 15,418.00	\$ 18,000.00	\$ 16,425.00	\$ 18,150.00	\$ 16,809.65	\$ 20,000.00	\$18,150.00	\$16,500.00	\$15,675.00	\$16,575.00	\$16,500.00	\$16,500.00	\$16,500.00	\$16,500.00
DAYONE PACT	\$ 4,500.00	\$ 3,510.00	\$ 4,250.00	\$ 2,763.00	\$ 4,000.00	\$ 3,817.27	\$ 4,000.00	\$2,643.00	\$5,000.00	\$4,250.00	\$5,150.00	\$10,000.00	\$5,000.00	\$10,000.00	\$4,500.00
EASTER SEALS DuPAGE & FOX VALLEY	\$ 20,000.00	\$ 13,886.00	\$ 10,000.00	\$ 9,000.00	\$ 9,500.00	\$ 9,250.01	\$ 12,500.00	\$8,906.00	\$10,000.00	\$8,000.00	\$8,900.00	\$7,500.00	\$3,600.00	\$7,500.00	\$3,500.00
ECKER CENTER FOR MENTAL HEALTH	\$ 113,000.00	\$ 88,848.00	\$ 136,000.00	\$ 105,348.00	\$ 145,000.00	\$ 103,269.65	\$ 72,000.00	\$58,860.00	\$68,000.00	\$61,200.00	\$62,100.00	\$67,000.00	\$65,600.00	\$64,000.00	\$64,000.00
ELDERDAY CENTER INC	\$ 20,500.00	\$ 14,553.00	\$ 20,500.00	\$ 14,521.00	\$ 20,500.00	\$ 15,669.65	\$ 20,500.00	\$14,376.00	\$17,500.00	\$14,000.00	\$0.00	\$18,000.00	\$16,400.00	\$18,000.00	\$16,000.00
FOX VALLEY HANDS OF HOPE	\$ 18,000.00	\$ 14,580.00	\$ 18,000.00	\$ 16,725.00	\$ 18,000.00	\$ 14,876.80	\$ 26,000.00	\$18,135.00	\$24,000.00	\$20,400.00	\$21,300.00	\$22,000.00	\$18,500.00	\$20,000.00	\$18,000.00
FOX VALLEY SPECIAL RECREATION ASSOC	\$ 6,500.00	\$ 4,721.00	\$ 6,500.00	\$ 5,633.00	\$ 6,450.00	\$ 5,963.05	\$ 7,488.00	\$5,813.00	\$5,000.00	\$4,500.00	\$5,400.00	\$5,000.00	\$3,600.00	\$5,000.00	\$3,500.00
HORSEPOWER THERAPEUTICS	\$ 9,600.00	\$ 7,406.00	\$ 9,810.00	\$ 8,911.00	-	-	-	-	-	-	-	-	-	-	-
KANE COUNTY UNITED	\$ 5,000.00	\$ -	\$ -	\$ -	-	-	-	-	-	-	-	-	-	-	-
LAZARUS HOUSE	\$ 45,614.00	\$ 38,226.00	\$ 48,641.00	\$ 39,577.00	\$ 51,393.00	\$ 44,601.54	\$ 50,294.00	\$47,115.00	\$51,725.00	\$49,138.75	\$50,038.75	\$50,520.00	\$48,000.00	\$43,010.00	\$43,010.00
LIGHTHOUSE RECOVERY INC	\$ 63,000.00	\$ 51,840.00	\$ 50,000.00	\$ 44,792.00	\$ 50,000.00	\$ 42,341.08	\$ 41,000.00	\$31,673.00	\$24,000.00	\$22,800.00	\$23,700.00	\$0.00	\$0.00	\$0.00	\$0.00
LIVING WELL	\$ 15,000.00	\$ 12,005.00	\$ 20,000.00	\$ 16,667.00	\$ 20,000.00	\$ 16,591.08	\$ 20,000.00	\$7,388.00				\$20,000.00	\$13,000.00	\$20,000.00	\$12,500.00
NAMI KDK	\$ 10,000.00	\$ 6,058.00	\$ 20,000.00	\$ 3,875.00	\$ 7,600.00	\$ 6,243.94	\$ 6,500.00	\$5,168.00				\$6,500.00	\$5,000.00	\$6,000.00	\$4,500.00
RENZ ADDICTION COUNSELING CENTER	-	-	-	-	\$ -	-	\$ 90,365.00	\$79,069.00	\$77,000.00	\$61,600.00	\$62,500.00	\$75,000.00	\$67,000.00	\$65,000.00	\$65,000.00
SCENE 2	\$ 14,600.00	\$ 5,020.00	-	-	-	-	-	-	-	-	-	-	-	-	-
STC POLICE DEPT	\$ 70,000.00	\$ 70,000.00	\$ 65,000.00	\$ 57,850.00	\$ 60,080.00	\$ 55,556.94	\$ 60,000.00	\$46,463.00							
SUICIDE PREVENTION SERVICES	\$ 10,500.00	\$ 8,438.00	\$ 11,600.00	\$ 10,585.00	\$ 11,500.00	\$ 10,673.23	\$ 17,000.00	\$11,220.00	\$17,000.00	\$14,450.00	\$15,350.00	\$17,000.00	\$17,000.00	\$17,000.00	\$17,000.00
SUPPORT OVER STIGMA	\$ 50,000.00	\$ 10,000.00	-	-	-	-	-	-	-	-	-	-	-	-	-
THE JOSHUA TREE	\$ 2,500.00	\$ 1,856.00	\$ 2,500.00	\$ 1,792.00	-	-	-	-	-	-	-	-	-	-	-
TRI CITY HEALTH PARTNERSHIP	\$ 20,000.00	\$ 14,013.00	\$ 15,000.00	\$ 14,313.00	\$ 15,000.00	\$ 13,376.80	\$ 15,000.00	\$13,669.00	\$15,000.00	\$14,250.00	\$15,150.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
TRICITY FAMILY SERVICES	\$225,000.00	\$ 184,418.00	\$ 215,000.00	\$ 173,486.00	\$ 215,000.00	\$ 192,378.07	\$ 226,415.00	\$196,132.00	\$215,000.00	\$204,250.00	\$205,150.00	\$220,000.00	\$202,000.00	\$200,000.00	\$196,000.00
YWCA METRO CHICAGO	-	-	-	-	\$ 20,652.41	\$ -	\$ 106,014.00	\$0.00	\$31,742.00	\$24,931.80	\$25,831.80	\$31,889.00	\$0.00	\$0.00	\$0.00
TOTAL	\$841,514.00	\$632,269.00	\$812,001.00	\$612,003.00	\$757,825.41	\$611,343.78	\$880,076.00	\$611,543.00	\$663,467.00	\$591,945.55	\$591,445.55	\$650,909.00	\$557,900.00	\$582,010.00	\$538,510.00

 <p>CITY OF ST. CHARLES ILLINOIS • 1834</p>	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 7 *a.
	Title:	<p>Recommendation to approve a Resolution to Authorize staff to Award a Contract to Carahsoft Technology Corporation for Okta Software Licenses and Support for \$25,719.</p>	
Presenter:	<p>Larry Gunderson, Director of Information Systems</p>		
Meeting: Government Operations Committee		Date: June 19, 2023	
Proposed Cost: \$25,719		Budgeted Amount: \$25,484	Not Budgeted: <input type="checkbox"/>
TIF District: None			
<p>Executive Summary (if not budgeted, please explain): Identity and Access Management software is an information security technology that enables appropriate access to technology resources across disparate technology environments. The City uses Okta Identity and Access Management software to provide secure access to cloud-based technology for City staff, as well as to enable a consistent, centralized process for managing user accounts across multiple technology platforms. To meet these needs, Okta software was first implemented in FY 2023.</p> <p>Okta software is purchased as an annual license subscription. The purchase of the software license subscription is from Carahsoft Technology Corporation through a national cooperative purchasing program called NASPO ValuePoint. NASPO ValuePoint is the cooperative purchasing arm of the National Association of State Procurement Officials, and the ValuePoint Master Agreement may be used by all governmental units of the State of Illinois.</p>			
<p>Attachments (please list): Resolution</p>			
<p>Recommendation/Suggested Action (briefly explain): Recommendation to authorize staff to award a contract to Carahsoft Technology Corporation for Okta software licenses and support for \$25,719.</p>			

**City of St. Charles, Illinois
Resolution No.**

**A Resolution Authorizing the Purchase of an Annual Software License
Subscription for Okta software from Carahsoft Technology Corporation
in the submitted amount**

**Presented & Passed by the
City Council on**

WHEREAS, since 2022 the City has utilized Okta Identity and Access Management software to provide secure access to cloud-based technology for City staff, as well as to enable a consistent, centralized process for managing user accounts across multiple technology platforms;

WHEREAS, the Information Systems Department solicited a request for quote for annual software licensing and support for Okta;

WHEREAS, Carahsoft Technology Corporation submitted pricing for Okta software licensing and support through NASPO ValuePoint, a national government purchasing cooperative that may be used by all governmental units of the State of Illinois;

THEREFORE, BE IT RESOLVED by the Mayor and City Council of the City of St. Charles, Kane and DuPage Counties, Illinois, an Agreement be approved with Carahsoft Technology Corporation in the submitted amount.

PRESENTED to the City Council of the City of St. Charles, Illinois, this 5th day of December, 2022

PASSED by the City Council of the City of St. Charles, Illinois, this 5th day of December, 2022

APPROVED by the Mayor of the City of St. Charles, Illinois, this _____ day of _____, 2022

Lora Vitek, Mayor

ATTEST:

City Clerk

COUNCIL VOTE:

Ayes:

Nays:

Absent:

Abstain: