

**AGENDA  
CITY OF ST. CHARLES  
GOVERNMENT OPERATIONS COMMITTEE  
ALD. TODD BANCROFT, CHAIR  
MONDAY, SEPTEMBER 18, 2017  
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING  
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET**

**1. Call to Order**

**2. Roll Call**

**3. Omnibus Vote**

- a. Budget revisions – August, 2017

**4. Police Department**

- a. Recommendation to approve an application for a new Class A4 liquor license for the Home Brew Shop located at 225 W Main Street, St. Charles.
- b. Recommendation to approve an application for a new class A4 liquor license for D and G Brewing, LLC to be located at 303 N. 4th Street, St. Charles.
- c. Recommendation to approve an Ordinance Amending Title 5, Entitled “Business Licenses and Regulations” Chapter 5.08, “Alcoholic Beverages”, 5.08.090, “License - Classifications” of the St. Charles Municipal Code.
- d. Recommendation to approve an Application for a new Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles, 60174.
- e. Recommendation to approve an Application for a new Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174.

**Executive Session**

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

**5. Additional Items from Mayor, Council, Staff, or Citizens.**

**6. 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 McMahan, at least 48 hours in advance of the scheduled meeting. The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at [jmcmahon@stcharlesil.gov](mailto:jmcmahon@stcharlesil.gov). Every effort will be made to allow for meeting participation. Notices of this meeting were posted consistent with the requirements of 5 ILCS 120/1 et seq. (Open Meetings Act).



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

Aug 17

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Transfer	38	100	1000	2018	4	08/10/2017	100111	54399	5,640.00	Temp Service for Receptionist
Budget Transfer	38	100	1000	2018	4	08/10/2017	100110	50101	(5,640.00)	Temp Service for Receptionist
Budget Transfer	38	100	1000	2018	4	08/10/2017	100121	54693	858.00	CVB Moving Expenses-Materials
Budget Transfer	38	100	1000	2018	4	08/10/2017	100121	54150	(858.00)	CVB Moving Expenses-Materials
	<b>38 Total</b>								-	
Budget Transfer	39	100	1000	2018	4	08/10/2017	100221	54401	533.00	Mailing machine lease
Budget Transfer	39	100	1000	2018	4	08/10/2017	100221	52000	(533.00)	Mailing machine lease
	<b>39 Total</b>								-	
Budget Reduction	40	100	1000	2018	3	08/10/2017	100999	44300	(34,908.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	4	08/10/2017	100999	44300	(20,329.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	5	08/10/2017	100999	44300	(22,205.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	6	08/10/2017	100999	44300	(32,813.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	7	08/10/2017	100999	44300	(22,023.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	8	08/10/2017	100999	44300	(19,952.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	9	08/10/2017	100999	44300	(32,259.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	10	08/10/2017	100999	44300	(37,309.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	11	08/10/2017	100999	44300	(19,528.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	12	08/10/2017	100999	44300	(37,659.00)	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	4	08/10/2017	100900	31199	278,985.00	LGDF Reduction-State 17/18 Bud
Budget Reduction	40	100	1000	2018	3	08/10/2017	100999	41201	(8,909.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	4	08/10/2017	100999	41201	(10,352.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	5	08/10/2017	100999	41201	(10,992.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	6	08/10/2017	100999	41201	(9,903.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	7	08/10/2017	100999	41201	(10,377.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	8	08/10/2017	100999	41201	(12,072.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	9	08/10/2017	100999	41201	(9,240.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	10	08/10/2017	100999	41201	(9,949.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	11	08/10/2017	100999	41201	(12,262.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	12	08/10/2017	100999	41201	(8,614.00)	Reduce for 2% State Admin Fee
Budget Reduction	40	100	1000	2018	4	08/10/2017	100900	31199	102,670.00	Reduce for 2% State Admin Fee
	<b>40 Total</b>								-	
Budget Entry Correction	41	100	1000	2018	3	08/10/2017	100999	44300	34,908.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	4	08/10/2017	100999	44300	20,329.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	5	08/10/2017	100999	44300	22,205.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	6	08/10/2017	100999	44300	32,813.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	7	08/10/2017	100999	44300	22,023.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	8	08/10/2017	100999	44300	19,952.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	9	08/10/2017	100999	44300	32,259.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	10	08/10/2017	100999	44300	37,309.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	11	08/10/2017	100999	44300	19,528.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	12	08/10/2017	100999	44300	37,659.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	4	08/10/2017	100900	31199	(278,985.00)	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	3	08/10/2017	100999	41201	8,909.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	4	08/10/2017	100999	41201	10,352.00	Reverse FB JE#40

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

Aug 17

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Entry Correction	41	100	1000	2018	5	08/10/2017	100999	41201	10,992.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	6	08/10/2017	100999	41201	9,903.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	7	08/10/2017	100999	41201	10,377.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	8	08/10/2017	100999	41201	12,072.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	9	08/10/2017	100999	41201	9,240.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	10	08/10/2017	100999	41201	9,949.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	11	08/10/2017	100999	41201	12,262.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	12	08/10/2017	100999	41201	8,614.00	Reverse FB JE#40
Budget Entry Correction	41	100	1000	2018	4	08/10/2017	100900	31199	(102,670.00)	Reverse FB JE#40
<b>41 Total</b>									-	
Budget Entry Correction	42	100	1000	2018	3	08/10/2017	100999	44300	34,908.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	4	08/10/2017	100999	44300	20,329.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	5	08/10/2017	100999	44300	22,205.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	6	08/10/2017	100999	44300	32,813.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	7	08/10/2017	100999	44300	22,023.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	8	08/10/2017	100999	44300	19,952.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	9	08/10/2017	100999	44300	32,259.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	10	08/10/2017	100999	44300	37,309.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	11	08/10/2017	100999	44300	19,528.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	12	08/10/2017	100999	44300	37,659.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	4	08/10/2017	100900	31199	(278,985.00)	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	3	08/10/2017	100999	41201	8,909.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	4	08/10/2017	100999	41201	10,352.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	5	08/10/2017	100999	41201	10,992.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	6	08/10/2017	100999	41201	9,903.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	7	08/10/2017	100999	41201	10,377.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	8	08/10/2017	100999	41201	12,072.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	9	08/10/2017	100999	41201	9,240.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	10	08/10/2017	100999	41201	9,949.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	11	08/10/2017	100999	41201	12,262.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	12	08/10/2017	100999	41201	8,614.00	Corrected Budget Entry
Budget Entry Correction	42	100	1000	2018	4	08/10/2017	100900	31199	(102,670.00)	Corrected Budget Entry
<b>42 Total</b>									-	
Budget Transfer	43	100	1000	2018	4	08/11/2017	100200	51301	1,100.00	For IT Security Training
Budget Transfer	43	100	1000	2018	4	08/11/2017	100200	54256	(1,100.00)	For IT Security Training
<b>43 Total</b>									-	
Budget Transfer	44	100	1000	2018	4	08/15/2017	100111	54520	(51.00)	For floor mat/standing desk
Budget Transfer	44	100	1000	2018	4	08/15/2017	100111	52000	51.00	For floor mat/standing desk
<b>44 Total</b>									-	
Budget Addition	45	100	1000	2018	4	08/20/2017	804530	51205	1,347.00	Unemployment invoice
Budget Addition	45	100	1000	2018	4	08/20/2017	804900	31199	(1,347.00)	Unemployment invoice
<b>45 Total</b>									-	
Budget Adjustment	46	100	1000	2018	4	08/21/2017	513800	57307	2,530,203.19	Trsf from Fund 513 to Fund 521
Budget Adjustment	46	100	1000	2018	4	08/21/2017	513900	31199	(2,530,203.19)	Trsf from Fund 513 to Fund 521

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**Budget Revision Listing**

Aug 17

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Adjustment	46	100	1000	2018	4	08/21/2017	521800	49500	(2,530,203.19)	Trsf from Fund 513 to Fund 521
Budget Adjustment	46	100	1000	2018	4	08/21/2017	521900	31199	2,530,203.19	Trsf from Fund 513 to Fund 521
<b>46 Total</b>									-	
Budget Entry Correction	47	100	1000	2018	1	08/21/2017	513300	56002	10,000.00	Correct Duplicate Entry JE #16
Budget Entry Correction	47	100	1000	2018	1	08/21/2017	513800	49100	(10,000.00)	Correct Duplicate Entry JE #16
Budget Entry Correction	47	100	1000	2018	1	08/21/2017	513400	56099	36,000.00	Correct Duplicate Entry JE #16
Budget Entry Correction	47	100	1000	2018	1	08/21/2017	513800	49100	(36,000.00)	Correct Duplicate Entry JE #16
<b>47 Total</b>									-	
Budget Reduction	48	100	1000	2018	4	08/21/2017	200800	49100	133,000.00	Street light maint outsourced
Budget Reduction	48	100	1000	2018	4	08/21/2017	200900	31199	(133,000.00)	Street light maint outsourced
<b>48 Total</b>									-	
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100120	52201	2,555.00	R/F 91481 V721/11075167
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100300	52310	1,713.00	R/F 87546 V2250/11269900
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100500	54319	3,806.00	R/F 88734 V1797/474882
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100500	54458	291.00	R/F 89916 V1317/2017-00000017
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100500	54458	2,178.00	R/F 88753 V2200/51830
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100510	54450	900.00	R/F 91355 V3343/SWO015411-3
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100510	54468	456.00	R/F 91355 V3343/SWO015411-3
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100510	54468	190.00	R/F 91244 V3597/12672
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100604	54160	1,478.00	R/F 91078 V2485/17972
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100604	54160	31.00	R/F 85810 V1113/0740972
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100650	54693	510.00	R/F 89324 V2840/081117
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200520	54189	8,423.00	R/F 91484 V3796/17-229
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200520	54189	540.00	R/F 91331 V3683/23058
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200520	54251	9,600.00	R/F 87409 V2717/10019668
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	54490	9,052.00	R/F 90096 V1791/7UB-0257194
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	54494	20,025.00	R/F 90195 V2235/S005595458.003
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	56001	167,317.00	R/F 87415 V182/8181609
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	56203	109,670.00	R/F 87273 V250/16182P4
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	56203	89,273.00	R/F 91351 V484/2252519
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	56203	42,674.00	R/F 83153 V3229/13
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	56203	6,028.00	R/F 83153 V3229/14-FINAL
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200521	56204	375,760.00	R/F 89070 V250/16-662F
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200522	52807	3,980.00	R/F 91287 V2506/191603
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	210541	56160	8,425.00	R/F 76065 V815/62029
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	210541	56211	48,659.00	R/F 83153 V3229/13
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	210541	56211	366,049.00	R/F 83153 V3229/14-FINAL
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	220552	56150	8,761.00	R/F 89031 V815/62137
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	507663	54189	1,067.00	R/F 89483 V1113/0740983
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513500	56160	208.00	R/F 88034 V2485/18024
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513501	56101	22,990.00	R/F 88739 V3650/3
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513501	56150	12,594.00	R/F 88713 V2485/17980
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513501	56150	2,712.00	R/F 88715 V3236/112844
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513501	56150	10,399.00	R/F 87838 V3236/112847

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

Aug 17

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513501	56160	30.00	R/F 88770 V3202/140905.FD.10
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513501	56170	19,184.00	R/F 88715 V3236/112844
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513511	56150	4,714.00	R/F 91046 V2524/2017009JUNE
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513511	56170	15,590.00	R/F 89354 V2485/17973
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	801510	56001	37,791.00	R/F 91472 V2631/0173346
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	801510	56001	37,791.00	R/F 91473 V2631/0173347
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	100900	31198	(14,108.00)	R/F 16/17 PO's Pd 6.23-7.13.17
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	200900	31198	(842,342.00)	R/F 16/17 PO's Pd 6.23-7.13.17
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	210900	31198	(423,133.00)	R/F 16/17 PO's Pd 6.23-7.13.17
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	220900	31198	(8,761.00)	R/F 16/17 PO's Pd 6.23-7.13.17
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	507900	31198	(1,067.00)	R/F 16/17 PO's Pd 6.23-7.13.17
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	513900	31198	(88,421.00)	R/F 16/17 PO's Pd 6.23-7.13.17
Roll Forward of Budget for Enc	49	100	1000	2018	4	08/21/2017	801900	31198	(75,582.00)	R/F 16/17 PO's Pd 6.23-7.13.17
<b>49 Total</b>									-	
Roll Forward Budget for Non PO	50	100	1000	2018	4	08/23/2017	100402	51601	1,080.00	For EMA winter jackets
Roll Forward Budget for Non PO	50	100	1000	2018	4	08/23/2017	100900	31197	(1,080.00)	R/F Budget to FY 17/18
<b>50 Total</b>									-	
Budget Transfer	51	100	1000	2018	4	08/24/2017	100130	54532	300.00	FF/Paramedic recruitment post
Budget Transfer	51	100	1000	2018	4	08/24/2017	100130	54500	(300.00)	FF/Paramedic recruitment post
Budget Transfer	51	100	1000	2018	4	08/24/2017	100600	55203	50.00	For deed release 934 Dean St
Budget Transfer	51	100	1000	2018	4	08/24/2017	100600	54000	(50.00)	For deed release 934 Dean St
Budget Transfer	51	100	1000	2018	4	08/24/2017	100111	54399	702.00	Temp Receptionist
Budget Transfer	51	100	1000	2018	4	08/24/2017	100110	50101	(702.00)	Temp Receptionist
Budget Transfer	51	100	1000	2018	4	08/24/2017	100300	52300	150.00	Janitorial Supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	100300	52319	(150.00)	Janitorial Supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	100300	52305	100.00	Safety Supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	100300	52319	(100.00)	Safety Supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	100500	54402	100.00	For copier maintenance
Budget Transfer	51	100	1000	2018	4	08/24/2017	100500	54399	(100.00)	For copier maintenance
Budget Transfer	51	100	1000	2018	4	08/24/2017	200520	54135	500.00	For collection services
Budget Transfer	51	100	1000	2018	4	08/24/2017	200520	54120	(500.00)	For collection services
Budget Transfer	51	100	1000	2018	4	08/24/2017	200522	52000	100.00	For test labels
Budget Transfer	51	100	1000	2018	4	08/24/2017	200522	52001	(100.00)	For test labels
Budget Transfer	51	100	1000	2018	4	08/24/2017	220552	52500	20.00	For electrical supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	220552	52402	(20.00)	For electrical supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	800223	52306	10.00	For signage supplies
Budget Transfer	51	100	1000	2018	4	08/24/2017	800223	52400	(10.00)	For signage supplies
<b>51 Total</b>									-	
Budget Transfer	52	100	1000	2018	4	08/31/2017	100110	52300	20.00	Janitorial/Kitchen supplies
Budget Transfer	52	100	1000	2018	4	08/31/2017	100110	52101	(20.00)	Janitorial/Kitchen supplies
Budget Transfer	52	100	1000	2018	4	08/31/2017	100121	52000	200.00	Business Cards/Name Tags
Budget Transfer	52	100	1000	2018	4	08/31/2017	100121	52101	(200.00)	Business Cards/Name Tags
Budget Transfer	52	100	1000	2018	4	08/31/2017	220552	52300	200.00	Janitorial/Kitchen supplies
Budget Transfer	52	100	1000	2018	4	08/31/2017	220552	52304	(200.00)	Janitorial/Kitchen supplies





**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4a

Title:

Recommendation to approve an application for a new Class A4 liquor license for the Home Brew Shop located at 225 W Main Street, St. Charles.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: September 18, 2017

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

This is a request for a new Class A4 liquor license the Home Brew Shop located at 225 W Main Street, St. Charles. Their business venue is a Home Brew Shop, Winery and Cidery, and is an expansion of the existing Home Brew Shop business. The applicant has been vetted by the Police Department and all documents are in order.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 18 (same day), to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

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

- Memo
- Background Check
- Liquor License Application
- Business Plan
- Site Plan

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

Recommendation to approve an application for a new Class A4 liquor license for the Home Brew Shop located at 225 W Main Street, St. Charles.



# Memo

Date: 9/8/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Home Brew Shop/225 W. Main Street (A-4)

---

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

As you are aware, the Home Brew Shop has been in business in St. Charles for several years. Due to declining profits and business sales, they have opted to redesign both their business plan and the footprint of their building. They are investing in a significant remodel and building facelift as well as the desire to start manufacturing wine on site to coincide with craft beer sales and on-site consumption.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan to ensure it coincided with our liquor code. Due to recent modifications within our code, we believe their entire plan meets both our code requirements and will be a nice addition to our downtown.

We also found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with expanded liquor sales and on-site consumption, subject to City Council approval.

Thank you in advance for your consideration in this matter.



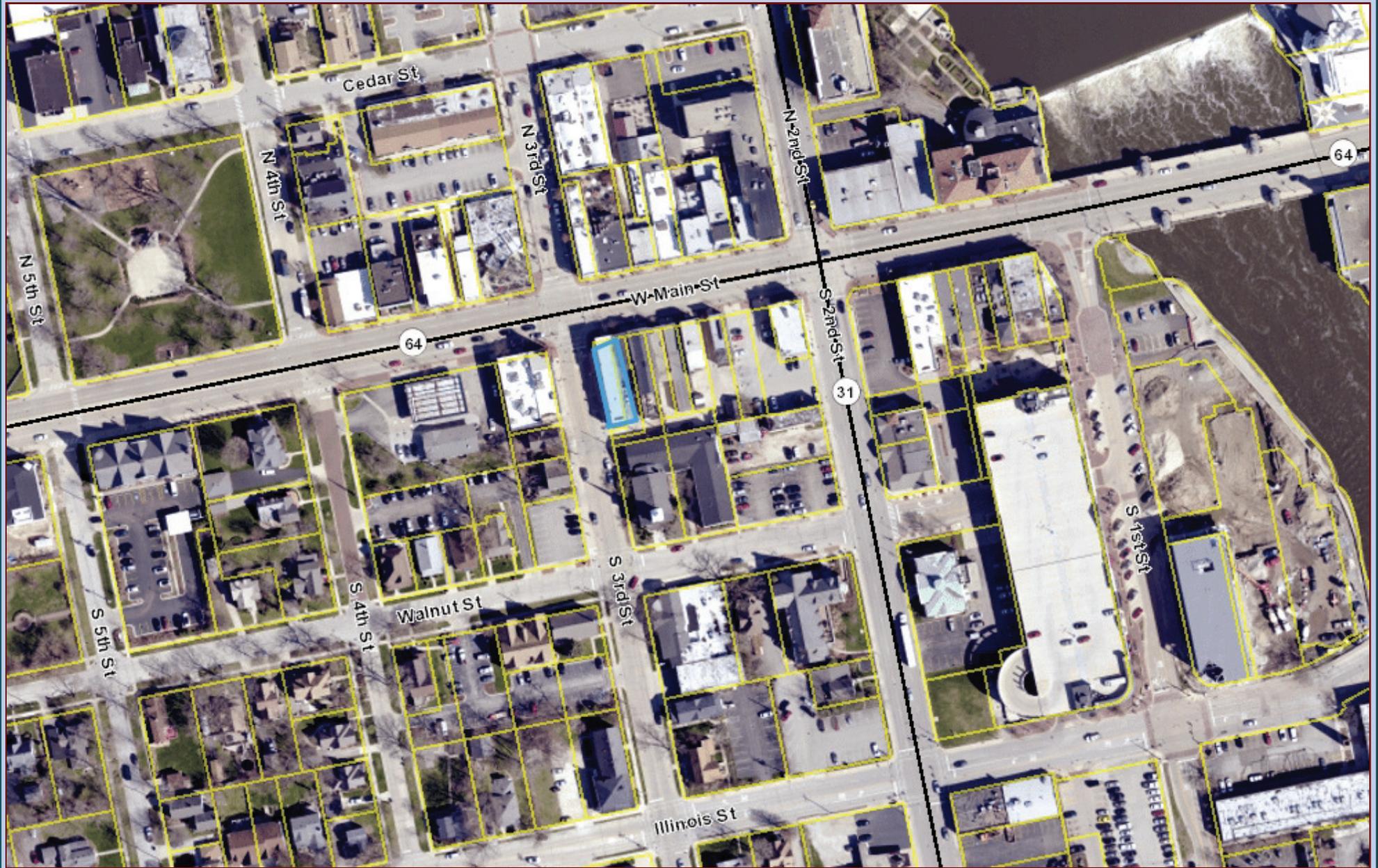
# City of St. Charles, Illinois

Two East Main Street St. Charles, IL 60174-1984  
Phone: 630-377-4400 Fax: 630-377-4440 - www.stcharlesil.gov

# Home Brew Shop

RAYMOND ROGINA *Mayor*

MARK KOENEN *City Administrator*



Data Source:  
City of St. Charles, Illinois  
Kane County, Illinois  
DuPage County, Illinois  
Projection: Transverse Mercator  
Coordinate System: Illinois State Plane East  
North American Datum 1983  
Printed on: September 13, 2017 10:36 AM



0 83 167 Feet

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Powered by Precision GIS



# Memo

Date: 8/9/2017  
To: Cmdr. Mahan *EMM 3/16*  
From: Det. Beam *TB*  
Re: Edward Seaman/ Liquor License Application

---

The purpose of this memo is to document the background investigation of Edward Seaman pursuant to his application for a Class A-4 liquor license.



- Mr. Seaman currently resides at the above address and has lived there for approximately 27 years. The Streamwood Police Department does not have any negative contacts with Mr. Seaman. The DuPage County Sheriff's Department does not have any negative contacts with Mr. Seaman.
- Mr. Seaman is a U.S. citizen and was born in Chicago. Mr. Seaman does possess a valid Illinois Driver's License #S550-2305-8233.
- On 08/08/17, I met with Mr. Seaman's son, Michael E Seaman M/W 05/14/88, at the relocated Home Brew Shop on S. 3<sup>rd</sup> St. I met with Michael since his father is currently in Alaska until September 1<sup>st</sup>. Michael reviewed the license background waiver and subsequently signed the form on behalf of his father. Michael provided the following information in response to my questions. The W. Main St location is currently under renovation with an anticipated opening for late Summer/early Fall 2018. The profits for the business have declined for (3) straight years, so they felt now was the right time to revamp/redesign it. They plan to sell beer onsite as well as produce their own wine. The business plan also includes moving the home brew shop back the W. Main St location. Michael

anticipated adding food items into the mix at some point as well. Michael stated that hour of operation are Tuesday-Friday 11:00 AM to 10:00 PM, Saturday 10:00 AM to 10:00 PM, Sunday 12:00 PM to 10:00 PM, and closed Monday. Michael estimated having \$5000 inventory on hand at the time of opening. Michael gave me a tour of the building under construction, which was completely gutted for renovations. Michael stated that the beer and wine tasting area will be located in the front of the store, the home brew section in the middle, and the wine production will take place in the rear of the store. Michael added that (2) apartments will be located upstairs. He anticipates leasing both apartments to help cover business costs.

- Mr. Seaman is listed as the President of the corporation and will serve as manager in the day-to-day operation of the business.
- The following items are included with this report: a floor plan, business plan, articles of incorporation, and BASSET certification for Seaman. There is no lease as Seaman owns the building.
- Home Brew Shop is located at 225 W. Main St. in St. Charles, Illinois 60174. The business has been open for approximately 27 years.
- Mr. Seaman does not have any negative contacts with our department through New World.
- I searched the Illinois Secretary of State website and found HomeBrew Shop Ltd. listed in good standing.
- Mr. Seaman was not fingerprinted at the time of application due to a finger injury. Mr. Seaman is currently out of state until September 1, 2017. I advised him to be fingerprinted as soon as possible upon his return to Illinois.
- The criminal history of this applicant is pending receipt of conviction information from the Illinois Bureau of Identification.

This concludes this background investigation.



As an applicant for licensing with the City of St. Charles, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the release of any and all information you may have concerning me, including but not limited to criminal history and conviction information, information of a confidential or privileged nature or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby release, discharge, and exonerate the CITY OF ST. CHARLES POLICE DEPARTMENT, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspecting, and copying of such documents, records and other information. This release shall be binding on my legal representatives, heirs, and assigns. It is understood and acknowledged by me that any information secured, pursuant to this required background investigation, which would negatively reflect on me or my ability to obtain licensing in the City of St. Charles or elsewhere may be disseminated to the appropriate agency or jurisdiction of proper authority. A copy of this document shall be as binding as the original.

Edward Seaman Michael Seaman  
Applicant Name (Printed)

Michael Seaman  
Applicant's Signature

8/18/17  
Date

JAMES T. KEEGAN *Chief of Police*

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



Incomplete applications will not be accepted.  
**Completed applications may be submitted to:**  
 Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: \_\_\_\_\_  New Application  Renewal Application

**APPLICATION CHECKLIST**

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input 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 type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is <b>only</b> needed for <b>each manager</b> . 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include:    Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment    Will there be outdoor seating and/or outdoor designated smoking area <input type="checkbox"/> Do not include a marketing or financial plan with this business plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact <b>Building &amp; Code Enforcement at 630.377.4406</b> and/or <b>Fire Prevention Bureau at 630.377.4458</b> to discuss whether or not a walk-thru and/or permit are necessary for this business.	<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 type="checkbox"/>	<input type="checkbox"/>

**OFFICIAL USE ONLY**

Approved\*  Denied Date Approved/Denied: \_\_\_\_\_ Customer Number: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Mayor, Liquor Control Commissioner

\_\_\_\_\_  
 Date Issued

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

**APPLICANT INFORMATION**A. Type of Business:  Individual  Partnership  Corporation  Other (explain):B. Business Name:  
Home Brew ShopC. Business Address:  
225 W. Main St.

D. IL Tax ID Number:

E. Business Phone:  
630-377-1338F. Business E-mail:  
info@homebrewshopltd.comG. Business Website:  
www.homebrewshopltd.comH. Contact Person:  
Edward SeamanI. Title:  
President

J. Phone No.:

K. If Corporation, Corporation Name:  
Home Brew Shop LTDL. Corporation Address (city, state, zip code):  
225 W. Main St., Saint Charles, IL 60174**BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. Type of Establishment:  Package  Restaurant  Tavern  Hotel/Banquet/Arcada/Q-Center  OtherB. Address applying for liquor license (exact street address):  
225 W. Main St.C. Number of Parking Spaces:  
0D. Outside Dining s.f. [17.20.020-R]:  
0

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

F. Total Building s.f.:  
2054G. Total Number of Seats:  
0H. Number of Bar Seats:  
0I. Sale Counter s.f.:  
60J. Live Entertainment Area s.f. [5.08.010-H]:  
N/AK. Kitchen s.f.:  
N/A

L. Cooler s.f.:

M. Dry Storage s.f.:

N. Seating Area s.f.:  
0O. Retail/public Area s.f.:  
850P. Service Bar s.f. [5.08.010-O]:  
92

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

This is an expansion to the existing Home Brew Shop business. The expansion is to include wine and cider production and sales. On and off premise sales of wine and cider will be from the front tasting room. Additional retail sales will include current Home Brew Shop products from the dry goods area. A production winery will be in the rear of the building.

**MANAGER INFORMATION**

Full Name, include middle initial: Edward J Seaman

Title: President

Birthdate: [REDACTED]

Birthplace: [REDACTED]

Driver's License#: [REDACTED]

Home Phone: [REDACTED]

Home Address: [REDACTED]

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

Full Name, include middle initial:

Title:

Birthdate:

Birthplace:

Driver's License#:

Home Phone:

Home Address:

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

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

**CLASS B LICENSES**

- |    |  |
|----|--|
| 1. | Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following ( <i>check off once complete</i> ): <ul style="list-style-type: none"><li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li><li>b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);</li><li>c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.**</li></ul> |
| 2. | The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license.   |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.  |
| 4. | It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.  |

**CLASS C LICENSES**

- |    |  |
|----|--|
| 1. | Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following ( <i>check off once complete</i> ): <ul style="list-style-type: none"><li>a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;</li><li>b. The designated use of each room or segregated area (e.g. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas, where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);</li><li>c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.**</li></ul> |
| 2. | The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee by noting the same on the approved site drawing or as provided on the face of the license.  |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.  |
| 4. | It shall be unlawful for any Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.  |

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

**CORPORATION / PREMISES QUESTIONS**

1.	If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is any individual a naturalized citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, print name(s), date(s), and place(s) of naturalization:
2.	List the type of business of the applicant (5.08.070-3): Retail Shop, Production Winery, On & Off Premise Sales of Wine & Cider
3.	Number of years of experience for the above listed type of business (5.08.070-4): 16
4.	Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$75,000.00
5.	Location/address and description of business to be operated under this applied for license (5.08.070-6): 225 W. Main St., Saint Charles, IL Retail sales of home brewing and wine making supplies and ingredients, production winery, on and off premise sale of wine and cider.
6.	Is the premises owned or leased (5.08.070-6A)? <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased
7.	If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):  <b>Name of Building Owner:</b> Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address:  <b>Name of Building Owner:</b> Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address:  <b>Name of Building Owner:</b> Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address:
8.	Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list the business name(s) and address(es):



15.	<p><b>Complete ONLY if yes was answered to the questions above (14):</b></p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): 5/31/2001</p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business(5.08.070-11)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p><b>Mandatory:</b> All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p><b>Mandatory:</b> Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p><b>NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.</b></p>

20. **Mandatory:** Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)?

Yes  No

**COMMENTS/ADDITIONAL INFORMATION**

The Lazarus House plans to convert the church into an additional homeless shelter space. The Plan Commission's public hearing will be held on Tuesday, August 8, 2017 at 7: p.m. in the City Council Chambers of the Municipal Building at 2 E. Main St., Saint Charles. Once the Lazarus converts the church into the homeless shelter we will be greater than 100 feet away from any church.

**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: Edward Seaman J Yes  
(First) (Last) (Middle) Manager  
Home Street Address: [REDACTED]  
City, State, Zip: [REDACTED]  
Date of Course: 7/25/2017 Place Course was Taken: On Line  
Birthdate: 08/16/1958 Certificate Granted: Yes Expiration: 07/25/2020

Name: (First) (Last) (Middle) Manager  
Home Street Address:  
City, State, Zip:  
Date of Course: Place Course was Taken:  
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager  
Home Street Address:  
City, State, Zip:  
Date of Course: Place Course was Taken:  
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager  
Home Street Address:  
City, State, Zip:  
Date of Course: Place Course was Taken:  
Birthdate: Certificate Granted: Expiration:

**NEW MANAGEMENT REQUIREMENTS**

**Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.**

**It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.**

**APPLICATION FOR LATE NIGHT PERMIT**

**SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C**

To: **St. Charles Liquor Control Commission**

Date:

I now possess or have applied for a liquor license Class

Applicant's Name:

Name of Business:

Business Address:

Business Phone:

**SUPPLEMENTAL PERMIT APPLIED FOR**

**Payment of Late Night Permit fee is required at the time the permit is issued.**

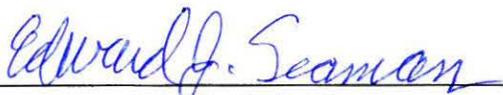
1:00 a.m. Late Night Permit – fee of \$800.00

2:00 a.m. Late Night Permit – fee of \$2,300.00

**NOTE:** Other permits that may be available upon request include:

- Class E – Special Event License (1 to 3-day event @ \$100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

**SIGNATURES**



Applicant's Signature

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

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

\_\_\_\_\_  
Date

**ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**

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

Date: 080917 Name of Applicant: Edward Seaman

Name of Business: Home Brew Shop

Address of Business: 225 W. Main St Ward Number:

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

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

1. Date on which applicant will begin selling retail alcoholic liquors at this location: 01/01/2018

2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station?  Yes  No

3. If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business?  Yes  No

If yes, answer a, b and c:

a. State the kind of such business: The principal business is food and dry goods store.

b. Give date on which applicant began the kind of business named at this location: 05/31/2001

c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?  Yes  No

4. If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church?  Yes  No

If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore?  Yes  No

5. Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?  Yes  No

6. Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.)  Yes  No

7. If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business:  Yes  No Home Brew Supplies

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 checked="" type="checkbox"/> No Fingerprinted by: _____ Date: 9/8/17
14.	Other necessary data:

**SIGNATURES**

**ENDORSEMENTS AND APPROVALS**

**INVESTIGATING OFFICER**

*Tom Beam*

Investigating Officer Signature

343 Patrolman

Badge Number & Rank

**ENDORSEMENT OF THE CHIEF OF POLICE**

Recommend Issuing Liquor License:  Yes  No

*Jane T. Key*  
Signature Of Chief of Police

9/8/2017  
Date

## **BUSINESS PLAN**

### **HOME BREW SHOP WINERY AND CIDERY**

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225 W. Main St.  
St. Charles, IL 60174

July 26, 2017

#### **• STATEMENT OF PURPOSE**

This is an expansion to the existing Home Brew Shop business. Home Brew Shop Winery and Cidery is a small-scale winery that will be in St. Charles, Illinois, and will occupy 2052 square feet on the main floor of the building and 576 square feet in the basement/cellar. Besides fermented beverages, the new production area will be used for demonstrations, teaching classes and hands on learning. Initial plans are to produce four styles of wine and two styles of cider. This product will be sold in bottles for on and off premise sales at the tasting room located in the front of the 225 W. Main Street building. The 225 W. Main Street building will consist of a production winery in the back section, Home Brew Shop dry goods, equipment and supply store in the center section of the building and a tasting room in the front of the building. The winery will have viewing windows from the centrally located retail store and tasting in the front. The hours of operation will be from 10:00 a.m. to 10:00 p.m. Wine will be offered for sale as a tasting flight and by the glass. Bottles and cases of bottles will be available for package sales.

#### **• COMPANY DESCRIPTION**

Since 2001, Home Brew Shop has been a retail supply shop dedicated to providing raw materials, supplies and equipment to home brewers and winemakers to make beer and wine at home. In addition, Home Brew Shop carries a full line of home beverage equipment and related hardware for beverage dispensing. Other products include beer making books, wine making books, soda pop kits, liquor and cordial kits, brewing spices, mother of vinegar and varietal honey.

Home Brew Shop Winery and Cidery will occupy the bottom floor, which is approximately 2600 square feet and faces Main Street (Route 64 – North Ave.). The winery will produce up 6000 liters of wine and cider in stainless steel tanks per year in its initial design. Initial plans are to produce four styles of wine and two styles of cider.

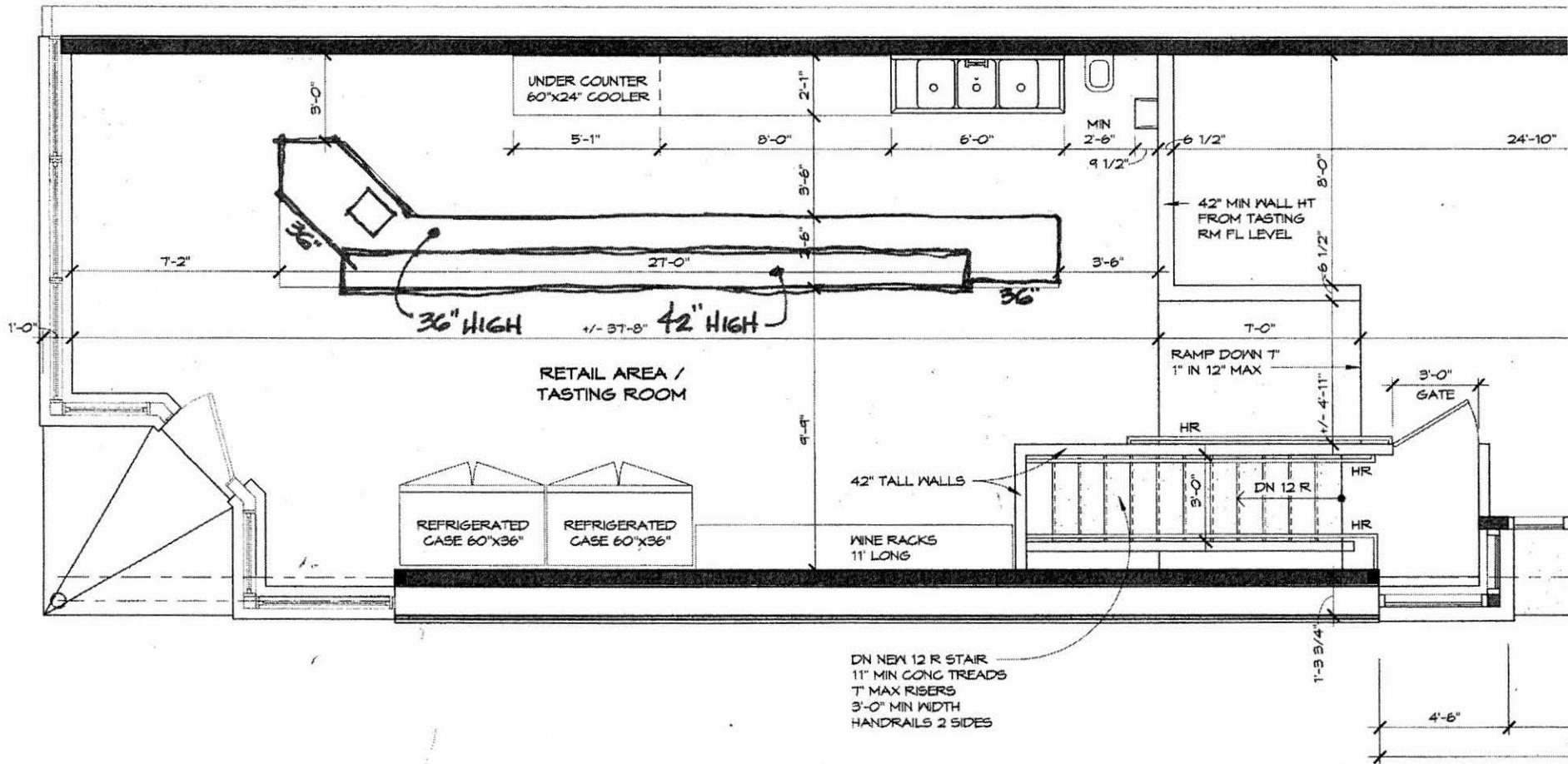
Home Brew Shop Winery and Cidery is incorporated in the State of Illinois as a sub-chapter S Corporation. The Internal Revenue Service has officially accepted Home Brew Shop election as an S-Corporation as of May 31, 2001. The legal name of the corporation is Home Brew Shop, LTD. The company was incorporated in the State of Illinois in 2001. The Internal Revenue Service has issued an Employer Identification Number which is 36-4440664 issued June 4, 2001.

The largest competitive advantage for the winery is the demographic population shift to Kane county, coupled with the rise of the St. Charles area as a retail and dining magnet. The St. Charles area boasts some of the area's finest eating and drinking establishments with more of the same coming into the area. Home Brew Shop Winery and Cidery will be highly visible with its newly renovated building anchoring a corner location in downtown St. Charles. The sheer uniqueness of the business coupled with the great superiority of the product quality and flavor all contribute towards a winning formula for success.

#### **• MANAGEMENT**

The winery will be managed by Edward J. Seaman. Mr. Seaman will oversee production planning, purchasing, inventory control, quality control and accounts payable. Mr. Seaman has experience in all the above areas through his working background in business since 2001. He attended the Siebel Institute of Technology's "Course in Brewing Microbiology and Microscopy" June 2nd - 13<sup>th</sup>, 1997. Mr. Seaman worked as an assistant brewer at Glen Ellen Microbrewery for two years in 1999 and 2000. He will be assisted by his son Michael Seaman an accomplished wine maker and brewer who has been an employee of Home Brew Shop since 2010. Sales will be handled by Jessica Voigt, who has extensive experience. Ms. Voigt has worked at Home Brew Shop since 2001. She is the shop's winemaking instructor for its monthly wine making classes and has over 12 years as an experienced home winemaker.

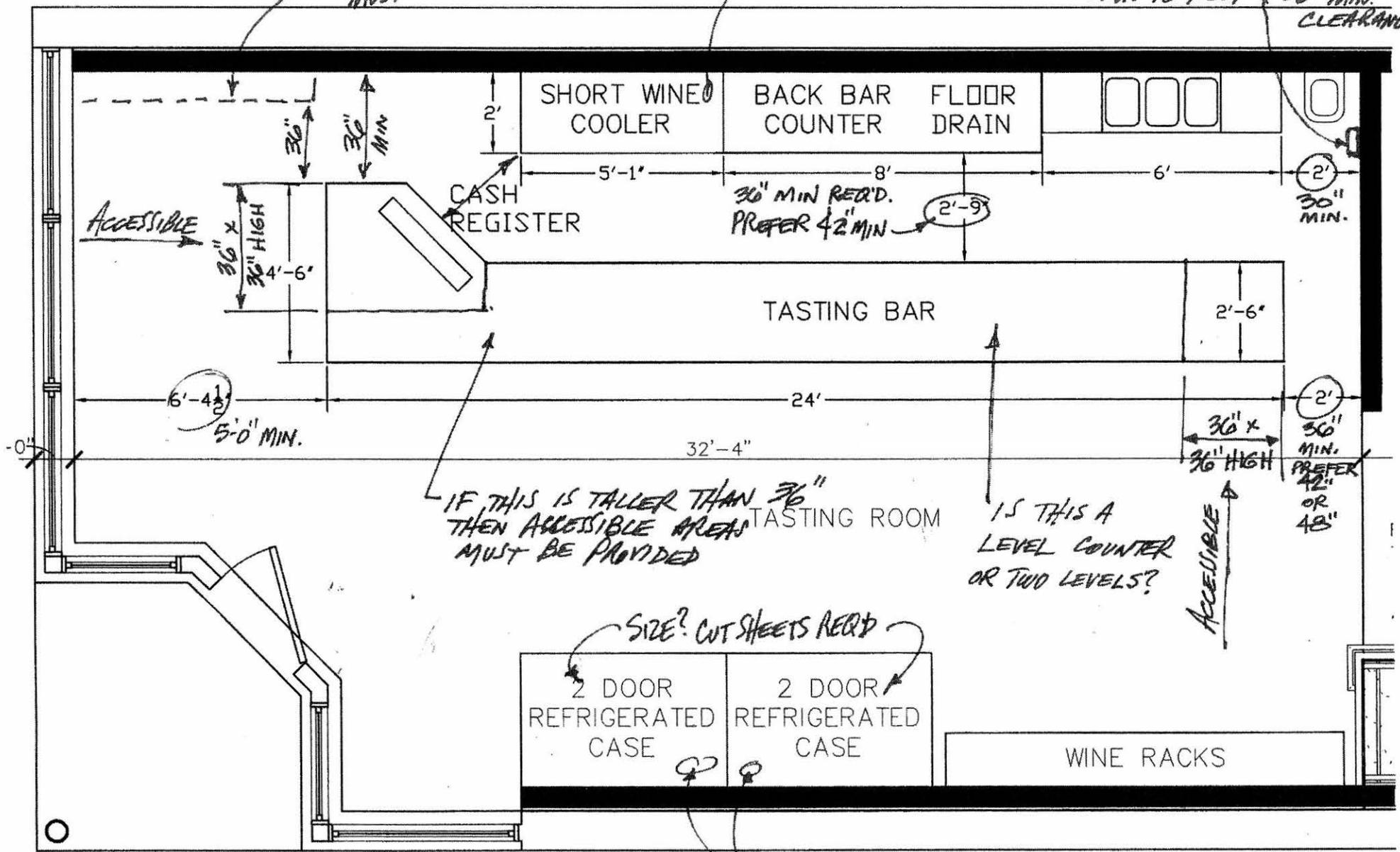
+/- 37'-8" EXISTING WOOD FLOOR CONST



PAPER TOWELS & WASTE  
REQ'D BY HEALTH CODE.  
ADD THIS DEPTH AND SHIFT  
SINK TO KEEP 30" MIN.  
CLEARANCE

IF DISPLAY OR RETAIL SHELVES  
MUST STILL HAVE 30" MIN.

FLOOR DRAIN



IF THIS IS TALLER THAN 36" THEN ACCESSIBLE AREAS MUST BE PROVIDED

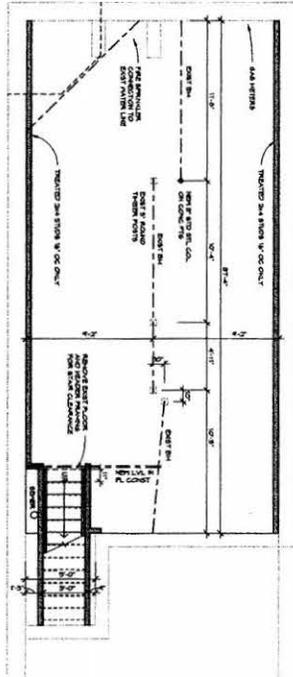
IS THIS A LEVEL COUNTER OR TWO LEVELS?

SIZE? CUT SHEETS REQ'D

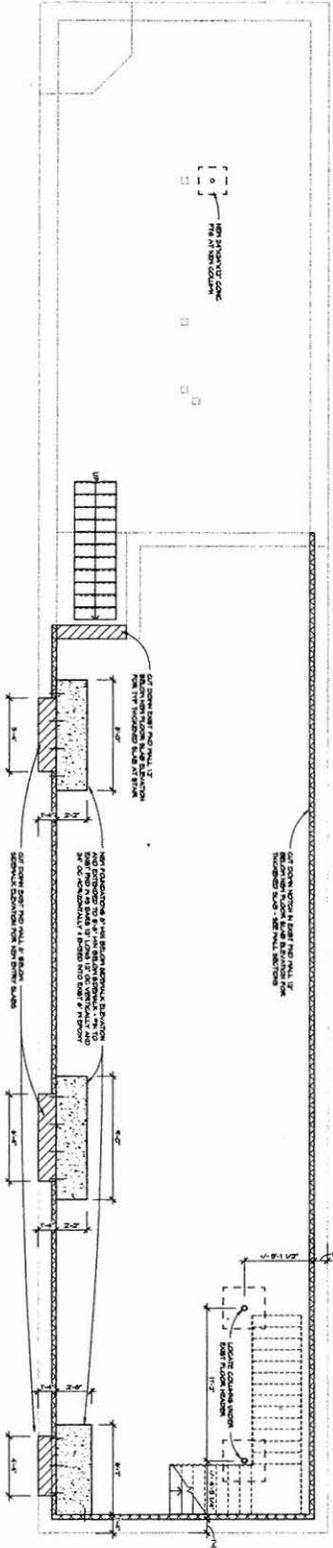
FLOOR DRAINS FOR CONDENSATE?

36" x 36" HIGH  
ACCESSIBLE  
30" MIN. PREFER 42" OR 48"





② BASEMENT FLOOR PLAN  
1/4" = 1'-0"



① FOUNDATION PLAN  
1/4" = 1'-0"

BUILDING REPAIR AND ALTERATIONS FOR  
225 W MAIN STREET ST CHARLES, IL  
CONTRACTOR:  
BCB CARPENTRY AND CONSULTING  
816 PARK ST BATAVIA, IL 60510  
331-588-3536

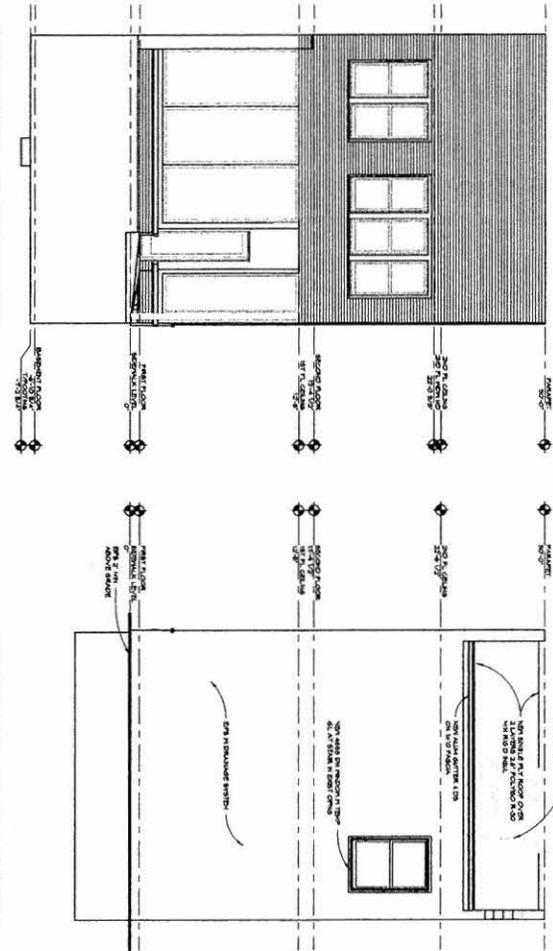
**LANKENAU**  
ARCHITECTURE P.C.  
*Creative design that endures*  
1121 CHESHIRE AVENUE  
NAPERVILLE, ILLINOIS 60540  
630-202-8261  
www.lankenau-architecture.com

ISSUED FOR  
REVIEW ONLY

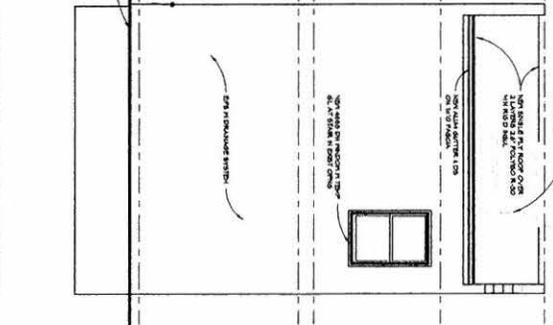
NOT FOR  
CONSTRUCTION

PROJECT NO.	41910017
DATE	04/19/2017
DESIGNED BY	JKL
CHECKED BY	JKL
PROJECT NUMBER	17005
FOUNDATION AND BASEMENT PLANS	
<b>A4</b>	

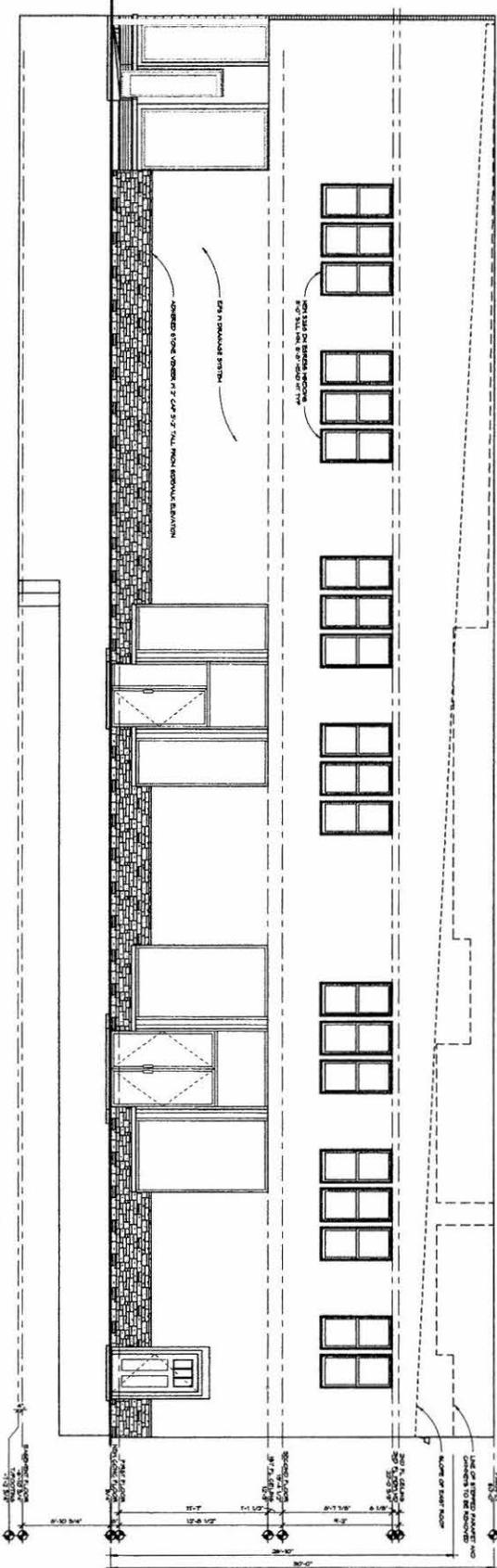
1 NORTH ELEVATION  
1/4" = 1'-0"



2 SOUTH ELEVATION  
1/4" = 1'-0"



3 WEST ELEVATION  
1/4" = 1'-0"



**ISSUED FOR REVIEW ONLY**  
THIS DRAWING IS NOT TO BE USED FOR CONSTRUCTION.  
IT IS THE RESPONSIBILITY OF THE USER TO OBTAIN ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.  
ALL DIMENSIONS TO BE SHOWN ON DRAWING.

**NOT FOR CONSTRUCTION**

**A3**

**BUILDING REPAIR AND ALTERATIONS FOR**  
225 W MAIN STREET ST CHARLES, IL  
**CONTRACTOR:**  
BCB CARPENTRY AND CONSULTING  
816 PARK ST BATAVIA, IL 60510  
331-588-3536

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NAPERVILLE, ILLINOIS 60540  
630-202-8261  
www.lankenau-architecture.com



# ALTERATIONS TO 225 W. MAIN STREET ST. CHARLES, ILLINOIS

**LANKENAU**  
ARCHITECTURE P.C.  
1321 CONGRESS AVENUE  
NAPERVILLE, ILLINOIS 60540  
630-303-8361  
www.lankenau-architect.com

**BUILDING REPAIR AND ALTERATIONS FOR  
225 W MAIN STREET ST CHARLES, IL**  
CONTRACTOR:  
**BCB CARPENTRY AND CONSULTING**  
816 PARK ST. BATAVIA, IL 60510  
331-588-9556

**ISSUED FOR  
REVIEW ONLY**

These plans were drawn by me or under my direct supervision, and to the best of my knowledge comply with all applicable building codes that have been issued for review.

**NOT FOR  
CONSTRUCTION**

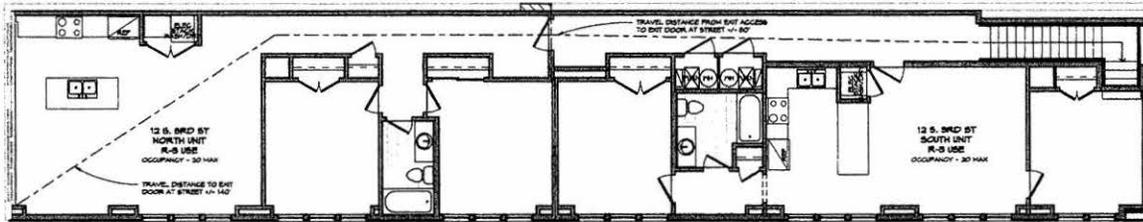
DATE: 6/19/2017  
DRAWN BY: PRL  
CHECKED BY: PRL  
PROJECT NUMBER: 17006

**REVISION SCHEDULE**

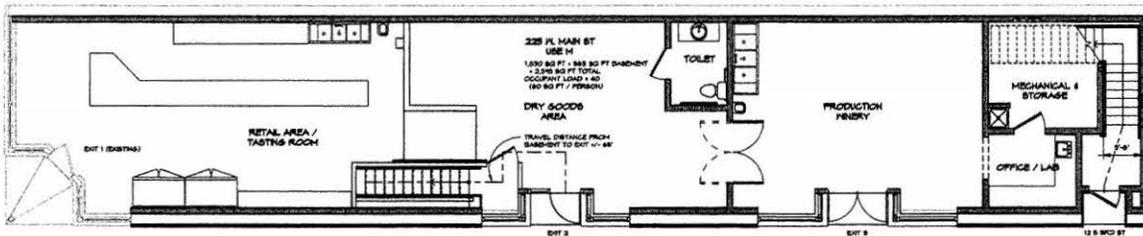
ID	DATE	DESCRIPTION

**COVER SHEET AND  
OCCUPANCY PLANS**

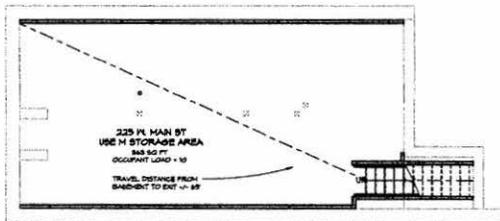
**A1**



**2 SECOND FLOOR USE AND LIFE SAFETY PLAN**  
3/16" = 1'-0"



**1 FIRST FLOOR USE AND LIFE SAFETY PLAN**  
3/16" = 1'-0"



**B BASEMENT USE AND LIFE SAFETY FLOOR PLAN**  
3/16" = 1'-0"

**PROJECT INFORMATION, NOTES AND USE:**  
OWNER: JAMES J. JONES, 225 W. MAIN STREET, ST. CHARLES, ILLINOIS 62256  
DESIGNER: LANKENAU ARCHITECTURE P.C., 1321 CONGRESS AVENUE, NAPERVILLE, ILLINOIS 60540  
DATE: 6/19/2017  
DRAWN BY: PRL  
CHECKED BY: PRL  
PROJECT NUMBER: 17006

**PERMITTED GENERAL ALTERATIONS AND RATINGS REQUIRED:**  
1. THESE PLANS HAVE BEEN PREPARED TO MEET OR EXCEED THE DEVELOPER REQUIREMENTS OF THE 2018 IBC AS REQUIRED BY THE STATE OF ILLINOIS PRESCRIPTIVE REQUIREMENTS.  
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100. ILLINOIS PRESCRIPTIVE REQUIREMENTS.

DATE: 6/19/2017



**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4c

Title:	Recommendation to approve an Ordinance Amending Title 5, Entitled “Business Licenses and Regulations” Chapter 5.08, “Alcoholic Beverages”, 5.08.090, “License - Classifications” of the St. Charles Municipal Code
Presenter:	Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: September 18, 2017

Proposed Cost: \$ 0

Budgeted Amount: N/A

Not Budgeted:

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

5.08.090 – License – Classifications (Existing Language)

After we recently approved the below mentioned ordinance, it was brought to our attention by a member of the City Council that the ordinance, while allowing gas stations to offer retail alcohol offering, did not take into account free-standing convenience stores. Our current ordinance states:

*A-6 Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage.*

I recommend the following ordinance language in lieu of our existing stipulations under:

5.08.090 – License – Classifications (Proposed Language)

**A-6 Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in convenience stores or gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage.**

Pursuant to posting this item on the Government Operations Committee agenda, it was brought before the Liquor Control Commission meeting on August 21, 2017, to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

**Attachments** (please list):

Memo

Ordinance with amendments

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

Recommendation to approve an Ordinance Amending Title 5, Entitled “Business Licenses and Regulations” Chapter 5.08, “Alcoholic Beverages”, 5.08.230, “Licensed Premises – Location Restrictions” of the St. Charles Municipal Code



# Memo

Date: August 11, 2017  
To: Mark Koenen, City Administrator  
From: James Keegan, Chief of Police  
CC: Raymond Rogina, Mayor/Liquor Commissioner  
Re: Ordinance Modifications – 5.08.090 – License - Classifications (Liquor Code)

---

## Introduction

The purpose of this memorandum is to explain in greater detail the proposed liquor code modification for the following:

### 5.08.090 – License – Classifications (Existing Language)

After we recently approved the below mentioned ordinance, it was brought to our attention by a member of the City Council that the ordinance, while allowing gas stations to offer retail alcohol offering, did not take into account free-standing convenience stores. Our current ordinance states:

*A-6 Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage.*

I recommend the following ordinance language in lieu of our existing stipulations under:

### 5.08.090 – License – Classifications (Proposed Language)

**A-6 Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in convenience stores or gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage.**

## Summary

Both Geneva, Batavia and South Elgin allow sales inside convenience stores regardless of square footage. West Chicago does not.

I recommend in favor of both of the aforementioned ordinance modifications, subject to City Council approval. Thank you in advance for your cooperation in this matter.

**City of St. Charles**  
**Ordinance No. 2017-M-\_\_\_\_\_**

**Ordinance Amending Title 5, Entitled “Business Licenses and Regulations”  
Chapter 5.08, “Alcoholic Beverages”, 5.08.090, “License - Classifications” of  
the St. Charles Municipal Code**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF ST. CHARLES, KANE  
AND DUPAGE COUNTIES, ILLINOIS, AS FOLLOWS:**

**SECTION ONE:** That Title 5 “Business Licenses and Regulations,” Chapter 5.08 “Alcoholic Beverages”, 5.08.090, “License – Classifications” of the St. Charles Municipal Code, be amended as follows:

- A-6 Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in convenience stores or gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage.

**SECTION TWO:** That after the adoption and approval hereof, this Ordinance shall (i) be printed or published in book or pamphlet form pursuant to the authority of the City Council, or (ii) within thirty (30) days after the adoption and approval hereof, be published in a newspaper published in and with a general circulation within the City of St. Charles.

**SECTION THREE:** This Ordinance shall be in full force and effect ten (10) days from and after its passage by a vote of the majority of the corporate authorities now holding office, approval and publication in the manner provided by law.

PRESENTED to the City Council of the City of St. Charles, Illinois, this \_\_\_\_ day of \_\_\_\_\_, 2017.

PASSED by the City Council of the City of St. Charles, Illinois this \_\_\_\_ day of \_\_\_\_\_, 2017.

APPROVED by the Mayor of the City of St. Charles, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Raymond P. Rogina, Mayor

ATTEST:

\_\_\_\_\_  
City Clerk

COUNCIL VOTE:

Ayes : \_\_\_\_\_

Nays : \_\_\_\_\_

Absent : \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney

DATE: \_\_\_\_\_

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4b

Title:

Recommendation to approve an application for a new Class A4 liquor license for D and G Brewing, LLC located at 303 N. 4<sup>th</sup> Street, St. Charles.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: September 18, 2017

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for a new Class A4 liquor license for D and G Brewing, LLC located at 303 N. 4<sup>th</sup> Street, St. Charles. Their business venue is a craft brewery and brewpub. The applicant has been vetted by the Police Department and all documents are in order.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 18 (same day), to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

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

Memo  
Background Check  
Liquor License Application  
Business Plan  
Site Plan

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

Recommendation to approve an application for a new Class A4 liquor license for D and G Brewing, LLC to be located at 303 N. 4<sup>th</sup> Street, St. Charles.



# Memo

Date: 9/8/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-D & G Brewing, 303 N. 4<sup>th</sup> Street (A-4)

---

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

Mr. Drayer intends to open and operate a small brewery at the above location. We have been in discussions with Mr. Drayer for the better part of the last year and he has completely vetted his concept and operations with other local breweries through the State of Illinois Liquor Control Commission. The site location/floor plans and the corresponding application materials were also reviewed by my staff. We feel this business and its unique offerings will be a nice addition to St. Charles.

We also found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with brewery operations and on-site consumption, subject to City Council approval. They are applying for a class A-4 license.

Thank you in advance for your consideration in this matter.



# Memo

Date: 9/8/2017

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-D & G Brewing, 303 N. 4<sup>th</sup> Street (A-4)

---

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

Mr. Drayer intends to open and operate a small brewery at the above location. We have been in discussions with Mr. Drayer for the better part of the last year and he has completely vetted his concept and operations with other local breweries the State of Illinois Liquor Control Commission. The site location/floor plans and the corresponding application materials were also reviewed by my staff. We feel this business and its unique offerings will be a nice addition to St. Charles.

We also found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with brewery operations and on-site consumption, subject to City Council approval. They are applying for a class A-4 license.

Thank you in advance for your consideration in this matter.

# LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Drayer, Alexander

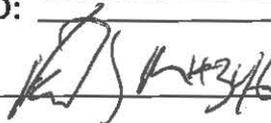
BUSINESS: D & G Brewing, LLC

ADDRESS: 303 N 4th St. St. Charles, Illinois 60174

	REQUESTED	COMPLETED
APPLICATION	_____	X
BUSINESS PLAN/FLOOR PLAN/MENU	_____	X
LEASE (OR LETTER OF INTENT)	_____	X
BASSET CERTIFICATE(S)	_____	X
FINGERPRINTS ( <u>ALL</u> MANAGERS)	_____	X
DRAM SHOP (CERTIFICATE OF INSURANCE)	X	_____
TLO	_____	X
I-CLEAR	_____	X
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	N/A	N/A
POLICE RECORDS CHECK	_____	X
APPLICANT'S HOMETOWN RESIDENCY LETTER	_____	X
ILLINOIS LIQUOR COMMISSION	X	_____
SITE VISIT	X	_____

\* COMMENTS: Unable to obtain ILC License until City issues local Liquor License. Mr. Drayer will contact me when ready for site visit. Mr. Drayer will forward his Dram Shop Insurance Policy when he receives it.

INVESTIGATOR ASSIGNED: Detective Eric Bauwens #316

SUPERVISOR REVIEW: 



# Memo

To: Commander Erik Mahan #346  
From: Detective Eric Bauwens #316  
Re: Liquor License Background – D & G Brewing, LLC

---

The purpose of this memo is to document the background investigation of Alexander Drayer, pursuant to his application for a Class A4 Liquor License.



- Mr. Drayer currently resides at the above address in Maple Park, Illinois and has been at this address for the approximately 1 year. The Kane County Sheriff's Department has not had any negative contacts with Mr. Drayer.
- Prior to living at the above address, Mr. Drayer resided at 6335 N. Ridge, Chicago, IL. He lived at this address for approximately 2 years. I did run Mr. Drayer's information through CLEAR, which is a database for the Chicago Police Department. There was one arrest listed for Alexander Drayer with the same DOB. The arrest was for Reckless Conduct on 03/20/03. Mr. Drayer advised me he was never arrested by CPD. It should be noted the subject listed in the arrest report is reported to be a male black. The arrest report indicates the subject was fingerprinted. This arrest was not shown in response to the fingerprint inquiry. The only other contact CPD has listed with Mr. Drayer is he is listed as a witness to a battery on 10/23/00 and victim of a Fraud on 05/30/02.

*Service, Courage, Professionalism, Dedication*



- Mr. Drayer did submit to a fingerprint inquiry on 07/13/17. The response to this inquiry was received on 07/19/17. According to this inquiry, the only arrest for Mr. Drayer was on 05/30/96. The arrest was for Theft from Library at Penn State University. Mr. Drayer advised me he was at the Library doing research for his class. After completing his research, he mistakenly placed a book into his backpack and walked out. He did not intend to steal the book.
- Mr. Drayer provided a copy of his Illinois Limited Liability Company Act, Articles of Organization. The file number is 06303315 and was filed on 05/20/17. The Company Name is D and G Brewing, LLC. Mr. Drayer is the Registered Agent. (Attached)
- Mr. Drayer provided a copy of the Certificate of Registration from the Illinois Department of revenue. (Attached)
- Mr. Drayer did complete his Basset Training. His date of certification is 08/01/17 and will expire on 08/01/20. His License Number is 5A-0105312. (Attached)
- Mr. Drayer did provide a copy of his lease agreement. The term of the lease will be from 09/01/17 through 08/31/18. The monthly rent will be \$900.00. (Attached)
- Mr. Drayer provided a copy of the Plat of Survey, floor plan as well as his business plan. (Attached) Mr. Drayer advised he intends on operating his business from Thursday-Saturday, 1400 hours until 2200 hours. Mr. Drayer did inquire about the 2200 hour closing time. I advised Mr. Drayer that at 2200 hours, all alcohol sales are complete and all patrons must exit the premise. He stated he understood.
- I did run Mr. Drayer through NewWorld and AEGIS and was unable to locate any contacts with Mr. Drayer.
- I checked TLOxp, Law Enforcement Search Database, and was able to locate Mr. Drayer. There were no Liens or Bankruptcies located. There was one Judgement located. The filing date on the Judgement was 03/30/98, Court Case Number LT-0000148-98, Berks County, PA. It appears this was Landlord Tenant Suit. I was also able to locate the Corporation Record for D and G Brewing, which shows is in good standing.
- Mr. Drayer is still working on obtaining Dram Shop Insurance. He is not able to obtain his Illinois Liquor Commission License until he receives his Liquor License from the City of St. Charles. The business location is still being renovated. He will contact me when he is prepared for the site inspection. The anticipated opening date is 12/01/17.

- Mr. Drayer did sign the Liquor background investigation waiver.  
(Attached)

This concludes this background investigation

Respectfully Submitted,

Eric Bauwens 316

Det. Eric Bauwens #316

As an applicant for licensing with the City of St. Charles, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the release of any and all information you may have concerning me, including but not limited to criminal history and conviction information, information of a confidential or privileged nature or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby release, discharge, and exonerate the CITY OF ST. CHARLES POLICE DEPARTMENT, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspecting, and copying of such documents, records and other information. This release shall be binding on my legal representatives, heirs, and assigns. It is understood and acknowledged by me that any information secured, pursuant to this required background investigation, which would negatively reflect on me or my ability to obtain licensing in the City of St. Charles or elsewhere may be disseminated to the appropriate agency or jurisdiction of proper authority. A copy of this document shall be as binding as the original.

ALEX DRAYER  
Applicant Name (Printed)

  
Applicant's Signature

8/25/17  
Date

A4

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



Incomplete applications will not be accepted.  
**Completed applications may be submitted to:**  
Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: \_\_\_\_\_  New Application  Renewal Application License Class: \_\_\_\_\_  
Business Name: \_\_\_\_\_

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<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.	<i>in progress</i> <input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is <b>only</b> needed for 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 <b>fixed objects</b> , such as pool tables, bar stools, vending/amusement machines; as well as all <b>exits</b> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: Hours of Operation Copy of Menu Whether or not live music will be played at this establishment Will there be outdoor seating and/or outdoor designated smoking area <b>Do not include a marketing or financial plan with this business plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact <b>Building &amp; Code Enforcement at 630.377.4406</b> and/or <b>Fire Prevention Bureau at 630.377.4458</b> to discuss whether or not a walk-thru and/or permit are necessary for this business.	<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"/>

OFFICIAL USE ONLY

Approved\*  Denied Date Approved/Denied: \_\_\_\_\_ Customer Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mayor, Liquor Control Commissioner

\_\_\_\_\_  
Date Issued

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

**APPLICANT INFORMATION**

A. Type of Business:  Individual  Partnership  Corporation  Other (explain): **LLC ; sole AGENT**

B. Business Name: **D and G BREWING , LLC**

C. Business Address: **303 N. 4th STREET , SUITE A. ST. CHARLES 60174**

D. IL Tax ID Number:	E. Business Phone:	F. Business E-mail:	G. Business Website:
[REDACTED]	<b>(773) 203-2325</b>	<b>dandgbrewery@gmail.com</b>	<b>N/A</b>

H. Contact Person: <b>Alexander Drayer</b>	I. Title:	J. Phone No.:
Email: [REDACTED]	<b>OWNER / MEMBER</b>	

K. If Corporation, Corporation Name:

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

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

A. License Class:  **A** Package  **B** Restaurant  **C** Tavern  **D** Hotel/Banquet/Arcada/Q-Center/Entertainment/Club  
 **CLASS A4** BREWERY w/ TAP ROOM  
 Other:

B. Address applying for liquor license (exact street address): <b>303 N. 4th St. Suite A St. Charles IL 60174</b>	C. Number of Parking Spaces: <b>20</b>	D. Outside Dining s.f. [17.20.020-R]: <b>N/A</b>	E. Holding Bar s.f. [5.08.010-F]: <b>N/A</b>
---	--	--	--

F. Total Building s.f.: <b>17,800</b>	G. Total Number of Seats: <b>39</b>	H. Number of Bar Seats: <b>10</b>	I. Sale Counter s.f.: <b>N/A</b>	J. Live Entertainment Area s.f. [5.08.010-H]: <b>N/A</b>
---------------------------------------	-------------------------------------	-----------------------------------	----------------------------------	--

K. Kitchen s.f.: <b>N/A</b>	L. Cooler s.f.: <b>112</b>	M. Dry Storage s.f.: <b>365sqft shelved</b>	N. Seating Area s.f.: <b>550</b>	O. Retail/public Area s.f.: <b>N/A</b>	P. Service Bar s.f. [5.08.010-O]: <b>N/A</b>
-----------------------------	----------------------------	---	----------------------------------	--	--

Q. Brief Business Plan description based on type of establishment listed above: **This is a BREWERY w/ a TAP ROOM. THE TOTAL SPACE IS APPROXIMATELY 1100 sqft. HALF of the SPACE IS SEATING, THE OTHER HALF IS BREWERY. THE BAR DIVIDES THE SPACE. THE BREWING SYSTEM IS 5BBL AND IS A DIRECT FIRE SYSTEM**

**MANAGER INFORMATION**

Full Name, include middle initial: **Alexander DRAYER** Title: **OWNER / sole member**  
 Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]  
 Home Address: [REDACTED]

Full Name, include middle initial: \_\_\_\_\_ Title: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Full Name, include middle initial: \_\_\_\_\_ Title: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**

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

**CLASS B LICENSES**

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

**CLASS C LICENSES**

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

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

**CORPORATION / PREMISES QUESTIONS**

1. If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)?  Yes  No  
 Is any individual a naturalized citizen?  Yes  No  
 If yes, print name(s), date(s), and place(s) of naturalization:

2. List the type of business of the applicant (5.08.070-3): **BREWERY**

3. Number of years of experience for the above listed type of business (5.08.070-4): **6 YRS AS A HOME BREWER**

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): **\$ 200 - 300 ; T-SHIRTS AND APPROX - 28 BARRELS of BEER LOGO GLASSES**

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):  
**CLASS A-4 LICENSE ; 303 N. 4th St Suite A St. Charles IL 60151  
 BREWERY w/ TAPROOM**

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

7. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):  
**Name of Building Owner: ERIC LARSON**  
**Address of Building Owner: 605 W. MAIN ST. ST. CHARLES IL. 60174**  
 Mailing Address of Building Owner (if different):  
 Phone Number: [REDACTED] E-mail Address: [REDACTED]  
**Name of Building Owner:** [REDACTED]  
**Address of Building Owner:**  
 Mailing Address of Building Owner (if different):  
 Phone Number: E-mail Address:  
**Name of Building Owner:**  
**Address of Building Owner:**  
 Mailing Address of Building Owner (if different):  
 Phone Number: E-mail Address:

8. Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license?  Yes  No  
 If yes, please list the business name(s) and address(es):

9.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.</b></p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, has a building permit been applied for?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, date building permit was applied for with Building &amp; Code Enforcement:</b></p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, what was the disposition of the application? Explain as necessary:</b></p>
12.	<p>Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<p><b>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</b>      <i>NONE</i></p> <p><b>Government Unit:</b></p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p> <p><b>Government Unit:</b></p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If yes, list all reasons on a separate, signed letter accompanying this application.</b></p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</b></p>

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

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

**COMMENTS/ADDITIONAL INFORMATION**

**APPLICATION FOR LATE NIGHT PERMIT**

SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C N/A

To: **St. Charles Liquor Control Commission** Date:

I now possess or have applied for a liquor license Class

Applicant's Name:

Name of Business:

Business Address:

Business Phone:

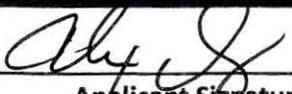
**SUPPLEMENTAL PERMIT APPLIED FOR**

**Payment of Late Night Permit fee is required at the time the permit is issued.**

- 1:00 a.m. Late Night Permit – fee of \$800.00
- 2:00 a.m. Late Night Permit – fee of \$2,300.00

**NOTE:** Other permits that may be available upon request include:  
• Class E – Special Event License (1 to 3-day event @ \$100.00 per day)  
• Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

**SIGNATURES**

 8/9/17  
Applicant Signature Date

**B.A.S.S.E.T. TRAINING**

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.

Name: (First) ALEXANDER (Last) DRAYER (Middle) — Manager OWN/MANAGER

Home Street Address: [REDACTED]

City, State, Zip:

Date of Course: 8/1/17 Place Course was Taken: (ONLINE) LEARN 2 SERVE

Birthdate: 02/22/72 Certificate Granted: YES 8/1/17 Expiration: 8/1/2020

Name: (First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

**NEW MANAGEMENT REQUIREMENTS**

**Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.**

**It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.**

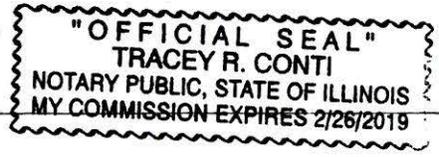
Business Name:

**SIGNATURES**

*[Handwritten Signature]*  
\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary & Date 8/18/17

*[Handwritten Signature]*  
\_\_\_\_\_  
Seal:



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

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

\_\_\_\_\_  
Date

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

Date:

Name of Applicant:

Name of Business:

Address of Business:

Ward Number:

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

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

1. Date on which applicant will begin selling retail alcoholic liquors at this location:

ONCE STATE ISSUE LICENSE

2. Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station?  Yes  No3. 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  No4. 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  NoIf yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore?  Yes  No

5. Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?

 Yes  No

6. Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.)

 Yes  No

7. If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of

Alcoholic Liquor, state the kind and nature of such business:  Yes  No

8. Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible?  Yes  No

9. Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.?  Yes  No

10. Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors?  Yes  No

11. It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted:  Yes  No

12. From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?  
 Yes  No  
If no, state exceptions:

13. Have all persons named in this application been fingerprinted?  Yes  No  
Fingerprinted by: \_\_\_\_\_ Date: \_\_\_\_\_

14. Other necessary data:

**SIGNATURES  
ENDORSEMENTS AND APPROVALS**

**INVESTIGATING OFFICER**

*Eric Bauman* 316 DETECTIVE  
Investigating Officer Signature Badge Number & Rank

**ENDORSEMENT OF THE CHIEF OF POLICE**

Recommend Issuing Liquor License:  Yes  No  
*James T. Key* 9/8/2017  
Signature Of Chief of Police Date

D and G Brewing Company

## **Executive Summary of the Brewery**

D and G Brewing Company is a craft brewery and brewpub soon to be located in St. Charles, Illinois. It will have an initial capacity to brew 350 barrels of beer per year. D and G's goal is to make and deliver quality, artisanal beer directly to consumers. With the numbers of small breweries opening in the United States and in the greater Chicagoland area, there is a growing demand for craft beer in an underserved market.

### *Nature of the Business*

D and G Brewing Company is a small batch brewery and taproom. We serve quality beer, at a great price, in a comfortable environment. We pride ourselves in knowing our craft and we wish to share it with the community. We see making beer as a chef sees food; a creative expression of self, which we wish to share. D and G's intends to serve 4 signature beers including an American IPA, a Roasted Chocolate American Stout, a Kolsch, and an American Amber. Additionally, from time to time we will release seasonal beers and small batches of distinct, new brews to tempt the connoisseur and educate the novice.

The taproom and brewery will be located in the same space. Patrons will observe the making of the beer they are being served. Customers are able to have a beer, see the brewing process, and speak to the brewers about the product. It is a goal of D and G to educate the consumer about beer, the beer we serve, and the brewing process.

D and G Brewing Company is not a bar. Beer will be sold directly to customers in 2 manners: by the glass, and through growler fills. Kegs will be self distributed to other bars and restaurants if production levels permit. Glasses of beer will be poured and consumed on the premises; growlers are to be purchased and carried away to be

consumed off-premise. D and G will serve no other liquor or beer in its establishment. We will only sell what we brew.

In the tradition of the best of the Colorado-style breweries, we aim to always give the consumer a feeling of family when they come into our establishment, 'that we're local and a part of the community. We are the owners and operators; from brewing to serving and janitorial services, we do it all.

D and G is will be licensed to operate until 10pm, 7 days a week; however, D and G's is projecting that its' current hours of operation will be Wednesday through Friday approximately 2pm until 10pm, and Saturday approximately 12pm until 10pm. These hours may be adjusted from time to time to meet customer demand and business goals.

### **Organization and Management**

D and G Brewing Company will operate as a limited liability company. As such, Alexander Drayer is the sole member. He will be supported by Brittany Groot, who will operate as a spousal non-member. For organization and permitting, Alexander Drayer is the sole principal owner with federal, state, and local agencies.

### **Beers offered**

D and G Beer Company will begin by offering 4 beers on tap. Four of the beers on tap are considered flagship beers; they will be available to customers year round. One beer will be seasonal and will change regularly. Finally, special releases of limited edition beers will occur at irregular intervals. Brew schedule and frequency of availability of all beers is subject to sales and customer reception. The table below provides names and styles of the flagship beers to be offered. It is estimated that we will brew 4 times per month initially, and growth will be based on demand.

## **Beer Description**

D and G's Citrus IPA is well-balance, malty and explodes in your mouth with hops. The malt adds a rich nutty bread-like flavor to the beer. The hop combination of citrus, tropical fruit, and pine flavors add the right amount of bitterness and hop aromas for the hop connoisseur.

D and G's roasted chocolate stout is a robust and hearty American style stout. It has a pronounced coffee-like roasted barley flavor and aroma and a resinous hop flavor. Hop bitterness is medium to high. It has a slight malty sweetness and strong chocolate notes are present. D and G's stout has a distinctive dry-roasted bitterness in the finish, which compliments a medium mouth feel.

D and G's Kolsch is brewed in the traditional German style of Kolsches. It is light in body and appearance. It is highly carbonated. Its maltiness is subdued and its hoppiness is unobtrusive. It imparts on the palate a slight fruitiness from the yeast. It is a light straw color, well balanced, and very drinkable.

D and G's American amber is a beautiful autumn, reddish brown. It has a pronounced malty character combining nutty, biscuity, bread-like flavors and a hint of caramel and roast with a medium hop bitterness and slight floral hop aroma. It's medium bodied and easy to drink.

## **Advantages that will make the business successful**

Before determining that D and G Brewing Company would come to be, we wanted to ensure the business was set up for success. D and G Brewing Company holds several advantages that contribute to the high likelihood of the brewery's success.

According to Tom Hennessy (2012) four issues contribute to a brewery's failure,

undercapitalization based on your model and projected growth, being overleveraged, production issues, and having bad beer. Our business looks to guard us against these issues.

First, the business model has a higher profit margin than many local breweries. The brew tradition in the Chicagoland area is focused on distribution and sales to customers through retail outlets. Brewing and selling for retail has a market lower profit margin than sales directly to customers. Per 72 oz of beer produced, the average distribution brewery makes \$5 in sales. For our direct sales brewery, the same 72oz of beer produces \$32 in sales on the high end and \$12 on the low end. Although larger breweries have the benefit of economy through scale, the difference in production cost is not offset by difference in sale price. This allows a direct service tap room to have greater likelihood of producing enough sales to make the business profitable.

Second, the business is not leveraged, which means we will have lower costs associated with running the business. Instead of needing to make loan payments, money made can be sunk directly into the business. Additionally, this allows the monthly expenditures of the business to be fixed to rent, taxes, insurance, production costs, utilities, maintenance, and any necessary upgrades to the business. Other than rent, taxes, and insurance, each of these costs will increase or decrease based on volume of sales and need for growth. All of this contributes to a lower cash flow being necessary to operate and sustain the business, keeping the start up costs for the business lower. And although this means that the business will be constrained to the capital we have raised for start up, the business's model ensures steady growth operating at a pace that can keep up with production.

Third, we are well educated owners, coming out of the homebrew tradition, able to work full time at the brewery. This allows for greater flexibility and an increased likelihood of success in the initial months; and as the owners, we can work any hours necessary without pay if needed. Additionally, as a husband and wife team, a rarity in the brewing community, we have the advantage of being small scale, which contributes to the mom and pop feel of the business. And, all customer questions will be legitimately answered and all patrons will feel comfortable learning about beer. Additionally, because we will brew on a smaller scale, we can use higher quality products to ensure the quality of the beer we sell.

Forth, our model of taproom has been successful in past. Tom Hennessey is the owner of Colorado Boy Brewery along with multiple others. He has also been instrumental in the successful start up of dozens of more breweries whom are still in operation today. The "Big Nut" according to Hennessey is to build a brewery for under \$100,000 dollars and grow your business organically at a pace that keeps up with production. We are using the Hennessey business model. Friends of ours (Wiley Roots Brewing Company [wileyrootsbrewing.com](http://wileyrootsbrewing.com) ), use this model and have been successful in a very competitive market in Colorado.

Fifth, there has been an increase in the craft beer market locally and nationally, but with a limited number of producers in the Chicagoland (an estimated only 39). One of the major draws of the craft beer market is to obtain locally produced beverages. People want to buy local; for Saint Charles, this would be the local brewery.

Finally, we feel that D and G Brewing Company has a philosophy and manner of doing business that will resonate with customers, especially those interested in craft beer.

We cater to the quality to our beer and the process of making it. We will share this craft with the community and hope they will appreciate what we do. At this time, greater emphasis has been growing toward locally produced, artisanal, and handcrafted products nationally. Our business is appealing to all of these trends. Moreover, with the owners background in education, this business is looking to be a place to educate the neighborhood about beer.

## **Market Analysis**

### *National Trends*

Nationally, craft beer is gaining market share. In 1998, craft brew represented 2.6% of the beer consumed in the US. In 2013, that number grew to 7.8%. By 2020, some project the craft beer market to conservatively be 15% of the market. This growth in market share is mirrored by the decrease in consumption of domestic and imported beer nationally.

Further, the growth in craft beer consumption is being driven by the increase in the number of breweries nationally. Craft beer is becoming more available as more individuals produce. Saint Charles, specifically, is an underserved market. For example, in the town of Greeley Colorado, population of 80,000 there are six brewpub and taprooms operating. That is one successful brewery per 13,000 people. These breweries produce a combined 5000 barrels of beer sold directly in the city. In other major cities, such as San Diego, Denver, and Portland, over 100 breweries serve populations of less than 1 million. With 18,000 people and currently no operating breweries, we believe the city of Saint Charles will be an excellent community to locate our brewery.

Additionally, Saint Charles provides a unique opportunity for our style of brewery. The breweries currently located in Chicago and the suburbs have their major emphasis on distribution. These breweries seek to make their beer and make it available to the public through purchase in stores through canning and bottling or purchase in bars. Although some of them have tasting rooms or brewpubs, the majority of their beer sales are through retail.

D and G Brewing Company are operating differently. We are a brewery with a taproom. The taproom is located within the brewery and serves only D and G beer by the pint or taster, or in growlers to go. The primary method of having a D and G beer is so that patrons come to the tasting room.

The different style of this brewery provides an opportunity to build upon. At breweries in Chicago, meeting brewers and owners is difficult to do. Customers have contact with wait staff and bar staff primarily. Although these individuals are generally excited about the product they sell, they often lack practical knowledge on how the beer is created and the how the brewing process and ingredients contribute to the product the customer is having. Generally, questions can have only a cursory answer. Furthermore, when sold at retail, customers have no direct contact.

Instead, D and G is an opportunity for patrons to become exposed to the brewing process and craft beer in a comfortable environment. The brewers and owners of the brewery are on site, serving them their beer. They have the opportunity to learn about the brewing process, as they can be escorted through the brewery by one of the owners. Their comments and concerns can be directly given to and addressed by those most invested in D and G's success: us!

## **Marketing and Sales**

### ***Marketing***

Marketing will be done in three manners: social media, contacts within the brew community, and word of mouth. The initial marketing budget is \$50. Given the limited budget, information about the opening and operation of a new brewery in the Saint Charles community becomes a primary responsibility of the brewery owners.

Social media advertising will be accomplished with two platforms: Facebook and Twitter. Business accounts will be started on both sites. As a basic social media strategy, we will use the accounts in a manner similar to other small businesses. These will be used to advertise for sales, provide customers and potential customers information about the business, and to provide a manner of receiving customer feedback and interacting with the public.

Second, the business will engage with local brewers and the local beer community. Both owners have been actively involved in the homebrew and beer community in Colorado. In order to find a base of initial customers, owners will engage with local home brew clubs and clubs associated with beer in Saint Charles and the greater area. Additionally, all clubs within the Chicagoland area will be invited tour the facility and taste beer before and after opening.

Finally, word of mouth will be necessary to elicit sales. Both owners will possess business cards for the brewery and will hand them out at every opportunity. Additionally, local restaurants will be contacted to assist with word of mouth marketing. And hopefully, several of these establishments would like to have our beer on tap.

### **Funding**

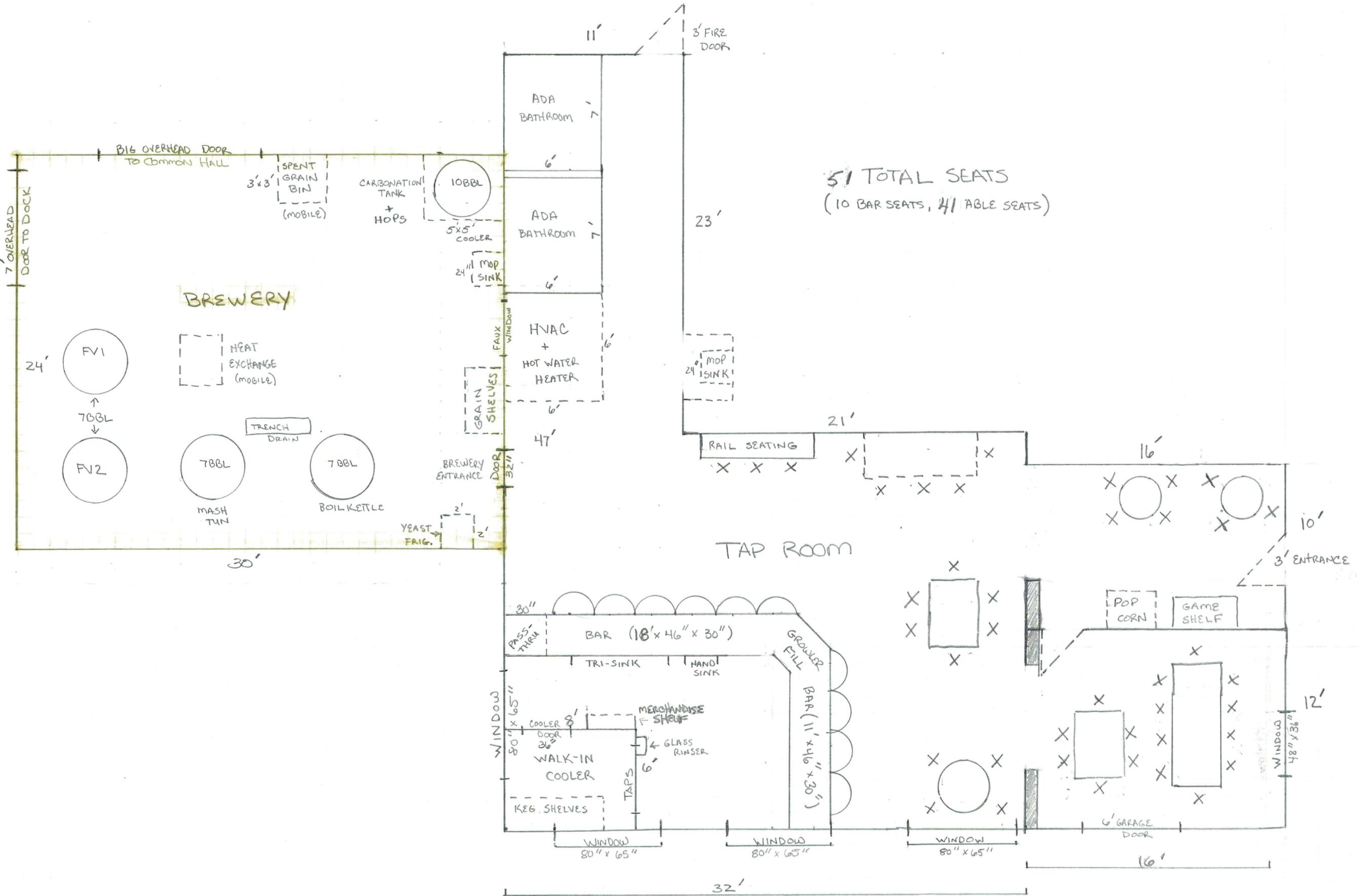
The project is entirely self-funded. Documents for start up costs, sales projections, and funding available will be furnished upon request.

### **Biography of the Owners**

Brittany Groot and Alex Drayer currently live in Maple Park. They moved here from the north side of Chicago a year ago. They lived in the city of Chicago for two years. Prior to that, they lived in Greeley, Colorado. While in Colorado, they both taught at the University of Northern Colorado. Criminologists by trade, Brittany focuses on correctional rehabilitation and statistics, while Alex is an expert on crime prevention and problem oriented policing. Prior to this, they met while attending the Ph.D. program at the University of Cincinnati. Brittany finished her Master's and is ABD on her Ph.D. and finishing up soon! Alex has not graduated. Before meeting in Cincinnati, they both attended Loyola University Chicago, where Alex obtained his Master's degree in Criminal Justice and Brittany got her Bachelors. Originally a Penn State, Alex came to Chicago many moons ago and worked in direct sales for the Tom James Company. Brittany is currently employed by the State of Illinois as their data manager and researcher for the Department of Juvenile Justice. Alex is working full time starting the brewery and is currently working full time for Northwestern College as an assistant professor in Criminal Justice.

Alex and Brittany's passion for beer began long ago, but their passion for brewing beer began in Colorado soon after moving there. They joined the Tree House brew club where they were taught the art of brewing. Through the relationships in the club, they were immersed in the beer culture and learned the craft. Five members of this club have already gone on to own breweries. They intend to be the 6th and 7th. Additionally,

Brittany and Alex met and became friends with many brewery owners whom have educated them in the various types of breweries and their different business structures. Taking what they were taught, Alex and Brittany have decided to embark on the next chapter of their lives as owners of a small brewery. D and G is this brewery; it is their passion.





**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4d

Title:	Recommendation to Approve an Application for a New Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles, IL 60174.
Presenter:	Chief Keegan, Police Department

Meeting: Government Operations Committee                      Date: September 18, 2017

Proposed Cost: \$                      Budgeted Amount: \$                      Not Budgeted:

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

This is a request for a new Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles. Background investigations were conducted by a detective of the St. Charles Police Department and reviewed both the site location as well as the corresponding applicant of this massage business license application. Through this investigation, we determined that all the requirements have been met and they are eligible for licensing, subject to City Council Approval.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 18 (same day), to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

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

- Massage Establishment Application (front page)
- Background Check
- Site Plan

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

Recommendation to Approve an Application for a New Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, St. Charles, IL 60174.

## Police Department

# Memo

Date: 9/14/2017  
To: Chief Keegan  
From: Cmdr. E. Mahan *em346*  
Re: Massage License Background / Lotus Aum LLC

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The purpose of this memo is to document the background investigation conducted pursuant to a Massage Establishment License Application having been submitted for a business to be located at 317 S. 2<sup>nd</sup> St. The business, Lotus Aum, is an alternative and holistic health service which plans to offer massage, reiki, meditation, life coaching, and a retail boutique.

Business – Type of ownership:

- LLC

Business name and address:

Lotus Aum LLC  
317 S. 2<sup>nd</sup> St.  
St. Charles, IL. 60174

Services to be provided:

- Massage
- Reiki
- Meditation
- Life coaching
- Retail

Premises:

- This business is located in a subdivided building at 317 S. 2<sup>nd</sup> St.
- The premise is leased by the applicant.

*Service, Courage, Professionalism, Dedication*



- The building owners are:  
Andy & Kathy Garcia
- The term of the lease is:  
3 years
- Websites and internet addresses associated with this business:
  - [www.LotusAum.com](http://www.LotusAum.com)
  - Lotus Aum Facebook page

Applicant/Business owner:

Shirley A.A. Voss  
310 E. North Av.  
Bartlett, IL. 60103

Manager/Supervisor:

Same

Massage Therapist:

Arian Shogren  
IDPR License # 227017139  
Shirley Voss  
IDPR License # 227018817

This business has not previously held or applied for a massage license.

A check of St. Charles, and Bartlett police records showed no history regarding violations of any municipal ordinances or state statutes regulating massage parlors or massage practices.

A check of the Illinois Department of regulation showed that Arian Shogren has an active Massage Therapist License. That license expires 12/31/2018.

A check of the Illinois Department of regulation showed that Shirley Voss has an active Massage Therapist License. That license expires 12/31/2018.

I met with Shirley Voss at the police department on 09/14/17. She was fingerprinted at that time. I provided Shirley with a copy of City of St. Charles Code 5.20 in regards to Massage Establishments. I explained requirements for this type of business and the various regulations. She indicated that she understood. She described her business as a Holistic wellbeing center for women. She stated no illegal activity will be taking place. The interior of her business is still being remodeled. I will conduct a follow up site visit when it is complete. A sign outside of the facility currently shows that the business will be coming soon.

A copy of the building lease agreement and copy of proof of liability insurance are to be provided prior to 09/18/17.

This concludes this background investigation. Recommend Approval.



# City of St. Charles

Office of the Mayor

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

Phone: 630-377-4445 • Fax: 630-377-6034

Office Use Only
Received: _____
Amount Paid: _____
Receipt: _____

## MASSAGE ESTABLISHMENT LICENSE APPLICATION

**IMPORTANT:** Application must be **completed in full** and **notarized** before it will be accepted.  
**All fees must be paid at the time the application is submitted.**

**Annual License Application Fee: \$250.00**

**Fingerprint Fee: \$50.00 (if new owner)**

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

1.  New License Application                       Renewal Application                       Application Change

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

Corporation *LLC*                       Partnership                       Individual

3. Business Name: *Lotus Arom LLC*                      Sales Tax: [REDACTED]

Business Address: *317 S. 2nd. St.*                      Business Phone: *630-748-8338*  
*Saint Charles 60174*                      *temporary ph. number*

4. Name of Applicant: *Shirley A.A. Voss*                      Home Phone: [REDACTED]

Home Address: [REDACTED]                      City/Zip: *Bartlett 60103*

Social Security: [REDACTED]                      Date of Birth: [REDACTED]

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

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

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

Yes                       No

6. If yes, explain in detail: *NA*

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7. Days/Hours of Operation: Sun 11-6, Mon 10-8, Tue Closed, Wed 10-8,  
Thurs 10-8, Fri 10-8, Sat 10-7

8. Will the business be supervised and conducted by a manager:

Yes  No

If no, please explain:

I, ~~the~~ Shirley A.A. Voss, the owner & sole member  
of Lotus Ann LLC will supervise the business  
and act as Manager.

9. Name of Manager: Shirley A.A. Voss Home Phone: [REDACTED]  
Home Address: [REDACTED] City/Zip: Bartlett 60103  
Social Security #: [REDACTED] Date of birth: [REDACTED]

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

Employer: Elements Massage Phone: 630-232-7335  
Address: 507 S. Third St., Geneva Occupation: Licensed Massage  
Dates of employment: From: 03/2016 To: Current Therapist

Employer: Strid-Rite Shoes Phone: This store is now  
Out of Business  
Address: Geneva Commons Occupation: P.T. Sales  
Dates of employment: From: 11/2014 To: 09/2015

Employer: Hallmark Cards (Amy's) Phone: 630-428-3850  
Address: 95th St & Rt. 59 Naperville Occupation: Sales Associate II  
Dates of employment: From: 9/2012 To: 03/2014 (Key Holder)

Transferred to Fox Valley Mall Location  
as Asst. Manager from 03/2014 - 11/2014  
Fox Valley Mall Location is no longer open

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

If yes, explain in detail: NA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Will you operate by appointment only?  Yes  No

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

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

Issuing authority: IDFPR # 227018817 Status: Active  
Issuing authority: IDFPR # 476317491 Status: Expired  
see additional sheet

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

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

Reason: \_\_\_\_\_ Disposition: \_\_\_\_\_

Reason: \_\_\_\_\_ Disposition: \_\_\_\_\_

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

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

Approximate floor area devoted to the principal business: 1200 sq ft or less

Approximate floor area devoted to Massage stations: 110 sq ft ; <sup>two</sup> ~~one~~ rooms

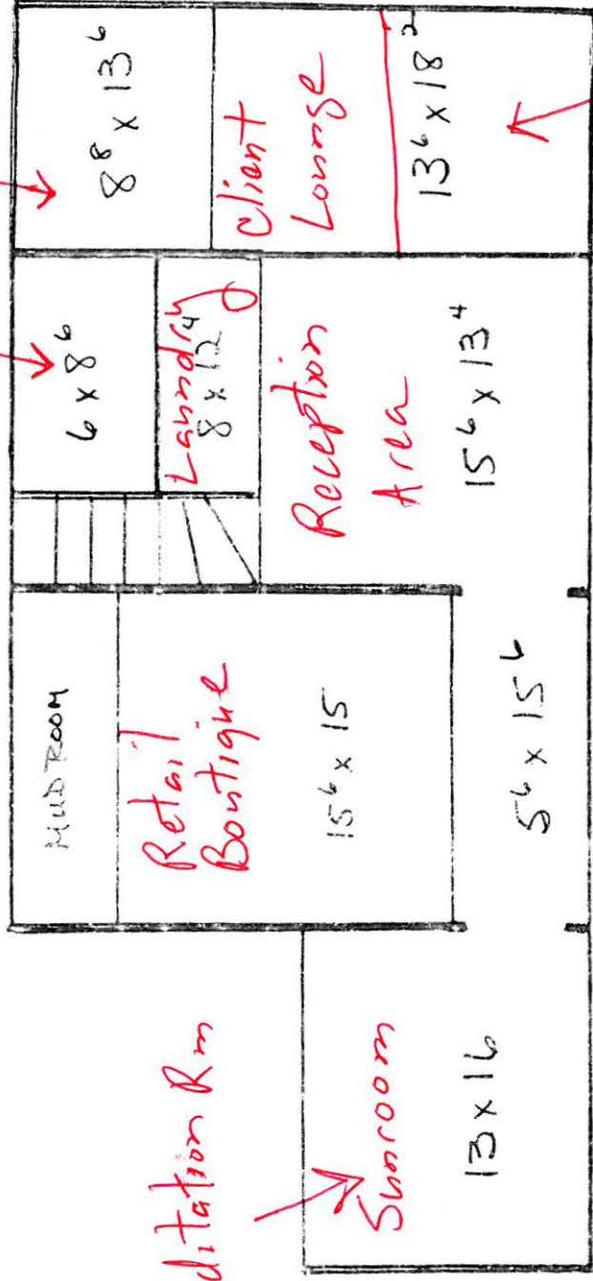
Approximate total floor area of premises: 1200 sq ft.

Rough sketch of  
 Floor plan for  
 Lotus Aura LLC  
 317 S. 2nd St  
 St. Charles IL

W



Bathroom  
 Massage Therapy  
 Room 1



N

Massage Therapy  
 Room 2

Meditation Rm

S

Q



Illinois Department of Financial and Professional Regulation

# Lookup Detail View

*Business Owner & Manager*

## Contact

### Contact Information

Name	City/State/Zip	DBA/AKA
SHIRLEY A VOSS	Bartlett, IL 60103	

## License

### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Sponsor	Ever Disciplined
476317491	Licensed Real Estate Salesperson	EXPIRED	02/15/1990	02/15/1990	03/31/1991		N

## Other Licenses

### Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227018817	Licensed Massage Therapist	ACTIVE	03/22/2016	12/23/2016	12/31/2018	N

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Illinois Department of Financial and Professional Regulation

*Employee*

## Lookup Detail View

### Contact

#### Contact Information

Name	City/State/Zip	DBA/AKA
ARIAN M SHOGREN	Pingree Grove, IL 60140	

### License

#### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
129279903	PERMANENT EMPLOYEE REGISTRATION	NOT RENEWED	01/04/2005	06/15/2011	05/31/2012	N

### Other Licenses

#### Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227017139	Licensed Massage Therapist	ACTIVE	06/26/2014	12/27/2016	12/31/2018	N

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

~~Esthetics~~, Reiki, Aromatherapy, Meditation groups, Mindfulness classes, Life coaching, Boutique

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

Name: Arian M. Shogren Home phone: [REDACTED]  
Address: [REDACTED] City/Zip: Progress Grove, IL 60140  
Position employed: Licensed Massage Therapist  
State of Illinois Massage License Number: [REDACTED]

Name: Shirley A.A. Voss Home phone: [REDACTED]  
Address: [REDACTED] City/Zip: Bartlett, 60103  
Position employed: Owner, Manager, Licensed Massage Therapist  
State of Illinois Massage License Number: [REDACTED]

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Position employed: \_\_\_\_\_  
State of Illinois Massage License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Position employed: \_\_\_\_\_  
State of Illinois Massage License Number: \_\_\_\_\_

**This Section for Corporate or Partnership Applications Only**

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

Name	Address	Home Phone #	Date of Birth
100% Shirley AA Voss	[REDACTED]	[REDACTED]	[REDACTED]

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

Yes                       No

3. If yes, explain in detail: *NA*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit**

State of Illinois )  
                          ) SS  
County of Kane)

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

Signature of Applicant *Shirley AA Voss*  
Signature of Applicant \_\_\_\_\_

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

Given under my hand and notarial seal this *5* day of *SEPTEMBER*, *2017*.

SEAL

*Orion C Carey*  
Notary Public



**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4e

Title:

Recommendation to Approve an Application for a New Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: September 18, 2017

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for a new Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174. Background investigations were conducted by a detective of the St. Charles Police Department and reviewed both the site location as well as the corresponding applicant of this massage business license application. Through this investigation, we determined that all the requirements have been met and they are eligible for licensing, subject to City Council Approval.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 18 (same day), to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

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

Massage Establishment Application (front page)  
Background Check  
Site Plan

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

Recommendation to Approve an Application for a New Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174.

## Police Department

# Memo

Date: 9/14/2017  
To: Chief Keegan  
From: Cmdr. E. Mahan *em 346*  
Re: Massage License Background / Annie Nails

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The purpose of this memo is to document the background investigation conducted pursuant to a Massage Establishment License Application having been submitted for a business located at 546 S. Randall Rd. Unit C. This is an existing business known as Annie Nails. The business is requesting to add massages as an area of service for their customers.

#### Business – Type of ownership:

- Individual

#### Business name and address:

Annie Nails  
546 S. Randall Rd. Unit C  
St. Charles, IL. 60174

#### Services to be provided:

- Nails Salon Shop (existing)
- Full body massage service

#### Premises:

- This business is located in a strip mall near Colonial Café.
- The premise is leased by the applicant.
- The property owner is:

Angel Associates LP  
30W180 Butterfield Rd.  
Warrenville, IL.

*Service, Courage, Professionalism, Dedication*



- The term of the lease is:
  - Three year lease. Current lease expires in August 2018.
- Telephone numbers and internet addresses associated with this business:
  - There are no other phone numbers associated with this business
  - This business has no website, facebook page, etc.

Applicant:

Henry Nguyen



Manager/Supervisor:

Anh T. Le



Massage Therapist:

Laura R. Willing



IDPR License # 227.009836

This business has not previously held or applied for a massage license.

A check of St. Charles, Kane County, Elgin, and Geneva police records showed no history regarding violations of any municipal ordinances or state statutes regulating massage parlors or massage practices. As disclosed in the original application, the Manager, Anh Le, had previously been arrested for battery. That occurred in 2012 through the Kane County Sheriff's Office.

A check of the Illinois Department of regulation showed that Laura Willing has an active Massage Therapist License. That license (227009836) expires 12/31/2018.

I spoke with Willing on 091417. She stated that if this local license is granted she will be providing full body massage services. 3 days/week.

Mon & Tue 3:00pm – 7:00 pm

Fri 10:00am – 3:00 pm

Willing stated that she will require that clients keep undergarments on during massages. She stated that the massage room door will not be able to be locked from the inside and that there is an emergency exit for the business located within that room as well. Willing indicated that she was supportive of St. Charles ordinances regulating massages and that she would operate in accordance with them.

I met with Nguyen, Le, and Willing at the business location on 091417 at 3:15 PM. The room which will be used for massage is not furnished yet. Upon arrival of the license they will begin furnishing it and I will conduct a follow up inspection. The room is satisfactory in that the door does not have the ability to be locked. I was informed that the massage service will only be open within normal hours of the nail salon operation. The massage service will be mostly by appointment however, at least initially, they intend to allow for walk-ins. However it is their expectation that the “walk-ins” will be customers who arrive for a nail appointment and then learn that massage service is also now available.

Willing stated that she will not permit any prohibited conduct in the massage room and will immediately exit the room and call 911 if any prohibited conduct by the client takes place. She does anticipate that her clients will likely be existing nail customers and that there will not be an issue with conduct.

Henry Nguyen was fingerprinted at the St. Charles Police Department.

I requested that Anh Le be fingerprinted as well.

Nguyen, Willing, and Le were provided with copies of the City of St. Charles Code 5.20 regarding Massage Establishments.

I found no evidence of this business or any of its employees currently advertising massage services offered.

A copy of the building lease agreement and copy of proof of liability insurance are to be provided prior to 09/18/17.

This concludes this background investigation. Recommend Approval.



# City of St. Charles

Office of the Mayor

Two East Main Street

St. Charles, Illinois 60174-1984

Phone: 630-377-4445 • Fax: 630-377-6034

Office Use Only	
Received:	_____
Amount Paid:	_____
Receipt:	_____

## MESSAGE ESTABLISHMENT LICENSE APPLICATION

**IMPORTANT:** Application must be completed in full and notarized before it will be accepted.  
All fees must be paid at the time the application is submitted.

Annual License Application Fee: \$250.00

Fingerprint Fee: \$50.00 (if new owner)

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

1.  New License Application       Renewal Application       Application Change

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

Corporation

Partnership

Individual

3. Business Name: Annie Nail Sales Tax#: 484 17 7933

Business Address: 546 C South Randall Rd Business Phone: 630 940 2488  
St. Charles, IL 60174

4. Name of Applicant: Henry Nguyen Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: ELGIN IL 60123

Social Security #: [REDACTED] Date of Birth: 2/6/70

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

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

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

Yes

No

6. If yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Days/Hours of Operation: Monday - Sunday 9 AM - 8 pm

8. Will the business be supervised and conducted by a manager:

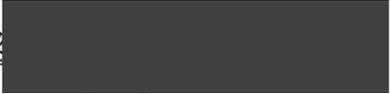
Yes  No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name of Manager: Anh T Le Home Phone:   
Home Address: 2315 Gale Ln City/Zip: Elgin IL 60123  
Social Security #: 480 31 8171 Date of birth: 11 - 21 - 81

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

Employer: Angel Nails Phone:   
Address: 815 S Randall Rd Occupation: Nails technician  
Dates of employment: From: 2013 To: 2016

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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

If yes, explain in detail:

She had involved fighting with someone about 5 years ago. Then she got probation for 2 years

12. Will you operate by appointment only?  Yes  No

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

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

Issuing authority: N/A Status: \_\_\_\_\_

Issuing authority: \_\_\_\_\_ Status: \_\_\_\_\_

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

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

Reason: \_\_\_\_\_ Disposition: \_\_\_\_\_

Reason: \_\_\_\_\_ Disposition: \_\_\_\_\_

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

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

Approximate floor area devoted to the principal business: \_\_\_\_\_

Approximate floor area devoted to Massage stations: 10' x 11' ft

Approximate total floor area of premises: \_\_\_\_\_

EMERG. EXIT

11'6" x 10'

MASSAGE ROOM

BREAK ROOM

11'4" x 13'2"

BATH

SINK

MAIN ROOM  
(NAIL SALON)

31'7" x 23'2"

ANNIE NAILS

546 C SOUTH RANDALL RD.

ST. CHARLES IL 60174

PH: 630-940-2488

FRONT DOOR

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

This is a nails Salon shop  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: LAURA WILLIAMS Home phone: [REDACTED]  
Address: [REDACTED] City/Zip: Geneva IL 60134  
Position employed: massage therapist  
State of Illinois Massage License Number: [REDACTED]

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Position employed: \_\_\_\_\_  
State of Illinois Massage License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Position employed: \_\_\_\_\_  
State of Illinois Massage License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Position employed: \_\_\_\_\_  
State of Illinois Massage License Number: \_\_\_\_\_

**This Section for Corporate or Partnership Applications Only**

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

Name	Address	Home Phone #	Date of Birth

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

Yes  No

3. If yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit**

State of Illinois )  
                          ) SS  
County of Kane)

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

Signature of Applicant *[Handwritten Signature]*

Signature of Applicant \_\_\_\_\_

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

Given under my hand and notarial seal this 17 day of August, 2017.

SEAL

*Tracey R. Conti*  
Notary Public

