

**AGENDA
CITY OF ST. CHARLES
GOVERNMENT OPERATIONS COMMITTEE
ALD. MAUREEN LEWIS, CHAIR
MONDAY, SEPTEMBER 16, 2019
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET**

1. Call to Order

2. Roll Call

3. Administrative

- a. City of St. Charles Fuel Tax Receipts, August 2019 – Information Only

4. Omnibus Vote

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

5. Police Department

- a. Recommendation to approve a proposal for a new class C1 liquor license including a 1:00 am late night permit for VVAAMA Inc., dba Global Brew Tap House located at 2100 Prairie St., St. Charles.
- b. Recommendation to approve a proposal for a new class D8 liquor license for Fox River Studio, Inc. dba Pinot's Palette located at 3823 E Main St., St. Charles.
- c. Recommendation to approve a Proposal for a B1 Liquor License Application for Wahlburgers Located at 855 S Randall Rd, Building B, St. Charles.

6. Finance Department

- *a. Budget Revisions – August, 2019

7. 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)

8. Additional Items from Mayor, Council, Staff, or Citizens.

9. Adjournment

ADA Compliance

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



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: 3a

Title:

City of St. Charles Fuel Tax Receipts August, 2019 – Information Only

Presenter:

Chris Minick, Director of Finance

Meeting: Government Operations Committee

Date: September 16, 2019

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Attachments *(please list):*

FY 18/19 City of St. Charles Local Fuel Tax Receipts – August 2019

Recommendation/Suggested Action *(briefly explain):*

None – For Information Only

**City of St. Charles
Local Fuel Tax Receipts
Fiscal Year 2019-2020**

LIABILITY PERIOD	PAYMENT RECEIVED	TOTAL REVENUE RECEIVED
May-19	June-19	\$ 42,299.33
June-19	July-19	\$ 42,043.16
July-19	August-19	\$ 40,919.98
August-19	September-19	\$ -
September-19	October-19	\$ -
October-19	November-19	\$ -
November-19	December-19	\$ -
December-19	January-20	\$ -
January-20	February-20	\$ -
February-20	March-20	\$ -
March-20	April-20	\$ -
April-20	May-20	\$ -
TOTALS		\$ 125,262.47

The local fuel tax rate is two cents per gallon (\$0.02/gallon) and applies to motor fuel retail purchases within the City of St. Charles.

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5a

Title:

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

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: September 16, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

This is a new liquor license request for the new owners of the existing Global Brew Tap House, located at 2100 Prairie St. in St. Charles.

Global Brew Tap House is currently closed during the transition and the new owners plan to open mid-October of 2019. They also plan on adding in a commercial kitchen in the near future for food to be available for sale to patrons.

The applicants own and operate the Schaumburg location for Global Brew and have been in the business for over 10 years.

Pursuant to this item being presented at the Government Operations Committee meeting on September 16, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on October 7, 2019 for final approval.

Attachments *(please list):*

Summary, Floor Plan, Liquor License

Recommendation/Suggested Action *(briefly explain):*

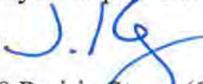
Recommendation to approve a proposal for a new class C2 liquor license including a 1:00 am late night permit for VVAAMA Inc., dba Global Brew Tap House located at 2100 Prairie St., St. Charles



Memo

Date: 9/11/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police 

Re: Background Investigation-2100 Prairie Street (Class C) Global Brew Tap House

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.

Global Brew Tap House recently closed and was acquired by the Schaumburg franchise ownership group. This group is seeking approval to operate status quo, with hopes of installing a commercial kitchen in 2020 and offering food. The applicants are currently applying for C license with bar snacks only and are requesting a 1:00 a.m. late night permit.

The application materials were reviewed by my staff. We determined that two of the owners were cited for underage sales dating back to 2015 in both Geneva and Schaumburg respectfully. Both police departments were contacted and we determined that aside from the underage sales, both businesses were well run with little or no police activity.

We recommend the applicants moving forward with an on-site consumption license, subject to City Council approval with the following contingencies:

- The liquor license would be contingent upon proof of a valid certificate of insurance and an updated floor plan, menu and business plan.
- Although the franchisee has initiated the application process, a local manager and staff has not been hired. Therefore, the entire liquor licensing process has yet to be completely vetted. Once those selections are made, a liquor license will be contingent upon successful completion of the entire background investigation process.

I am recommending a liquor license subject to the above mentioned contingencies. Thank you in advance for your consideration in this matter.



Memo

Date: 08/15/19
To: Chief Keegan
From: Commander Pierce
Re: Liquor License Background, VVAAMA (DBA Global Brew Tap House).

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for Class C-1 for the business, Global Brew Tap House. This business is to be located at 2100 Prairie Street.

Applicants:

Thakkak, Bhavik P.

Parekh, Bhavini K.

Patel, Jesal.



Application:

The application was received on or around 08/07/19. The application appears to be almost complete, including a copy of a potential lease, Certificate of Insurance, and a floor plan. The two items that are missing are the business plan and menu. Thakkak has been contacted several times for this and has not turned them in.

Thakkak, Parekh, and Patel all hold valid BASSET Certifications which are included in the application.

Records Checks:

All three applicants were fingerprinted. Responses from both the FBI and Illinois Bureau of Identification show nothing that would cause the license to be denied.

A check of St. Charles and Kane County records showed no contacts for all three.

Thakkak advised that in the past 14 years he has lived at the listed Elgin address. Checking with Elgin police department no contacts of concern were found.



Parekh advised that for over 10 years she has lived in Elgin and has lived at the above address for 2 years. Checking with Elgin police department no contacts were found.

Patel advised that in the past 11 years he has lived at the above Streamwood address. Checking with both police departments found no contacts of concern.

A check of the Illinois Liquor Control Commission showed no active license for Vvaama Inc.. It did show that all three were active under the liquor license for Global Brew Schaumburg. No record of license revocation for the Schaumburg location was indicated.

A check of TLO and I-Clear (law enforcement databases) showed the information concerning identity of all three to be accurate and no areas of concern were noted.

A check of the Illinois Secretary of State showed Vvaama Inc. to be in good standing.

INTERVIEW WITH APPLICANT:

On 09/16/19 at approximately 9:00am, I met with Thakkak at the police department front desk. Thakkak advised that he and his partners, Parekh and Patel have recently purchased the Global Brew Tap House on Prairie Street. The Global Brew St. Charles was previously opened in 2016, but has since closed. Thakkak said the three currently operate the Global Brew in Schaumburg, Illinois. Global Brew is a franchise with four locations in Illinois. Thakkak said Patel, Parekh, and he opened the Schaumburg location approximately six months ago.

Thakkak is a banker by trade and learned about Global Brew in 2016 when he processed the business loan for the original owner of the St. Charles Global Brew location. Thakkak said because of this he feels a connection to the St. Charles location which led him to purchase store. Thakkak said they have not signed a lease yet pending approval of the liquor license. The business hours are attached to the packet and they are seeking at 1:00am permit. Thakkak indicated they have no liquor inventory at this time, but plan on having approximately \$50,000.00 worth of inventory when they open. Thakkak said they plan to install a full kitchen sometime in 2020 and serve a full menu of food. Thakkak is a U.S. citizen.

Thakka currently holds a liquor license in Schaumburg as part of the Global Brew location. Thakkak did say shortly after the location opened they were cited for serving a minor by Schaumburg police department. Thakkak said the business was served with a fine only. Thakkak said since then they have retrained the employees and held continual training to prevent this from happening again. In speaking to Schaumburg police department I learned that what Thakkak had advised me was truthful and they had received a fine only.

At approximately 9:30am, I met with Jesal Patel at the police department front desk. Patel said that he owns and operates the business Hammar's liquor in Geneva Illinois holds a

liquor license in Geneva for this business. Patel said he also hold a liquor license in Schaumburg due to the Global Brew. When asked about violations against either of his licenses, Patel told me about the Schaumburg violation. Patel gave me the same account as Thakkak. Patel said during the 12 years he has run Hammar's in Geneva he has had two violations for serving underage minors. The first one violation came from the State in 2015. He received a \$500.00 fine. The second violation came from Geneva police department in 2017. This led to him losing one day of operation. In speaking to Geneva police about the violations, they confirmed what Patel told me and advised that even though he has been cited, he is a good business owner and they have no problems with his location. Patel is a U.S. citizen.

On 08/19/19, I spoke to Parekh. Parekh advised that she is part owner of the Global Brew in Schaumburg. Other than the Schaumburg liquor license Parekh does not hold another license anywhere else. Parekh said she has lived at the above address for the past two years and has lived in Elgin for over ten years. Parekh said she is currently in the United States on a green card status.

SITE VISIT:

On 09/10/19, I visited the location. I found the business lay out to be very similar to the floor plan provided with the application.

This concludes this background investigation. Recommend approval.

CP

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: 8-7-2019 New Application Renewal Application License Class: _____
 Business Name: Global Brew Tap House

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 checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> draft
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> quote
Copy of Articles of Corporation, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager . It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects , such as pool tables, bar stools, vending/amusement machines; as well as all exits .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Business Plan, to include: <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <u>untold.com</u> <input type="checkbox"/> Whether or not live music will be played at this establishment <u>yes</u> <input type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <u>yes</u> <input type="checkbox"/> Do not include a marketing or financial plan with this business plan	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u>no food</u>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business.	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>later/2020</u>
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: **VVAAMA Inc. DBA GLOBAL BREW TAP HOUSE**

C. Business Address: **2100 PRAIRIE STREET, St. Charles, IL 60174**

D. IL Tax ID Number: [Redacted] E. Business Phone: [Redacted] F. Business E-mail: [Redacted] G. Business Website: **Globalbrew.com**

H. Contact Person: **BHAVIK THAKKAR** I. Title: **PRESIDENT** J. Phone No.: [Redacted]
 Email: [Redacted]

K. If Corporation, Corporation Name: **VVAAMA Inc.**

L. Corporation Address (city, state, zip code): **59 VENETO COURT, STREAMWOOD, IL 60107**

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. License Class: A Package B Restaurant C Tavern D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club
 Other:

B. Address applying for liquor license (exact street address): **2100 PRAIRIE ST St. Charles, IL 60174** C. Number of Parking Spaces: [Redacted] D. Outside Dining s.f. [17.20.020-R]: **1500** E. Holding Bar s.f. [5.08.010-F]: [Redacted]

F. Total Building s.f.: **4600** G. Total Number of Seats: **150** H. Number of Bar Seats: **20** I. Sale Counter s.f.: [Redacted] J. Live Entertainment Area s.f. [5.08.010-H]: **100 SF**

K. Kitchen s.f.: [Redacted] L. Cooler s.f.: **300** M. Dry Storage s.f.: [Redacted] N. Seating Area s.f.: **2250** O. Retail/public Area s.f.: [Redacted] P. Service Bar s.f. [5.08.010-O]: [Redacted]

Q. Brief Business Plan description based on type of establishment listed above:
Craft Beer Taphouse. Selection of 50 craft Beer on tap (cocktail on tap) Wine on tap with 200 bottles/canned Beers. Patrons are encouraged to bring food in etc as there are many food or service this time and small selection of strong alcoholic package available.

MANAGER INFORMATION

Full Name, include middle initial: **BHAVIK P. THAKKAR** Title: **OWNER/MANAGER**
 Birthdate: [Redacted] Birthplace: **INDIA** Driver's License#: [Redacted] Home Phone: [Redacted]
 Home Address: [Redacted]

Full Name, include middle initial: **Bhavini Parth** Title: **SECRETARY**
 Birthdate: [Redacted] Birthplace: **INDIA** Driver's License#: [Redacted] Home Phone: [Redacted]
 Home Address: [Redacted]

Full Name, include middle initial: **Jesal Patel** Title: **Treasurer**
 Birthdate: [Redacted] Birthplace: [Redacted] Driver's License#: [Redacted] Home Phone: [Redacted]
 Home Address: [Redacted]

60107

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

CLASS C LICENSES

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

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

CORPORATION / PREMISES QUESTIONS

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

If yes, print name(s), date(s), and place(s) of naturalization:

Bhavik P. Thakkar
 Jessal Patel

2. List the type of business of the applicant (5.08.070-3): **BAR Craft Beer Taphouse**

3. Number of years of experience for the above listed type of business (5.08.070-4): **10+ Schaumburg location**

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ **50,000**

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):
**7100 Prairie St. Ste 60174
 Craft brew taphouse**

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: **Angel Associates, LP / CIMa Dordiers LP**
 Address of Building Owner: **30W180 Butterfield Rd Warrenville, IL 60555**
 Mailing Address of Building Owner (if different):
 Phone Number: **630-653-1700** E-mail Address: **dsoltis@cimadelclosures.org**

Name of Building Owner:
 Address of Building Owner:
 Mailing Address of Building Owner (if different):
 Phone Number: E-mail Address:
 Name of Building Owner:
 Address of Building Owner:
 Mailing Address of Building Owner (if different):
 Phone Number: E-mail Address:

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

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

9.	<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>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.</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>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement:</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>If yes, what was the disposition of the application? Explain as necessary:</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>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit: <i>State of Illinois</i></p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations: _____</p> <p>Government Unit:</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>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</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): <u>24 July 2019</u></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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
18.	<p>Mandatory: All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>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.</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**

To: **St. Charles Liquor Control Commission** Date: 8-7-2019

I now possess or have applied for a liquor license Class B-C

Applicant's Name: Bhavik P Thakkar

Name of Business: VVAAMA, INC DBA GLOBAL BREW TAP HOUSE

Business Address: 200 Prairie St, St. Charles, IL 60174

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

[Signature] 8/1/2019
 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) BHAVIK (Last) THAKKAR (Middle) P **Manager**
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: [REDACTED] Place Course was Taken: [REDACTED]
Birthdate: 3/21/2019 Certificate Granted: online Expiration: 2 years

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

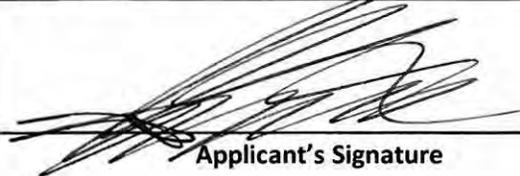
Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

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:

VVAAMA, Inc | Global Brew Tap House ^{DBA}

SIGNATURES


Applicant's Signature


Notary & Date

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: 09-11-19 Name of Applicant: Bhauik Thakkar, Bhavni Parekh - JESUITE

Name of Business: GLOBAL BREW

Address of Business: 2100 PROIRAE 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: WEEK OF OCT. 14TH

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

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

If yes, answer a, b and c:

- a. State the kind of such business:
- b. Give date on which applicant began the kind of business named at this location:
- c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?

Yes No

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

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

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

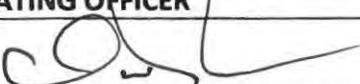
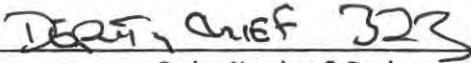
6. Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used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

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

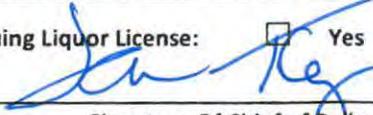
8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: <u>SCPD</u> Date: <u>08-16-19</u>
14.	Other necessary data:

**SIGNATURES
ENDORSEMENTS AND APPROVALS**

INVESTIGATING OFFICER



 Investigating Officer Signature Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: Yes No


 Signature Of Chief of Police Date

VVAAMA, Inc. dba Global Brew Tap House

Commercial Insurance Proposal

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Disclosure of Premium: Coverage for certain losses caused by acts of terrorism is included in this proposal. In accordance with the Federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act is shown next to the description "Terrorism Premium Charge" on the Coverage Summary.

Disclosure Of Federal Participation in Payment Of Terrorism Losses: The United States Government, Department of the Treasury, will pay a share of the terrorism losses insured under the Federal program. The Federal share (shown below and is shown in the Schedule of the endorsement or in the Policy Declarations) of that portion of the amount that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Insured losses would be partially reimbursed by the United States Government, if the aggregate industry insured exceed:

- \$100,000,000 with respect to such Insured losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insured deductible
- \$120,000,000 with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured losses that exceed our Insured deductible
- \$140,000,000 with respect to such Insured losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insured deductible
- \$160,000,000 with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured losses that exceed our Insured deductible
- \$180,000,000 with respect to such Insured losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insured deductible
- \$200,000,000 with respect to such Insured losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured losses that exceed our Insured deductible

Cap on Insurer Participation In Payment Of Terrorism Losses: If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Crum-Halsted Agency Inc
 Kenneth Pietsch
 (630) 443-7300
 snapier@crumhalsted.com

VVAAMA, Inc. dba Global Brew Tap House

Commercial Insurance Proposal

Workers Compensation

Total Workers Compensation Annual Premium **\$ 1,980.00**

Bodily Injury by Disease (each employee)	500,000
Bodily Injury by Disease (policy limit)	500,000
Bodily Injury by Accident (each accident)	500,000

State: IL

Classifications	Exposure Basis	Number of Employees	Rate	Premium
Location 1				
BAR, DISCOTHEQUE, LOUNGE, NIGHT CLUB OR TAVERN (9084)	Payroll 100,000	7	1.65	\$ 1,650.00

Credits and Modifications	Limit	Factor	Premium
Employers Liability Premium			\$ 100.00
Experience Premium			\$ 0.00
Schedule Credit Debit Premium			\$ 0.00
Terrorism Premium			\$ 30.00
Catastrophe (other than Certified Acts of Terrorism)			\$ 20.00
Expense Constant			\$ 160.00
Balance to Meet Minimum			\$ 0.00
State Surcharge Premium			\$ 20.00
Contractors Adjustment Credit Premium		0	\$ 0.00
Manual Premium			\$ 0.00
Premium Discount Premium			\$ 0.00

IL Total Workers Compensation Annual Premium **\$ 1,980.00**

Total Workers Compensation Annual Premium **\$ 1,980.00**



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Commercial Insurance Proposal

The following shows coverages, limits, and/or deductibles that apply specifically to each location and/or building.

Property Location 1

Address: 2100 Priarie Street St. Charles, IL 60174

Date Business Started (this location): 7/14/2019

Property Territory: 709

Protection Class: 1

Deductible: 1,000

(Applies to all property coverages unless otherwise specified in the deductible column.)

Coverage	Limit	Deductible	Exposure	Premium
Money and Security				INCL
Off-Premises	2,500			
On-Premises	2,500			
Total Estimated Location 1 Coverage Premium				\$ 0.00

Location 1 - Building 1

Classification: Bar > 75% Alcohol - NOC - Limited Cooking - 09141
 Occupied by: Occupied By Insured
 Construction Type: Non-Combustible
 Building Valuation Basis: Unknown
 Business Personal Property Valuation Basis: Replacement Cost with 4% Increase for Inflation Protection
 Sprinkler: No
 Year Built: 1991
 Roof Year: 2003
 Number of Employees: 7

Coverage	Limit	Deductible	Exposure	Premium
Accounts Receivable	15,000			INCL
Business Personal Property	40,000			\$ 199.00
Damage To Premises Rented To You	100,000			INCL
Equipment Breakdown Protection - BPO	0			INCL
Equipment Breakdown Protection - BPP	40,000			\$ 11.00
Outdoor Property	15,000			INCL
Product Spoilage	40,000			INCL
Valuable Papers and Records	15,000			INCL
Total Estimated Location 1 - Building 1 Premium				\$ 210.00

Total Estimated Location 1 Premium \$ 4,657.00

IL Total Estimated Premium \$ 4,657.00

Total Businessowners Estimated Annual Premium \$ 4,947.00



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VVAAMA, Inc. dba Global Brew Tap House

Commercial Insurance Proposal

LIABILITY COVERAGES

Each Occurrence Limit:	1,000,000
General Aggregate Limit:	2,000,000
Medical Expense Limit:	1,000
Personal and Advertising Injury Limit:	1,000,000
Products/Completed Operations Aggregate Limit:	2,000,000

Coverage	Limit	Deductible	Exposure	Premium
Limited Form-Owners, Lessees or Contractors-Automatic Status-SAI43				\$ 60.00
Primary and Noncontributory - BP1488				\$ 26.00

Total Estimated Liability Common Coverage Premium \$ 86.00



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VVAAMA, Inc. dba Global Brew Tap House

Commercial Insurance Proposal

Coverage	Limit
No Coinsurance Penalty	
Off-Premises Sign Coverage	5,000
Other Society Businessowners features:	
No 60 day limitation on payroll qualifying as continuing necessary operating expenses for Loss of Business Income	
No 80 percent clause applying to Replacement Cost Coverage	
No waiting period "deductible" applying to Loss of Business Income	
Personal Effects	10,000
Personal Property Off Premises	25,000
Pollution Cleanup and Removal	50,000
Special Events Liability	
Tools of Any One Employee	
Vegetated Roofs	
Water Backup and Sump Pump Overflow	25,000
Watercraft	5,000



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VVAAMA, Inc. dba Global Brew Tap House

Commercial Insurance Proposal

Account Summary

Coverage	Quote ID	Quote Date	Quote Effective Date	Premium
Businessowners	19028470	08/06/2019	08/08/2019	\$ 4,947.00
Workers Compensation	19028472	08/06/2019	08/08/2019	\$ 1,980.00
Umbrella	19028474	08/06/2019	08/08/2019	\$ 852.00
Total Estimated Annual Premium:				\$ 7,779.00

Premiums and pay plan options displayed are estimates and may be subject to change upon policy issuance.

- Full Pay One installment of \$7,779.00
 - Semi-Annual Two equal installments of \$3,889.50
 - Quarterly Four equal installments of \$1,944.75
 - Monthly (recurring electronic payments) Twelve equal installments of \$648.25*
- *if non-recurring payments, then 2 months down of \$1,296.50 with 10 equal installments billed thereafter of \$648.25

If you elect the full pay option, the amount listed above is what you will pay. All other options (semi-annual, quarterly and monthly) are subject to fees to cover additional costs associated with installment billing. These charges will be included in your payment schedule and added to your policy balance at the time each bill is sent.

If you prefer to pay in installments but still want to save money, paying by recurring ACH from your checking or savings account will reduce your future installment fees to \$2. All other installment bills are subject to a \$7 fee.

To enroll in a recurring ACH plan, visit societyinsurance.com and click on *Make a Payment* when you receive your first bill.

Please note that these fees are not included in your overall total policy premium and that both installment amounts and intervals may be adjusted due to policy changes. If you would like to make changes to your payment plan, please contact our Premium Receivables Department.

Thank you for giving us the opportunity of providing you with a quotation for commercial insurance with Society Insurance. We would be happy to answer any questions you may have regarding this quotation, and we look forward to helping you with your insurance needs.

Kenneth Pietsch
 Crum-Halsted Agency Inc

This quotation contains only a general description of coverages and is not a statement of contract. All coverages are subject to the exclusions and conditions in the policy. Coverage is not bound and no coverage will be afforded by this quotation. Premium charges are based on information provided by the applicant and rates in force at the time of quotation on **8/6/2019**. This quotation is valid until **09/05/2019**.

Illinois BASSET SELLER / SERVER CERTIFICATION

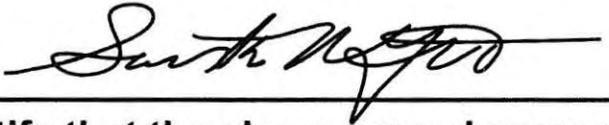
Trainee Name: Bhavik Thakkar

Certificate #: 000015505475

Date of Completion: 03/21/2019

School Name:

360training.com dba Learn2Serve

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

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**learn²
serve**

Corporate Headquarters

6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

Global Brew Tap House

\$\$Beer Bar

Address: 2100 Prairie St, St. Charles, IL 60174

Hours of operation:

Tuesday 3PM-1AM

Wednesday 3PM-1AM

Thursday 3PM-1AM

Friday 1PM-1AM

Saturday 11AM-~~12AM~~ 1AM *BT*

Sunday 11AM-~~1AM~~ 12AM *BT*

Monday 3PM-1AM

Menu: untappd.com

Phone: (630) 415-5595

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5b

Title:

Recommendation to approve a Proposal for a D8 Liquor License Application for Pinot's Palette Located at 3823 E Main St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: September 16, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

Pinot's Palette is a painting studio specializing in the instruction of painting. Scheduled, instructor-led workshops will be facilitated in this space. The applicant would like to offer wine or beer for sale to customers to enhance their experience.

The applicant is a new business owner.

Pursuant to this item being presented at the Government Operations Committee meeting on September 16, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on October 7, 2019 for final approval.

Attachments *(please list):*

Summary, Floor Plan, Liquor License, Insurance Quote

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a D8 Liquor License application for Pinot's Palette located at 3823 E Main St., St. Charles.



Memo

Date: 9/11/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police *J. Keegan*

Re: Background Investigation-Liquor Establishment/D-8 (Pinot's Palette)

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.

This is a new business venture looking to capitalize on the arts and entertainment industry by offering painting classes with beer and wine sales. A detective was assigned this investigation and reviewed both the site location/floor plans and the corresponding application material. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with on-site consumption.

Thank you in advance for your consideration in this matter.



Memo

Date: 09/03/19
To: Chief Keegan
From: Commander Pierce 
Re: Liquor License Background, Fox River Studio Inc. (DBA Pinot's Palette).

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for Class D-8 for the business, Pinot's Palette. This business is to be located at 3823 E. Main Street.

Applicant:

Kumler, Amy J.



Elgin, IL 60120

Application:

The application was received on or around 08/21/19. The application appears to be complete, including a signed lease, Certificate of Insurance, a floor plan, and business plan.

Kumler holds a valid BASSET Certification which is included in the application.

Records Checks:

Kumler was fingerprinted. Responses from both the FBI and Illinois Bureau of Identification show nothing that would cause the license to be denied.

A check of St. Charles and Kane County records showed no contacts for Kumler.

Kumler advised that in the past 10 years she has lived in Wood Dale or at the listed Elgin address. Checking with both police departments no contacts were found.

A check of the Illinois Liquor Control Commission showed no current active license for Fox River Studio Inc. or for Kumler and no record of license revocation.

Service, Courage, Professionalism, Dedication



A check of TLO and I-Clear (law enforcement databases) showed the information concerning identity of Kumler to be accurate and no areas of concern were noted.

A check of the Illinois Secretary of State showed Fox River Studio Inc. to be in good standing.

INTERVIEW WITH APPLICANT:

On 08/22/19 at approximately 9:30am, I met with Amy Kumler at the police department front desk. Amy explained the premise of their business as artist led painting activities where clients are walked through a painting project by a local artist. Kumler said Pinot's Palette is a franchise business she has bought into. Kumler said this is her first location and she does not hold nor has she held a liquor license before. As part of the painting experience Pinot's Palette will offer beer and wine to the clients. Kumler advised that each public paint session can accommodate up to approximately 48 people. Kumler said the site will have a private room for corporate parties or prearranged group parties. This room will be able to hold up to 36 guests. Kumler indicated she has no liquor inventory at this time, but plan on having approximately \$4,000.00 worth of inventory when the business opens. Kumler is a U.S. citizen. Kumler has no staff hired at this time, but plans to employ approximately 15 people. The businesses hours will be Monday through Thursday 6pm to 10pm and Friday through Sunday 9am to 10pm.

SITE VISIT:

Kumler is in the final stages of selecting a general contractor for build out purposes. No construction has started on the space. Therefore no site visit was conducted.

This concludes this background investigation. Recommend approval.

CP

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: Fox River Studio, Inc DBA Pinol's Palette

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating). <i>Last two pages of lease</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects , such as pool tables, bar stools, vending/amusement machines; as well as all exits .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <input type="checkbox"/> 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 Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business.	<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):

B. Business Name: Fox River Studio, Inc. DBA Pinot's Palette

C. Business Address: 3823 E Main St St. Charles, IL 60174

D. IL Tax ID Number: [REDACTED]	E. Business Phone: 773-612-5576	F. Business E-mail: stcharles@pinotspalette.com	G. Business Website: www.pinotspalette.com/ stcharles
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H. Contact Person: Amy Kumber Email: stcharles@pinotspalette.com	I. Title: President & Owner	J. Phone No.: 773-612-5576
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K. If Corporation, Corporation Name:
Fox River Studio, Inc.

L. [REDACTED]

E. ESTABLISHMENT INFORMATION

A. License Class: A Package B Restaurant C Tavern D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club

Other:

B. Address applying for liquor license (exact street address): 3823 E Main St. St. Charles	C. Number of Parking Spaces: 125	D. Outside Dining s.f. [17.20.020-R]: NA	E. Holding Bar s.f. [5.08.010-F]: NA
F. Total Building s.f.: 2176	G. Total Number of Seats: 73	H. Number of Bar Seats: 0	I. Sale Counter s.f.: 169
J. Live Entertainment Area s.f. [5.08.010-H]: NA	K. Kitchen s.f.: NA	L. Cooler s.f.: 12	M. Dry Storage s.f.: 289
N. Seating Area s.f.: 1,040 & 567	O. Retail/public Area s.f.: NA	P. Service Bar s.f. [5.08.010-O]: NA	

Q. Brief Business Plan description based on type of establishment listed above:
A painting studio specializing in the instruction of painting, commonly referred to as a "paint & sip".

MANAGER INFORMATION

Full Name, include middle initial: Amy J Kumber Title: President & Franchise Owner
 Birthdate: [REDACTED] Birthplace: Chicago Driver's License#: K546-011-9711 Home Phone: [REDACTED]
 Home Address: [REDACTED]

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

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

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

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

CLASS B LICENSES

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

CLASS C LICENSES

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

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

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): *A painting studio*

3. Number of years of experience for the above listed type of business (5.08.070-4): *0 - New Business*

4. Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): *\$4,000 - initial estimate*

5. Location/address and description of business to be operated under this applied for license (5.08.070-6):
*Pino's Palette, 3823 E Main St, St Charles, IL 60174
 A painting studio focused on painting instruction classes,
 accompanied by beer, wine or soft drinks.*

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: PN Investments, Inc. c/o The 1919 SIX, LLC
 Address of Building Owner: 1300 Rose Road, Lake Zurich IL 60017
 Mailing Address of Building Owner (if different): same
 Phone Number: _____ E-mail Address: _____~~

Property Sold 7/29/19

Name of Building Owner: *Mertens, LLC c/o Murray Commercial*
 Address of Building Owner: *473 Dunham Rd, Suite 200
 St Charles, IL 60174*
 Mailing Address of Building Owner (if different):
 Phone Number: *630-513-0173* E-mail Address: *ann@murraycommercial.com*

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):

15.	<p>Complete ONLY if yes was answered to the questions above (14): <i>NA</i></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): <i>February 13, 2019</i></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <i>February 13, 2019</i></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>Mandatory: All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s): <i>7/29/19</i></p>
19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>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.</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

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 Signature

8/19/19
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: Amy (First) Kumber (Last) Johanna (Middle) X Manager
Home Street Address: [Redacted]
City, State, Zip: Elgin, IL 60120
Date of Course: 7/22/19 Place Course was Taken: Online
Birthdate: [Redacted] Certificate Granted: 7/22/2019 Expiration: 7/22/2022

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



Applicant's Signature



Notary & Date

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:
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer a, b and c:</p> <p>a. State the kind of such business:</p> <p>b. Give date on which applicant began the kind of business named at this location:</p> <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.	<p>If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input type="checkbox"/> No

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input 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 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: _____ Date: _____
14.	Other necessary data:

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

_____	_____
Investigating Officer Signature	Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

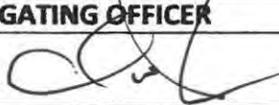
Recommend Issuing Liquor License: Yes No

_____	_____
Signature Of Chief of Police	Date

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fingerprinted by: <u>SCPD</u> Date: <u>Aug 2019</u>
14.	Other necessary data:

**SIGNATURES
ENDORSEMENTS AND APPROVALS**

INVESTIGATING OFFICER

 323 Deputy Chief
 Investigating Officer Signature Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: Yes No

 9-11-19
 Signature Of Chief of Police Date

FW: Liquor Liability Quote

From: Pinot's Palette - St. Charles (stcharles@pinotspalette.com)

To: jdkumler@yahoo.com

Date: Monday, August 19, 2019, 10:08 AM CDT

Love to Paint, Drink and Have Fun?

JOIN THE CLUB!

Cheers,

Amy Kumler

Franchise Owner



3823 E. Main Street

St. Charles, IL 60174

P 773.612.5576

StCharles@PinotsPalette.com

From: Abby Greeno <Abby_Greeno@ajg.com>

Sent: Friday, August 16, 2019 10:59 AM

To: Pinot's Palette - St. Charles <stcharles@pinotspalette.com>

Subject: Liquor Liability Quote

Amy,

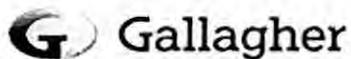
I have attached the Liquor Liability quote that has been worked up based on a 1 year term. Page 2 has all the coverage combinations, but Pinots Pallet will require you to carry the \$1mil/\$2mil option for \$1660 (total is \$2,019 will all taxes and fees). Per our discussion this morning, the carrier is not able to write a short-term policy the first year to renew 5/1/2020. However, they would be willing to write a longer term policy to renew 5/1/2021 instead. Please check with the city of St. Charles and advise if this would be acceptable. If not, I can see if there is another carrier that would be willing to write the short-term first year policy.

Please let me know if you have any questions!

Sincerely,

Abby Greeno | Inside Sales Executive

Small Business



Insurance | Risk Management | Consulting

Direct: 515.309.6210 | Fax: 515.457.8964

Abby_Greeno@ajg.com | www.ajg.com

Communications concerning this matter, including this email and any attachments, may have been provided for purposes of insurance/risk management consulting. Opinions and advice provided by Gallagher are not intended to be, and should not be construed as, legal advice.

A licensed Gallagher representative must provide the appropriate insurance carrier with written instructions in order to bind insurance coverage. Therefore, client instructions via email are not sufficient to bind coverage unless and until you have received explicit written confirmation from an authorized Gallagher representative.



58255358_Fox Studio Westchester Quote.pdf
7.4MB

Westchester

A Chubb Company

Westchester Specialty Insurance Services, Inc.

AMWINS ACCESS INSURANCE SERVICES LLC

Dear Cedric Brinson:

Please advise your client that Westchester Specialty Insurance Services, Inc. is offering this non-admitted quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company.

Westchester Specialty Insurance Services, Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts

Westchester Specialty Insurance Services, Inc.

3 Country View Road

Malvern, PA 19355

Surplus Lines License #24194



Westchester's Claims Service proves exceptional. Advisen Industry Claims Satisfaction Survey ranks Chubb as most preferred insurer for Property, Management, and Professional Liability Claims Handling. Only carrier to be ranked number one in more than one category.

CLICK HERE

Quote Number: LL172446Q2019

Date: 08-15-2019

Account: Fox River Studio
Pinot's Palette

To: AMWINS ACCESS INSURANCE SERVICES LLC (Z03327)

Attn: Cedric Brinson

From:

Liquor Liability

LIMIT of LIABILITY OPTIONS	PREMIUM
\$1,000,000/\$2,000,000	\$1,660
\$1,000,000/\$1,000,000	\$1,611
\$500,000/\$1,000,000	\$1,439
\$500,000/\$500,000	\$1,397
\$300,000/\$600,000	\$1,208
\$300,000/\$300,000	\$1,173
\$100,000/\$200,000	\$806

Term	12 months	Additional Fees:	\$
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Please advise your client that Westchester Insurance Services Inc. is offering this quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company. Westchester Insurance Services Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets. Any applicable states surcharges for surplus lines policies are the responsibility of the surplus lines broker.

FOR POLICIES EFFECTIVE JULY 21, 2011 AND SUBSEQUENT, WE REQUIRE THE PRODUCER TO PROVIDE THE "HOME STATE" AS DEFINED IN THE NONADMITTED AND REINSURANCE REFORM ACT OF 2010 (NRA) IF IT IS DIFFERENT THAN THE STATE IN THE INSURED'S PRINCIPAL ADDRESS LISTED ON THIS QUOTE UPON THE BINDING OF THIS PLACEMENT.

Coverage Forms

Form Number	Edition	Title
ILP001	0104	OFAC
ALL42490b	0716	U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")
CG0033	1207	LIQUOR LIABILITY COVERAGE FORM
IL0017	1198	COMMON POLICY CONDITIONS
LD5S23j	0314	SIGNATURES
ALL20887	1006	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	1106	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
WSG084	0511	ILLINOIS UNION INSURANCE COMPANY NOTICE
ALL39844	0213	ACE GROUP COMPANIES US PRIVACY NOTICE
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
LD43271	0614	EXPANDED DEFINITION OF BODILY INJURY
LD43397	0614	EXPANDED DEFINITION OF EMPLOYEE ENDORSEMENT
LD43399	0614	SEPARATION OF INSURED'S AMENDATORY ENDORSEMENT
LD43402	0614	LIMITATION OF COVERAGE TO INSURED PREMISES ENDORSEMENT
LD43403	0215	PUNITIVE DAMAGES EXCLUSION
LD43421	0614	AMENDMENT OF PREMIUM AUDIT CONDITIONS ENDORSEMENT
LD43425	0614	DEFINITION OF "RECEIPTS"
LD43426	0614	AMENDMENT OF WHO IS AN INSURED ENDORSEMENT - NEWLY ACQUIRED OR NEWLY FORMED ORGANIZATIONS EXCLUDED
LD43428	0614	FIREARMS EXCLUSION
LD43430	0614	ADDITIONAL INSURED ENDORSEMENT - LIQUOR LICENSE HOLDER
LD43432	0614	MINIMUM EARNED PREMIUM ENDORSEMENT
LD43786	0814	WARRANTY ENDORSEMENT - EXCLUSION OF COVERAGE FOR BREACH OF

		ENUMERATED WARRANTIES – ONE OR FEWER PRIOR CLAIMS OR INCIDENTS
TRIA11C	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
XS2X35d	0116	SERVICE OF SUIT ENDORSEMENT – ILLINOIS
SL24684	0812	ILLINOIS SURPLUS LINES NOTIFICATION
SL37994	0812	ILLINOIS DOMESTIC SURPLUS LINES INSURER NOTICE

Location of all Premise(s)

1. 3823 E Main St, St Charles, IL 60174-2424

	Classification	Class Code	Exposure	Rate	Premium
1	Bars or Restaurants with Alcohol Sales	LIQ01	\$68,000 (Receipts)	2.4405	\$1,660
1	Additional Insured - Liquor License Holder (LD-43430)	LIQ34	1	0	\$0

Prior to Bind Requirements

Terms are subject to receipt and favorable review of the following information. Please note that we will not be able to issue coverage until we satisfy all of the below prior to binding:

You have selected 'Unknown' in response to some underwriting questions. These questions must be completed prior to issuance.

Are patrons under the legal drinking age permitted on the premises after 11 PM (except banquets)?	Yes	No
Does the applicant offer beer pong, drinking games, "all you can drink" specials or offers of unlimited alcoholic beverages?	Yes	No
Is beer sold for less than \$2.00 and/or wine or liquor for less than \$3.00?	Yes	No
Are drink specials featured after 10 PM?	Yes	No
Is any BYOB (other than banquets), bottle service or setups featured?	Yes	No
Does applicant have a valid liquor license?	Yes	No
Does risk feature adult entertainment, such as exotic dancing?	Yes	No

Underwriting Notes

Warranted Policy Conditions

Terms are subject to the following warranted conditions based on the risk specific information provided on the application. Please note that coverage terms may be altered if any of the following conditions are not satisfied.

- The insured has had no more than one liquor liability claim or incident likely to give rise to a liquor liability claim within five years prior to the date the application for this insurance is signed (excluding a liquor liability claim closed without payment because insured found not legally liable).
- The insured has had no more than two fines or citations for violation of law or ordinance related to the sale or service of alcohol at a scheduled location within five years prior to the date the application for this insurance is signed.
- Neither the insured nor any principal with a controlling interest in the insured has filed for bankruptcy (either liquidation or reorganization) within 12 months prior to the date the application for this insurance is signed.
- A Commercial General Liability Insurance Policy is maintained with limits of insurance equal to or greater than the Liquor Liability limits of this policy.
- A valid, active liquor license, if required by ordinance or law, is maintained prior to the insured selling, serving or distributing alcohol.
- Enforced written policies and procedures are maintained that prohibit the consumption of alcohol by any person during employment or service at the scheduled location. This includes "employees", "temporary workers", "leased workers", entertainers or performers of any kind, club members (if providing a service), or any other person providing any service at the scheduled location.
- Enforced written policies and procedures are maintained providing that only the insured and its authorized employees or members are permitted to serve alcohol. In the alternative, the insured warrants that persons serving alcohol who are not the insured's authorized employees or members are insured under separate policy of liquor liability insurance with limits equal to or greater than the limits of this policy.

Payment Plan

Producer Bill

Thirty days from inception the net payment will be due to the Insurer from the Agency

We are pleased to offer the attached indication; which will remain **valid for 60 days**. Please note this quote represents annual premiums.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

Thank you for considering Westchester Binding - Micro as your market of choice. We look forward to working with you.

Sincerely,

EXHIBIT "A"

LEGAL DESCRIPTION OF SHOPPING CENTER

Parcel 1: Lot 1 in Plat of Resubdivision, East Gate Commons First Resubdivision, Recorded in the offices of the Recorder of Deeds, Kane County on December 31, 2003 as Document No. 2003K222677, in Kane County, Illinois.

Parcel 2: Non-Exclusive Easement for ingress, egress and parking and utilities for the benefit of Parcel 1 as described and created by Operation and Easement Agreement Recorded November 6, 2001 as Document K2001K116517 as Amended.

Permanent Index Number: 09-25-426-026

Commonly known as: 3821-3843 East Main Street, St. Charles, Illinois 60174

JH
AK

EXHIBIT "B"

SITE PLAN

Fox River Studio, Inc - #3823

EASTGATE
COMMONS - ST
CHARLES

DELINEATE

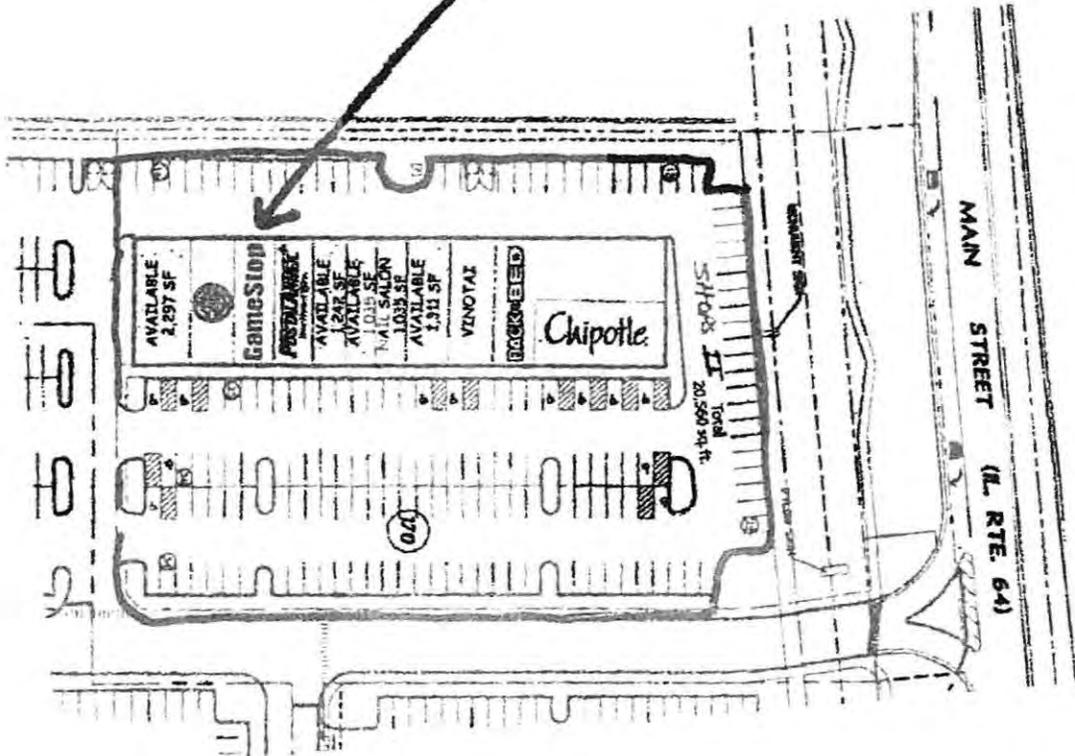
TARGET

SHOPS

OUTLOTS

TA
AK

THE SHOPPING CENTER

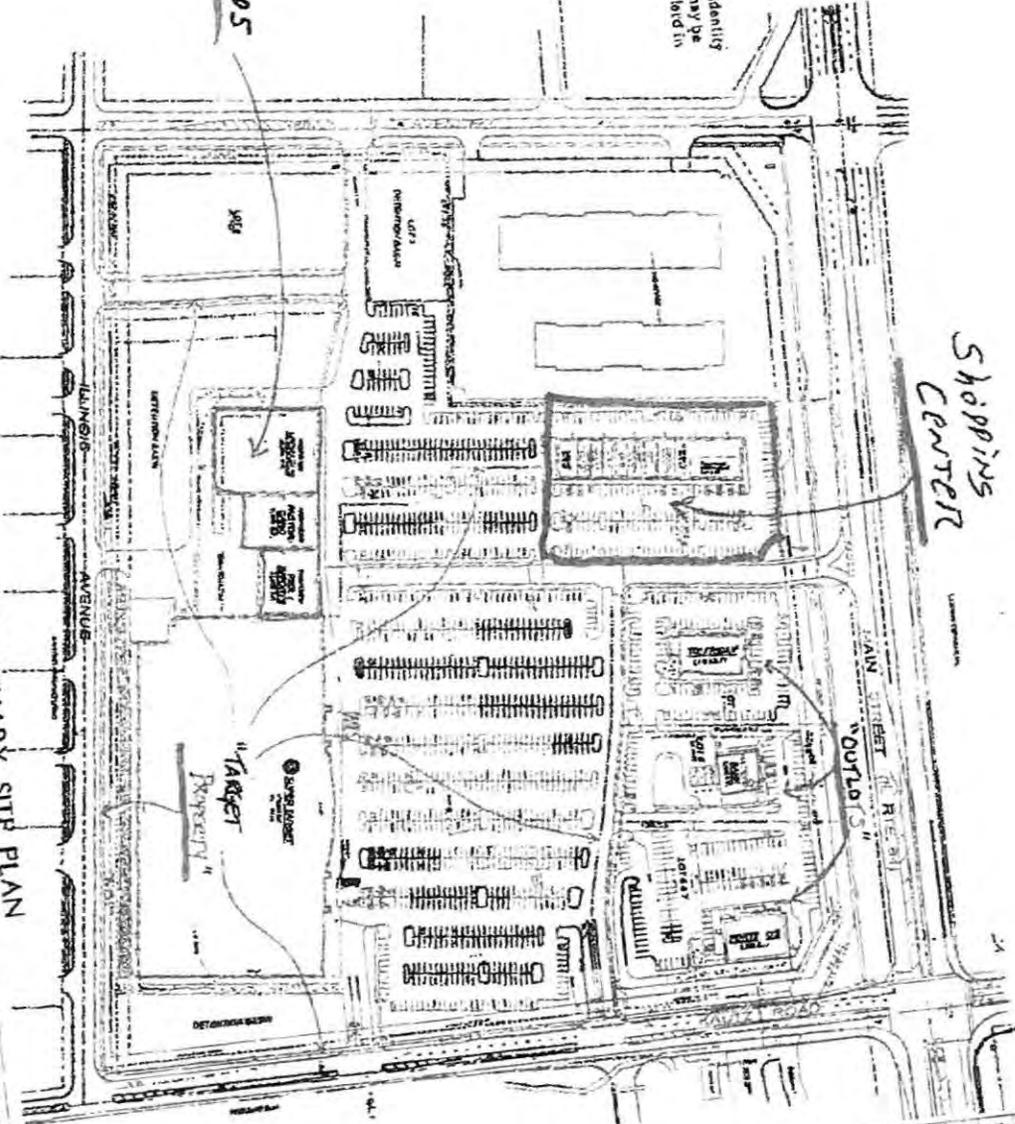


TA
AK

The location and identity of other tenants may be changed by Landlord in Landlord's sole Discretion.

Shops

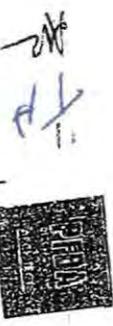
Shopping Center



PRELIMINARY SITE PLAN

DALAN DEVELOPMENT CORP.
CHICAGO, ILLINOIS

EAST GATE COMMONS
8000 MAIN STREET AND KURTZ ROAD
ST. CHARLES, ILLINOIS



SITE DATA:		1,927,198 SQ FT
TOTAL SITE AREA		432.76 ACRES
LOT 1	1,927,198 SQ FT	
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EXH

Certificate of Completion



AMY KUMLER

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 7/22/2019

from the American Safety Council.

A handwritten signature in blue ink, appearing to read "Jeff Pairan", written over a horizontal line.

Jeff Pairan



Illinois BASSET Training

This card certifies that:

AMY KUMLER

has completed the

On-Premise BASSET Alcohol Certification



Jeff Poirier

8/21/2019

Exp. Date

BUSINESS PLAN

Fox River Studio, Inc. d/b/a Pinot's Palette St. Charles

Amy Kumler, Owner

Created on August 1, 2019

1. EXECUTIVE SUMMARY

1.1 Product

A painting studio specializing in the instruction of painting, commonly referred to as a "paint & sip" studio. Beverages will be available for sale, including wine and beer. Food may be brought in for onsite consumption; no food will be sold.

The normal studio hours of operations will be 10:00 AM until 10:00 PM Wednesday through Sunday, closed Mondays and Tuesdays. Classes will be offered Wednesday, Thursday and Friday in the evening hours and Saturday and Sunday throughout the day and evening hours. The studio will be open for private parties and events during normal studio hours. Open studio time will be made available on Wednesday, Thursday and Friday as needed.

1.2 Customers

The primary target is women, ages 25-45, with a household income greater than \$100,000. Secondary targets are younger dating couples, ages 21-35, who are looking for a different type of date-night experience and children, ages 6-15, for family painting events and/or private birthday parties. Tertiary targets are corporations for team building events.

1.3 What Drives Us

My main goal is to build a successful paint & sip studio. Success is defined by the following:

- Revenue sales that generate a healthy profit margin.
- Each guest should feel like they had a positive experience, every time.
- Environment should be fun and energetic, supportive and collaborative.
- Support and give back to the community through fund raising and donations.

2. COMPANY DESCRIPTION

2.1 Mission Statement

My mission statement is to provide a top notch experience for each and every guest, regardless of their skill level, so that they want to return and share the experience with their family and friends.

2.2 Principal Members

Amy Kumler serves as the President of Fox River Studio, Inc. and Franchise Owner/Operator for the DBA Pinot's Palette St. Charles. Jeff Kumler is a trustee on the board of directors for Fox River Studio, Inc. No other staff have been hired to date.

2.3 Legal Structure

Fox River Studio, Inc. is the corporation that is Doing Business As Pinot's Palette in St. Charles, IL.

3. MARKET RESEARCH

3.1 Industry

The paint and wine franchise industry is a niche of the entertainment franchise category. It offers consumers a fun night out that combines drinking with guided painting – or in some cases, other arts and crafts.

3.2 Customers

The Pinot's Palette customer is primarily women, ages 25-55, who have some disposable income to spend on entertainment.

3.3 Competitors

The paint and sip business model competes with other “girls’ night out” establishments, including wine bars and live entertainment venues, as well as date night options such as dinner and a movie. Other competitors include pottery studios and companies that offer instructional, create-your-own-product concepts, like gourmet meal preparation.

3.4 Competitive Advantage

Often the price point for a "night out" is higher than the price of a painting class. The brick & mortar studio (versus mobile studios) provides a consistent experience each and every time. This is true for the guests who frequent the same studio or those that like to try different Pinot's Palette studios. The fun atmosphere, the tables & z-stools, and the lighting will create a premium experience each and every time.

3.5 Regulations

The most important regulations are those surrounding the sale of alcoholic beverages for onpremise consumption. A local and state liquor license is required, which requires BASSET training and certification for all employees who sell and serve alcohol and Dram Shop insurance.

4. PRODUCT/SERVICE LINE

4.1 Product or Service

The primary service is guided painting with acrylic paints on canvas. Alternative options for canvas are wood pallets, wine glasses, wine bottles, tea trays, and glass jars. Chunky throw blanket classes are also available. All of these products are available as 2 or 3 hour class sessions with a guided instructor. The option also exists to paint "open studio" style, which means there is no instructor, but the guest is provided step-by-step instructions to complete a variety of painting options.

A bar serving soft drinks, beer and wine will be available for an additional charge. The bar does not have a seating area, neither inside nor outside of the studio. All alcoholic beverages must be consumed on-premise, during normal business hours, while the class or event is in progress. No food will be sold, however, guests may bring food in with them. The studio will not be responsible for catering or ordering food for guests.

The artist instructors will manage a sound system with streaming music as background noise while classes or events are in session. No live music will be played.

4.2 Pricing Structure

The price for a standard 2 hour class on 10X20 canvas is \$35, includes all necessary supplies. A more complicated painting that requires a 3 hour class on 10X20 canvas is \$45. Upgrades to a wood pallet are available for an additional \$15. A 2 hour class on 8X8 or 10X10 canvas is \$25. A two hour class for a wine glass or a wine bottle are \$15 (each). And a 3 hour chunky blanket class is \$70. Painting It Forward funding raising events are \$65, with a portion of the charge going to the charity.

4.3 Product/Service Life Cycle

All listed products have completed development and are available for sale now. The franchise headquarters continuously works on new product innovation to roll out to the franchises. Franchise owner/operators may also submit ideas for headquarter's consideration.

The franchise headquarters manages a library of over 9,000 original paintings that are used by all franchise locations. The librarian is responsible for keeping a master of all paintings, reviewing and refreshing the paintings that are available, and maintaining all intellectual property of each painting. Artists may submit an original work to be added to the library. If a new painting is accepted and made available, all franchise locations must pay a commission fee to the originating artist.

4.4 Intellectual Property Rights

The franchise headquarters owns the intellectual property rights.

4.5 Research & Development

The franchise headquarters owns the research and development process.

5. MARKETING & SALES

5.1 Growth Strategy

The key to growth for a Pinot's Palette franchise is community involvement and networking. Word of mouth is the best form of marketing. I will use a variety of marketing tools, especially for the grand opening. Social media is extremely effective with my target customer and will be a large part of my ongoing marketing efforts. The key to growth is repeat business and corporate team building events to drive awareness.

5.2 Communication

Social media will be a large portion of the communication plan. Newsletters via email will drive repeat sales.

5.3 Prospects

The primary sales function will be driven via Pinot's Palette online reservations and payment system using credit cards. Parties and events will require a more hands-on approach, but will still be driven through credit cards. Onpremise sales of wood pallet upgrades, Pinot's Palette merchandise and all bar sales will be handled by the studio manager as cash or credit card transactions.

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5c

Title:

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

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: September 16, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

This is a new liquor license request at a new building location: 855 S. Randall Road, Building B.

This applicant has more than 10 years of experience operating this type of business.

Pursuant to this item being presented at the Government Operations Committee meeting on September 16, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on October 7, 2019 for final approval.

Attachments *(please list):*

Summary, Floor Plan, Liquor License

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a B1 Liquor License application for Wahlburgers located at 855 S Randall Rd, Building B, St. Charles.



Memo

Date: 9/11/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-825 S. Randall Road (Class B) dba Wahlburgers (Fox Valley Burgers LLC)

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

As you're aware, this location is currently under construction and is a national chain that features a full-service eatery and bar. They anticipate opening in March of 2020.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed the business plan and franchise paperwork. We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with an on-site consumption license, subject to City Council approval with the following contingencies:

- This site is not yet built out but building plans and seating plans appear to adequate and sufficient (see attachment). The Liquor license would be contingent upon an occupancy permit being issued from the Fire Department and final inspection by the Building Department.
- Although a local manager has been selected, limited hiring has taken place. Therefore, fingerprints and additional vetting have to take place. Once those selections are made, a liquor license is contingent upon successful completion of the entire background; including Basset certifications.

I am recommending a liquor license subject to the above mentioned contingencies. Thank you in advance for your consideration in this matter.

Police Department

Memo

Date: 9/11/2019
To: Deputy Chief Pierce #323
From: Detective David Ketelsen #328 DK #328
Re: Wahlburgers / Class B Liquor License Background Investigation

The purpose of this memo is to document the background investigation for Kevin E Dunn and Susan M Reynolds pursuant to the application for a Class B Liquor License from Fox Valley Burgers, LLC / DBA Wahlburgers.

Applicant:

Dunn, Kevin E

[REDACTED]
Melbourne, FL 32940
[REDACTED]

- On 09/09/2019 I was assigned to conduct this background. After reading the application and speaking to Kevin Dunn I essentially learned the following information.
- Dunn will have the title of Executive Manager. Dunn lives in Florida and will not be here for the day to day operations, but will be at the store several times a month. He advised that Operations Manager, Susan Reynolds, will be the hands on manager at the store. She currently lives in Massachusetts but apparently is moving to the St Charles area in the coming month.
- Dunn said that they were hoping to have the restaurant construction completed and be open by the first week of March in 2020.
- No alcohol has been purchased yet for this establishment.
- Wahlburgers will be serving beer, wine, and spirits.

Service, Courage, Professionalism, Dedication



- Dunn is BASSET certified and completed his training through American Safety Council on 08/31/19. (See attached copy of BASSET certificate.)
- I asked Dunn to provide me with the menu options that will be offered at Wahlburgers. He emailed the menu and this has been attached to this background.
- Dunn advised that the hours of operations would be: Sunday thru Thursday: 11:00 am - 10:00 pm and Friday and Saturday: 11:00 am - 12:00 am.
- Dunn previously had his fingerprints taken at the SCPD on 08/14/19 for this application and sent to the Illinois State Police Bureau of Identification. A search of the fingerprints on him showed he has no prior arrests.
- A search of New World and Kane County records showed no police contacts.
- A check of his residences where he has lived in the past 10 years showed no negative police contacts with the Wheaton, IL Police Department or the Melbourne, FL Police Department.
- A check of the Illinois Liquor Control Commission website showed no current license for the Wahlburgers in St Charles and no record of revocation for Dunn.
- A check of TLOxp (a database used by law enforcement) showed no liens or bankruptcies for Dunn, and nothing else of concern.
- In reviewing the application for this license it appears to be all complete, to include the floor plan, detailed business plan, copy of the lease, and the pending insurance plan documents. (See attached documents) I did notice that on the application it had the business address as being 855 S Randall Rd, Building B. I wanted to confirm this since I knew the address of 855 S Randall Rd to belong to the Meijer in St Charles. I then contacted a representative from St Charles Retail Management, LLC who will be leasing the building to Wahlburgers. They advised the address to the building to be leased to Wahlburgers will be 825 S Randall Rd. I contacted Dunn to advise him of this and asked if it was okay for me to put the address I received from the leasing company on the application. He said that I could and thanked me for doing this since he would now have to make sure to change the address on several other unrelated paperwork items for the restaurant.

Applicant:

Reynolds, Susan M

[REDACTED]
Buzzards Bay, MA 02532
[REDACTED]

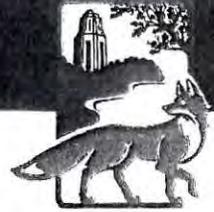
- On 09/10/19 I spoke with Susan Reynolds who will be the Operation Manager when Wahlburgers opens up. She will be the hands on manager at the store and plans on moving to Naperville in October of 2019, where she has previously lived. She currently lives Buzzards Bay, MA.
- Reynolds essentially advised me the same information as was provided by Dunn about the opening of the Wahlburgers in St Charles, and added no additional employees have been hired so far.
- Reynolds previously had her fingerprints taken at the SCPD on 08/14/19 for this application and sent to the Illinois State Police Bureau of Identification. A search of the fingerprints on her showed she had no prior arrests.
- I asked Reynolds if she had ever been arrested and she advised that she had been arrested for DUI in 2008 in Illinois. She said she satisfied the court requirements for this arrest and that was the only time she was arrested. She could not remember the agency that arrested her for this DUI, but said she was driving on the Eisenhower Expressway at the time. I ran a CQH (Criminal History) on Reynolds but this came up showing no arrests. I then got a drivers abstract after running her through LEADS. This abstract did confirm that she was arrested for a DUI on 09/29/08, but does not show by what department. She was able to then obtain a judicial driving permit on 10/29/08.
- Reynolds is BASSET certified and completed her training through American Safety Council on 08/31/19. (See attached copy of BASSET certificate.)
- A check of the Illinois Liquor Control Commission website showed no current license for the Wahlburgers in St Charles and no record of revocation for Reynolds.
- A check of her residences where she has lived in the past 10 years showed no negative police contacts with the Naperville, IL Police Department or the Bourne, MA Police Department.

- A check of TLOxp (a database used by law enforcement) showed no liens for Reynolds and 1 bankruptcy for her in 2011. Nothing else of concern was found.

This concludes this background investigation.

Detective David Ketelsen #328 DK #328

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



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

Date Application Received: Sept 5, 2019 New Application Renewal Application

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee <u>\$700-</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects , such as pool tables, bar stools, vending/amusement machines; as well as all exits .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <ul style="list-style-type: none"> <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Copy of Menu <input type="checkbox"/> Whether or not live music will be played at this establishment <input type="checkbox"/> 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 Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business. <u>New construction</u>	<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):

B. Business Name: **FOX VALLEY BURGERS, LLC DBA: WAHL BURGERS ST. CHARLES**

C. Business Address: **855 S. RANDALL RD. BUILDING B**

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

H. Contact Person: **PETER LASALLE** I. Title: **ACCOUNTANT** J. Phone No.: [REDACTED]

K. If Corporation, Corporation Name: **SAME AS ABOVE**

L. Corporation Address (city, state, zip code): **SAME AS ABOVE**

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Type of Establishment: Package Restaurant Tavern Hotel/Banquet/Arcada/Q-Center Other

B. Address applying for liquor license (exact street address): 855 S. RANDALL RD., BLDG. B, ST. CHARLES, IL 60174	C. Number of Parking Spaces: 161	D. Outside Dining s.f. [17.20.020-R]: 2,100 S.F.	E. Holding Bar s.f. [5.08.010-F]: 24 SF		
F. Total Building s.f.: 4,998 SF	G. Total Number of Seats: 154	H. Number of Bar Seats: 15	I. Live Entertainment Area s.f. [5.08.010-H]: NA		
K. Kitchen s.f.: 930	L. Cooler s.f.: 126	M. Dry Storage s.f.: 21	N. Seating Area s.f.: 2,116	O. Retail/public Area s.f.: 9 SF FOR MERCHANDISE RACK	P. Service Bar s.f. [5.08.010-O]: 225

Q. Brief Business Plan description based on type of establishment listed above:
SEE ATTACHED WAHLBURGER CONCEPT PRESENTATION

MANAGER INFORMATION

Full Name, include middle initial: KEVIN DUNN	Title: EXECU. MGR.
Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]	
Home Address: [REDACTED]	
Full Name, include middle initial: [REDACTED]	Title: OPERATIONS MANAGER
Birthdate: [REDACTED] Birthplace: [REDACTED] Driver's License#: [REDACTED] Home Phone: [REDACTED]	
Home Address: [REDACTED]	MOVING TO FOX VALLEY AREA
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 (check off once complete):

a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;

b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);

c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.** |
| 2. ✓ | The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license. |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license. |
| 4. | It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing. |

CLASS C LICENSES

- | | |
|----|---|
| 1. | Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following (check off once complete):

a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;

b. The designated use of each room or segregated area (e.g. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas, where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);

c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.** |
| 2. | The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee by noting the same on the approved site drawing or as provided on the face of the license. |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license. |
| 4. | It shall be unlawful for any Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing. |

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

CORPORATION / PREMISES QUESTIONS

1.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>List the type of business of the applicant (5.08.070-3): RESTAURANT</p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): 10+ YEARS</p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 10K</p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6): 855 S. RANDALL RD. BUILDING B (NEW CONSTRUCTION UNDERWAY) ST. CHARLES, IL 60174</p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
7.	<p>If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):</p> <p>Name of Building Owner: ST. CHARLES MANAGEMENT LLC</p> <p>Address of Building Owner: 30200 TELEGRAPH RD BINGHAM FARMS, MI 48025</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: 248-289-7133 E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>

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>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.</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>If yes, has a building permit been applied for? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement: <i>June 2019</i></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>If yes, what was the disposition of the application? Explain as necessary:</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>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p><i>N/A</i></p> <p>Government Unit:</p> <p>Date: _____ Location, City/State: _____</p> <p>Special Explanations:</p> <p>Government Unit:</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>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</p> <p>Name: <i>N/A</i> 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): <i>11/16/18 EIN CONFIRMED - IL APPLIED FOR 9/2019 DBA registration</i> Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): <i>DBA APPLIED FOR 9/2019</i></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>Mandatory: All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s): <i>8/14/2019 - KEVIN DUNK SUE REYNOLDS</i></p>
* 19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Application/Quote</i></p> <p>If already furnished, date of delivery:</p> <p>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.</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

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) *KEVIN* (Last) *DUNN* (Middle) Manager

Home Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Date of Course: *9/3* Place Course was Taken:

Birthdate: [REDACTED] Certificate Granted: *8/31/2019* Expiration:

Name: (First) *SUSAN* (Last) *REYNOLDS* (Middle) Manager

Home Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Date of Course: *8/22/19* Place Course was Taken:

Birthdate: [REDACTED] Certificate Granted: *8/22/2019* 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.

Certificate of Completion



KEVIN DUNN

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 8/31/2019

from the American Safety Council.

Jeff Pairan

Certificate of Completion



SUSAN REYNOLDS

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 8/22/2019

from the American Safety Council.

A handwritten signature in blue ink, appearing to read "Jeff Pairan".

Jeff Pairan

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: N/A

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

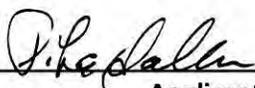
N/A

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: 9/11/19	Name of Applicant: Fox Valley Burgers, LLC DBA: Wahlburgers.
Name of Business: Wahlburgers	
Address of Business: 825 S. Randall Rd	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: Tentative - March 2020
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A If yes, answer a, b and c: a. State the kind of such business: b. Give date on which applicant began the kind of business named at this location: c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
4.	If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Advised this will be the case.</i>
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: <i>IEP Wojcik</i> Date: <i>8/14/19</i>
14.	Other necessary data:

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

D. Peterson

Investigating Officer Signature

328 / Detective

Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

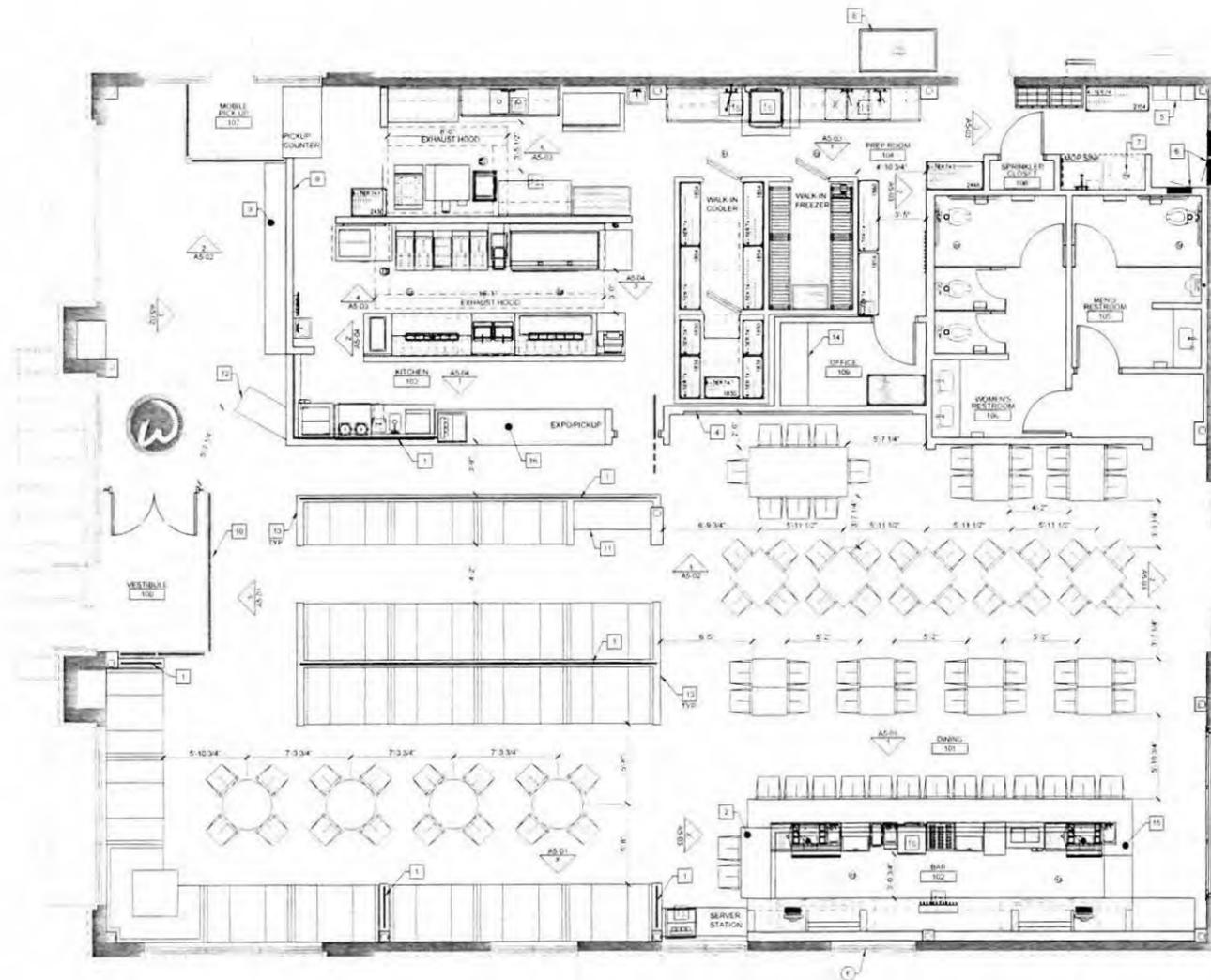
Recommend Issuing Liquor License: Yes No

[Signature]

Signature Of Chief of Police

9-11-19

Date



KEYNOTES

- 1 SMART GLASS DIVING WALL SYSTEM
- 2 ACCESSIBLE BAR SURFACE 34" A.F.F. MAX COUNTER SURFACE
- 3 MERCHANDISE RACK SEE DETAIL 248-02
- 4 ACCENT WALL 48" LCD MONITORS 5:16 RATIO (BY OTHERS) RECESSED INTO WALL SEE INTERIOR ELEVATIONS
- 5 SECURE LOCKERS TO WALL PROVIDE BLOCKING @ MOUNTING LOCATIONS
- 6 ELECTRICAL PANELS TO BE RECESSED IN WALL
- 7 WATER HEATER SHELF FOR PARTITION & PLATFORM CONSTRUCTION SEE DETAILS X, X, X ON SHEET A6-01
- 8 EXTERIOR OIL RECYCLING SYSTEM BY MAHART
- 9 MANUAL ANSUL PULL STATION FOR HOOD SHALL BE LOCATED 4'-0" A.F.F. & AT LEAST 10'-0" AWAY FROM THE HAZARD IN THE DIRECTION OF THE EXIT TRAVEL. COORD EXACT LOCATION WITH LOCAL FIRE DEPARTMENT. PROVIDE STAINLESS STEEL COVER GUARD FOR THE ANSUL PULL STATION
- 10 AL STOREFRONT SYSTEM @ VESTIBULE RAHWEEER 100 AS VG 450451 WJAMP RECEPTOR & 1" GLR LOWE INSULATED GLASS MATCH EXISTING STOREFRONT COLOR ALL OTHER EXISTING FINISHES TO BE RAHWEEER PERMANENT BLACK FINISH NO. 25 GLAZING MULLION SPACING & SIGHTLINES TO MATCH EXISTING STOREFRONT SYSTEM. V.F. REFER TO INTERIOR ELEVATIONS FOR LOCATIONS OF TEMPERED GLASS
- 11 CONDIMENT/TRASH COUNTER SEE DETAIL B146-01
- 12 HOST STAND SEE DETAIL 248-02 FOR SECTION DETAIL
- 13 HALT WALL SEE W46-01 FOR TYPICAL DETAIL
- 14 MANAGERS EQUIPMENT RACK REFER TO ELEVATION DETAIL 446-01 & ELEC DWGS FOR MORE INFORMATION
- 15 SOLID RED OAK BAR TOP W/ 3" EASED EDGE
- 16 3/4" QUARTZITE COUNTERTOP W/ 3" EASED EDGE

- 7 PROVIDE 3M FASARA INTERIOR DESIGN FILM SHQ24MM (5AN MARKING) TO INSIDE FACE OF STOREFRONT GLAZING. INSTALL FILM PER MFG INSTALLATION INSTRUCTIONS & BEFORE CONSTRUCTION OF PARTITIONS
- 8 APPLY SHEATHING TO INSIDE OF EXISTING STOREFRONT FRAME SHEATHING SHALL BE PAINTED WHITE FACING EXTERIOR FRAME OUT AS NEEDED IN FRONT OF WINDOOR OR NEW WALL SHEATHING AND INSULATE CAVITY BETWEEN SHEATHING AND FURRING WITH SPX14 FOAM INSULATION

PLAN GENERAL NOTES

- 1 EGRESS DOORS SHALL BE READILY OPENABLE FROM THE EGRESS SIDE WITHOUT THE USE OF A KEY OR SPECIAL KNOWLEDGE OR EFFORT
- 2 ALL FIRE RATED DOORS TO BE SELF-CLOSING
- 3 ALL INTERIOR FINISHES TO BE CLASS A WITH FLAME SPREAD RATING OF 0-25
- 4 NOT USED
- 5 DO NOT FASTEN STUDS OR GYPSUM BD. TO TOP RUNNER OF NON-FIRE RATED DIV. PD PARTITIONS. CUT STUDS AND GYPSUM BD. 1/2" MAX. SHORT TO ALLOW FOR VERTICAL SLAB DEFLECTION
- 6 ALL DIMENSIONS TO BE FINISHED SURFACE UNLESS NOTED
- 7 CL TO COORDINATE ALL CEILING HEIGHTS WITH BUILDING SYSTEMS OWNER TO APPROVE ALL CEILING HEIGHTS BEFORE INSTALLATION
- 8 THE ARCHITECT WILL NEITHER HAVE CONTROL OVER OR CHARGE OF NOR BE RESPONSIBLE FOR THE CONSTRUCTION METHODS, TECHNIQUES, SEQUENCES OR PROCEDURES, OR FOR THE SAFETY PRECAUTIONS AND PROGRAMS IN CONNECTION WITH THE WORK SINCE THESE ARE SOLELY THE CONTRACTOR'S RIGHTS AND RESPONSIBILITIES
- 9 CONTRACTOR IS REQUIRED TO HANG OWNER'S SIGN PACKAGE
- 10 TEMPERED GLASS ALL GLAZED DOORS ANY GLAZED PANEL ADJACENT TO ANY DOOR & ANY GLAZED PANEL WHICH MEETS ALL OF THE FOLLOWING CONDITIONS SHALL ALL BE TEMPERED
 - 1 EXPOSED AREA OF AN INDIVIDUAL PANE GREATER THAN 8' x 6'
 - 2 EXPOSED BOTTOM EDGE LESS THAN 18" A.F.F.
 - 3 EXPOSED TOP EDGE GREATER THAN 18" A.F.F.
 - 4 ONE OR MORE WALKING SURFACES WITHIN 36" HORIZONTALLY OF THE PLANE OF THE GLAZING

BLOCKING NOTES

REFER TO A2-11 FOR BLOCKING NOTES

NOTE

SEE KITCHEN EQUIPMENT DRAWINGS FOR KITCHEN AND BAR EQUIPMENT

Municipal Approval Stamp



WAHLBURGERS

**WAHLBURGERS
SWC RANDALL RD & RT38
ST. CHARLES, IL**

DXU
ARCHITECTS
412 S. Web Street • 2nd Floor • Chicago • IL • 60617
P 312.955.0334 • dxu@dxu.com

Architect of Record

Consultant

No.	Issue	Date



FOR PERMIT

Project NO: 19-050
Drawn By: Approved By:

FLOOR PLAN

Sheet
A2-12





wahlburgers
CONCEPT PRESENTATION



**OUR MISSION:
WELCOME
GUESTS LIKE
THEY'RE FAMILY
& GIVE
THEM AN
EXCEPTIONAL,
STAR-WORTHY
DINING
EXPERIENCE!**



OUR STORY

When Chef Paul set out to create a family restaurant, things got interesting quickly. See, Paul's a Wahlberg, and the Wahlbergs are no ordinary family. One brother, Donnie, didn't just join the school band as a kid. He created the most famous boy band in the world. His other brother, Mark, didn't just take drama. He became one of the most famous actors in the world. And Paul, well, he loved food. And family. But he wasn't satisfied just cooking for them. He wanted to cook for everyone else's too. He was hungry for something more.

So he created Wahlburgers.

This isn't another cookie-cutter chain posing as a family restaurant. This is the real deal. With menu items like the sloppiest Sloppy Joe's, the tastiest tater tots, and frothiest frappes, based on the same recipes Paul and his 8 siblings devoured as kids—taken to another Wahlberg-ian level.

Come chow down on Mark's favorite burger topped with all things Thanksgiving. Dip a handful of fries into Wahl Sauce that's so delicious you keep asking for more. Hit the bar for a Wahlcoction or top off your night with a colossal frappe that screams at you to take an instagram photo.

So don't just go out. Come to Wahlburgers and GO WAHL OUT.



EXPANSION PLANS

Deliver best-in-class operating/financial results

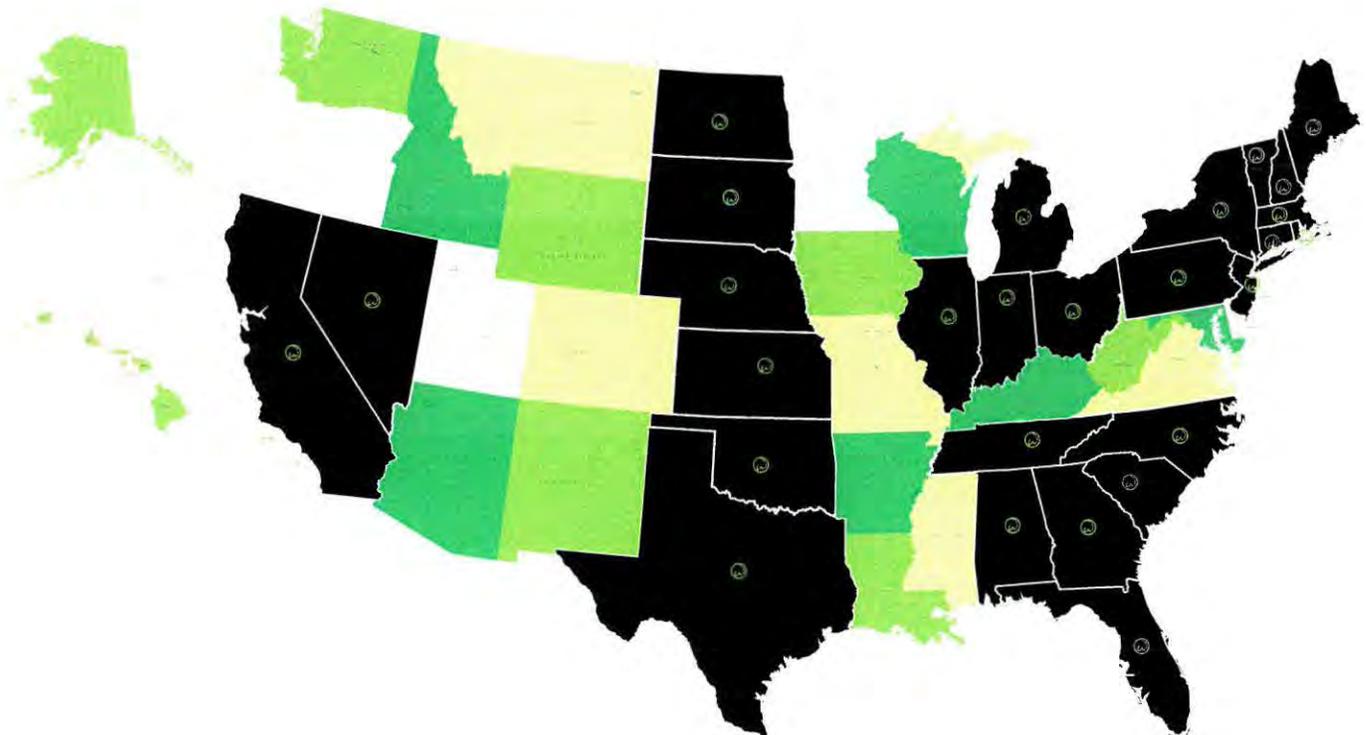
Develop other markets through franchise agreements with highly experienced multi-unit operators

Leverage reality show/story lines to promote brand -ensure that quality of execution delights customers and protects the Wahlberg name

RESTAURANTS & MARKETS UNDERWAY

32 restaurants open across the United States and Canada

Development agreements signed or in process for nearly 200 restaurants in the U.S. and other agreements throughout the world.





WAHLBURGERS REALITY SHOW

Wahlburgers just wrapped
its 10th & final season.

A consistent top 10 A&E &
two time Emmy-nominated
reality Show.



SOCIAL / GENERAL MEDIA BUZZ

Wahlburgers A&E Facebook has over **840K fans**

Wahlburgers Facebook has over **543K fans**

Wahlburgers Instagram has over **289K fans**

Wahlburgers Twitter has over **147K followers** across all sites

BROTHERS' SOCIAL MEDIA SUPPORT:



PAUL: 88K+ Instagram followers

MARK: 17+ million Facebook followers

13.3 million Instagram followers

3.9 million Twitter followers

DONNIE: 910K+ Facebook followers

1.2 million Instagram followers

1.5 million Twitter followers

Numerous feature & cover stories in national & international press



ACCOLADES & MEDIA

- Restaurant & Business Magazine: “The Future 50” 2018 & 2019
- National Restaurant Association: “ Most buzzed about brands”
- *Fast Casual* Top 75 Movers & Shakers (2016-2017 #1 rise in rankings)
- Zagat: highest rated burger concept in metro Boston
- *Boston Magazine*: Best New Restaurant
- South Shore: Best Milkshake
- **Steve Carell: chose Wahlburgers as his “Last Meal on Earth” in *Bon Appétit***
- Best burger awards in multiple markets



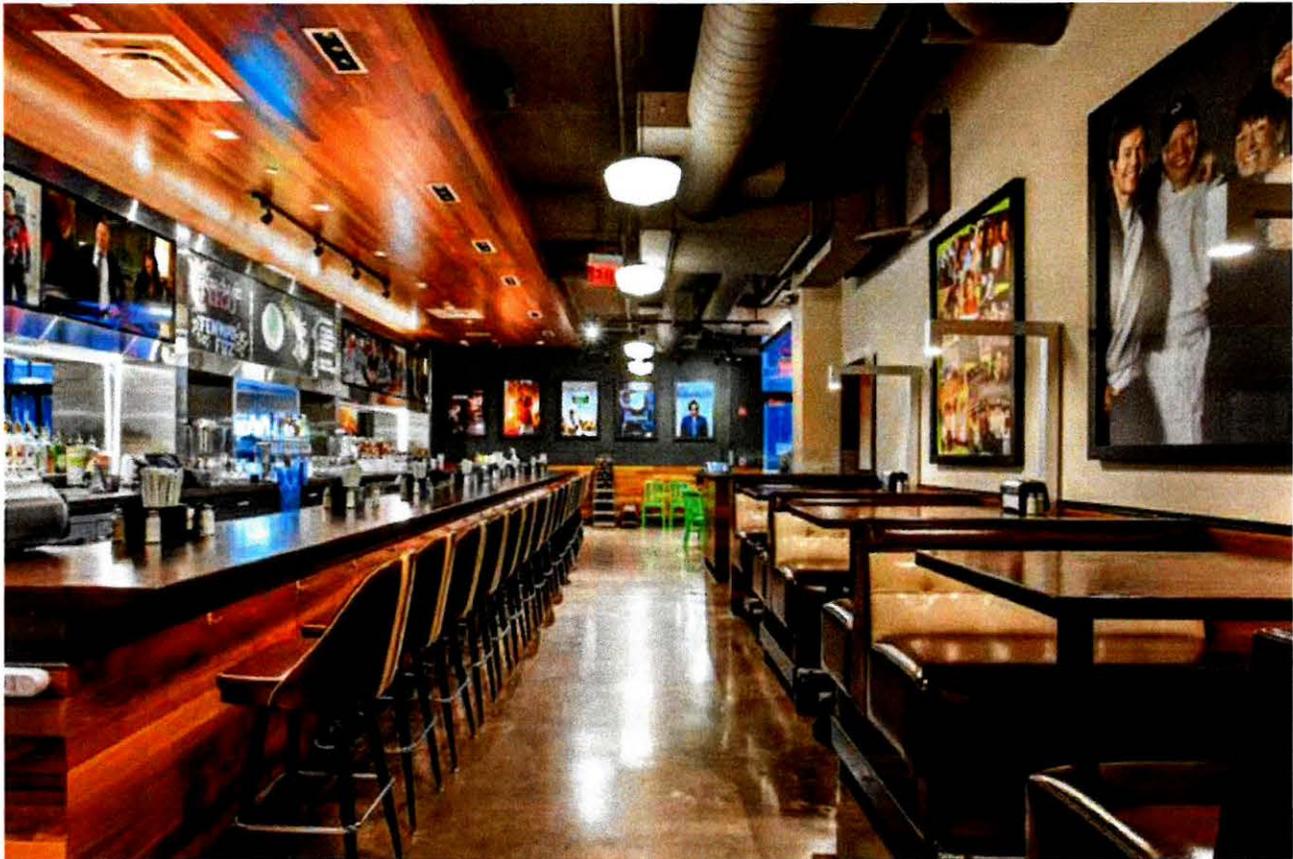


FULL SERVICE BAR & DINING





CONTEMPORARY-UNIQUE WAHLBURGERS ELEMENTS



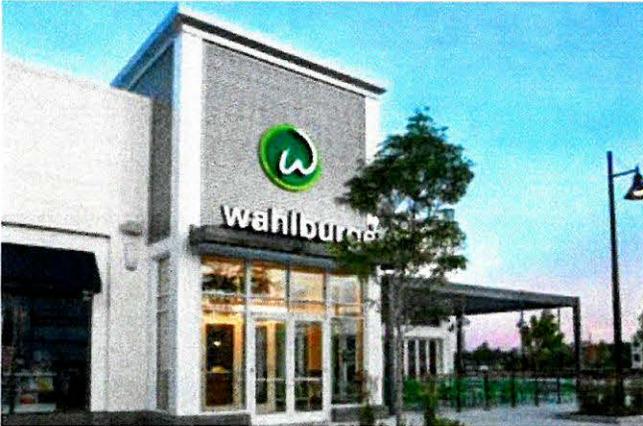


OUR MENU!





SUBURBAN LYNNFIELD MASSACHUSETTS





URBAN BOSTON MASSACHUSETTS - FENWAY AREA





PATIO AREA





OUR HISTORY

2010: Alma Nove marks the start with Mediterranean fine-dining, leveraging Paul's culinary skill

2011: Wahlburgers Hingham Massachusetts opens

2012: Concept evolves: expanded menu, social media

2013-2014: Expansion plans move forward/show launches

2015+: Franchising across the globe; ongoing concept adjustments to build quality

2018: Launched line of retail beef products. Currently available in 3,000+ grocery stores nationwide

OPERATING PRINCIPALS

PAUL WAHLBERG, FOUNDER

- 30 years as a chef
- Extensive experience in upper-tier restaurants: Charles Hotel, Four Seasons, and Bridgeman's
- Recognized as one of America's best chefs

TOP 3 OFFICERS

- 70 years combined restaurant experience



"All Your Insurance Needs... Under One Roof"

**Twinbrook Insurance
Brokerage, Inc.
Locations**

400A Franklin Street
Braintree, MA 02184

181 South Franklin Street
Holbrook, MA 02343

129 Airport Road, Suite 3
Hyannis, MA 02601

167 Summer Street
Kingston, MA 02364

100 Court Street
Plymouth, MA 02360

751 N.E. 10th Street
Pompano Beach Airpark
Pompano Beach, FL 33060

Phone: (781) 843-7000
Fax: (781) 848-6100

Kevin Dunn
1491 Cape Sable Drive
Melbourne, FL 32940-1485

Dear Kevin

Re: Wahlburgers St Charles IL

Attached please find a comprehensive insurance proposal. This proposal includes General Liability, Liquor Liability, Workers Compensation, as well as coverage for your property and business interruption. Upon your written request we can bind coverage within 24 hours

Yours truly;

Richard Mazzarella
Twinbrook Insurance Brokerage, Inc.
Office: (781) 843-7000
Fax: (781) 848-6100



Your Workers' Compensation Insurance Quote

Proposal created date:
August 5, 2019 12:14 PM

Quote good through:
November 2, 2019 12:00 AM

Your reference number:
08 WEC AD7M0W - 001

Policy term:
August 5, 2019 - August 5, 2020

Information about your business:
Fox Valley Burgers LLC
1491 CAPE SABLE DR
MELBOURNE, FL 32940-1485

Information about your agent:
TWINBROOK INSURANCE BROKERAGE
INC
400a Franklin Street
Braintree, MA 02184

Proposal created by:
Courtney Wolinsky
cwolinsky@twinbrook.com
(781) 843-7000

YOUR ESTIMATED ANNUAL PREMIUM IS: \$2,211.00

SEE INSIDE:

Your Proposal Coverage and Policy Limits	Page 2	How We'll Calculate Your Final Premium	Page 5
Your Class Code and Rating Details	Page 4	How to Pay Your Premium	Page 6

IMPORTANT MESSAGE:

- Please review the coverages and limits displayed to ensure that they are appropriate for the needs of your business.
- To accept the terms of the quote proposal, be sure to sign where indicated.

WHAT YOU NEED WHEN YOU NEED IT

The Hartford was the first insurer with a dedicated small business team more than 30 years ago. Today, we're still the best choice for small business, providing our customers with industry-leading products and online service tools like 24/7 account access, online bill pay and more.



¹ Customer reviews were collected and tabulated by The Hartford, and reviews are not representative of all customers.
² World's Most Ethical Companies, Ethisphere Institute (2008-2012, 2014-2018).

This document is only a proposal. It can't be used as proof of coverage, unless bound by an authorized agent.

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Your Proposal Coverage and Policy Limits

Part 1: Workers' Compensation Insurance

This section of your policy pays to treat, rehabilitate and replace income of workers who are injured on the job. Statutory coverage as provided by the following states:

- Illinois

Notes for owners/officers:

- IL-Excluded

Part 2: Employer's Liability Insurance

This section of your policy pays to indemnify and defend you from lawsuits by injured workers.

	LIMITS OF INSURANCE	
Bodily Injury By Accident	\$ 500,000	Each Accident
Bodily Injury By Disease	\$ 500,000	Policy Limit
Bodily Injury By Disease	\$ 500,000	Each Employee

NOTES ON YOUR POLICY

The basic broad form included in your proposal above offers these free enhancements:

- Voluntary compensation covered
- Employer's liability stop gap in monopolistic states
- Pay for reasonable expenses, including loss of earnings

HOW WE ESTIMATED YOUR PREMIUM

Your premium depends on several factors, aside from your coverage choices above. Two key factors are your class code and your rate. A class code is a standardized way to describe your employees' jobs. We do this because each type of job has inherently different risks.

The class code determines the rate, which is the amount you pay for every \$100 of your payroll. We multiply that rate by your premium basis. That's your best guess at the total amount you'll pay those employees during the policy year.

At the end of the year, we'll review your premium basis together to make sure it was correct. This is called a "premium audit." (See "How we calculate your final premium" for more information about this.)

Your premium calculations also include payroll-based factors. These include, but are not limited to, state surcharges, catastrophe, minimum premium, experience modification, and terrorism.

You'll find a breakdown of these and other charges beginning on the following pages.



Your Proposal Coverage and Policy Limits

CONTINUED

ACKNOWLEDGED AND ACCEPTED BY:

Signature of the Insured

Date

Reference Number: 08 WEC AD7M0W - 001



Your Class Code and Rating Details

We calculate your premium based on every employee, location and state. Below you'll find calculations for your employees located in Illinois

Location: 1

Your employees are located at: Randel Rd
Charles, IL 60119

CLASS CODE	DESCRIPTION	RATE	BLENDED RATE	PREMIUM BASIS (RATE PER \$100 OF EXPOSURE)	CLASS PREMIUM
9082	RESTAURANT NOC	1.87	2.05	100,000	\$ 1,870.00

DESCRIPTION OF CHARGE	PREMIUM ADJUSTMENT	AMOUNT
Total Class Premium		\$ 1,870.00
Employer Liability increased limits	0.011000	\$ 21.00
Employer Liability Increase Limits balance to Minimum Premium	0	\$ 79.00
Total Estimated Annual Standard Premium		\$ 1,970.00
IL Industrial Commission Operations Fund Surcharge	1.010000	\$ 22.00
Catastrophe (other than certified acts of terrorism) \$100,000.00	0.020000	\$ 20.00
Expense constant	0	\$ 160.00
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement \$100,000.00	0.039000	\$ 39.00
STATE ESTIMATED ANNUAL PREMIUM		\$ 2,211.00

As required by law, workers' compensation policies are subject to an annual premium audit.

Merit and Experience Mods are tentative and subject to final calculation.

To learn more about how your premium is calculated on the payroll billing method please visit:

<https://www.thehartford.com/blended>

Like many insurance companies, The Hartford is legally made up of several property and casualty affiliate companies. Depending on the state, the "writing company" may be different. Coverage in this state is provided by: Hartford Accident and Indemnity Company, a member company of The Hartford.



**YOUR BUSINESS INSURANCE SOLUTION
SPECTRUM® PROPOSAL**

Prepared for:
Fox Valley Burgers LLC
1491 Cape Sable Dr
Melbourne, FL 32940

Reference Number: 08SBA4987BL - 005
Proposal Date: 08/05/2019, 2:23 PM

Proposal Created by:
Courtney Wolinsky
781-843-7000
cwolinsky@twinbrook.com

Total Estimated Annual Premium for Spectrum: \$ 22,344.00

POLICY LEVEL	Page
Property Coverage	2
Liability Coverage	3
Umbrella Liability Coverage	4
 LOCATION BUILDING LEVEL	
Location Building Coverage	4
Stretch Endorsement Summary	5

Important Messages:

This document is a proposal of insurance for the applicant indicated above. It is not to be used as proof of coverage, unless bound by an authorized agent.

WHY THE HARTFORD
200 years experience | 1 million customers | Named One of the World's Most Ethical Companies
The Hartford is the market leader for small business with more than 200 years of experience, trusted by over 1 million customers and [rated 4.8 out of 5 by Small Businesses.](#)

*Spectrum Proposal
with
Twin City Fire Insurance Company
A member company of The Hartford
8/5/2019 - 8/5/2020*

Policy Level

Property Coverage

Limits of Insurance

Special Property Coverage Form automatically includes the following coverages at no additional charge:

Accounts Receivable Coverage Off Premises	\$	25,000
Accounts Receivable Coverage On Premises	\$	25,000
Appurtenant Structures - business personal property within appurtenant structure	\$	5,000
Arson Reward	\$	10,000
Business Income - Civil Authority - 30 Days - A waiting period applies	\$	Included
Business Income to Dependant Properties	\$	5,000
Business Personal Property Seasonal Automatic Increase: 25%	\$	Included
Data and Software	\$	10,000
Definition of Premises: 1000 feet	\$	Included
Extended Business Income - 30 consecutive days	\$	Included
Fire Department Service Charge	\$	25,000
Fire Extinguisher Recharge	\$	Included
Forgery Coverage	\$	5,000
Leasehold Improvements	\$	25,000
Lease Assessment	\$	2,500
Lock and Key Replacement	\$	1,000
Money and Securities - Inside	\$	10,000
Money and Securities - Outside	\$	5,000
Newly Acquired or Constructed Property - Building - 180 Days Max	\$	500,000
Newly Acquired or Constructed Property - Business Income 180 Days Max	\$	50,000
Newly Acquired or Constructed Property - Business Personal Property - 180 Days Max	\$	250,000
Ordinance or Law Coverage:		
• Tenants Improvements & Betterments Increased Cost of Construction	\$	25,000
Outdoor Property - Aggregate	\$	10,000
Outdoor Property - For any one tree, shrub or plant	\$	1,000
Outdoor Signs - Attached to buildings - Per sign	\$	5,000
Personal Effects	\$	10,000
Property Off-Premises - Business Personal Property	\$	2,500
Tenant's Glass	\$	25,000
Valuable Papers Coverage Off Premises	\$	25,000
Valuable Papers Coverage On Premises	\$	25,000

Property Coverage**Limits of Insurance****Premium**

The following Property coverages are applicable at all locations:

	Replacement Cost	
Business Personal Property		
Property Deductible	\$ 1,000	
Business Income - Electronic Vandalism: A 12 hour waiting period applies.	\$ Included	\$ 75
Automatic Equipment Breakdown Coverage which includes:	\$ Included	\$ 1,251
• Mechanical Breakdown	\$ Included	\$ Included
• Artificially Generated Electric Current	\$ Included	\$ Included
• Explosion of Steam Equipment	\$ Included	\$ Included
• Loss or damage to Steam Equipment	\$ Included	\$ Included
• Loss or damage to Water Heating Equipment	\$ Included	\$ Included
• Contamination by Hazardous Substance	\$ 50,000	\$ Included
• Expediting Expenses	\$ 50,000	\$ Included
Equipment Breakdown Deductible	\$ 1,000	\$ Included
Business Income And Extra Expense Actual Loss Sustained - 12 mos.	\$ Included	\$ 3,730
Identity Recovery Coverage	\$ 15,000	\$ Included
Business Income Extension for Cloud Service Interruption - A waiting period applies	\$ 25,000	\$ 410
Fraudulent Transfer	\$ 30,000	\$ 63

Liability Coverage**Limits of Insurance****Premium**

Business Liability:		
Broad Form Named Insured includes subsidiaries in which greater than 50% of voting stock is owned by the Named Insured	\$ Included	\$ Included
CyberFlex	\$ Included	\$ Included
Defense Costs outside of the Limits of Insurance	\$ Included	\$ Included
Employees and Volunteers included as Insureds	\$ Included	\$ Included
Incidental Malpractice	\$ Included	\$ Included
Mental Anguish resulting from bodily injury, sickness or disease	\$ Included	\$ Included
Newly Acquired Organizations	\$ 180 days	\$ Included
Non-Owned watercraft under 51 feet	\$ Included	\$ Included
Per Location General Aggregate - owned or rented premises	\$ Included	\$ Included
Personal and Advertising Liability	\$ Included	\$ Included
Property Damage to borrowed equipment not being used to perform operations at the job site	\$ Included	\$ Included
Unintentional failure to disclose hazards	\$ Included	\$ Included
Additional Insured - Coverage is automatically extended to persons or organizations whose written contracts or permits with the insured require insurance to be provided	\$ Included	\$ Included
Each Occurrence	\$ 1,000,000	
General Aggregate	\$ 2,000,000	\$ 7,700
Products/Completed Operations Aggregate	\$ 2,000,000	\$ Included
Personal and Advertising Injury	\$ 1,000,000	\$ Included
Damage to Premises Rented to You	\$ 1,000,000	\$ Included
Medical Expenses	\$ 5,000	\$ Included
Hired and Non-owned Auto	\$ 1,000,000	\$ 227

Employment Practices Liability (Claims Made)			
Per Claim	\$	10,000	\$ Included
Aggregate	\$	10,000	\$ Included
EPLI Deductible	\$	0	
EPLI Retroactive Date: 8/5/2019			
Data Breach			
Responses Expenses Limit Includes the following:	\$	100,000	\$ 267
• Notification expenses			
• Public Relation Expenses			
• Legal and Forensic IT Review			
• Good Faith Advertising Expenses			
• Services for Impacted Individuals (credit monitoring, help line, etc)			
Data Breach Deductible	\$	2,500	
Business Income Extra Expense Sub-limit - A waiting period applies	\$	50,000	\$ 139
Extortion Threats Sub-limit	\$	50,000	\$ 29
1st Party Retroactive Date: 8/5/2019			
Data Breach - Defense & Liability Limit	\$	250,000	\$ 430
Data Breach Deductible	\$	5,000	
3rd Party Retroactive Date: 8/5/2019			
Defense costs apply within limits unless otherwise stated			
Liquor Liability			
Each Common Cause	\$	1,000,000	\$ 2,335
Aggregate	\$	2,000,000	\$ Included

Umbrella Liability Coverages

Limits of Insurance

Premium

Per Occurrence	\$	1,000,000	\$ 1,228
Aggregate	\$	1,000,000	\$ Included
Self-Insured Retention	\$	10,000	
Policy Base Premium			\$ 456
Terrorism	\$	Included	\$ 392

Location/Building Level

Location/Building Information

Location No./Building No.	:	001/001
Street Address	:	2n710 Randall Rd
City, State and Zip Code	:	Saint Charles, IL 60174-1505
Protection Class	:	0001
Class Code	:	58011
Description	:	Restaurant - Full Service (waiter/waitress)
Construction	:	Masonry Non-Combustible
Year Built	:	2019
Sprinklered	:	Yes
Area	:	4,000
Annual Sales/Receipts	:	\$3,500,000

Location/Building Coverage

Limits of Insurance

Premium

Business Personal Property	\$	2,750,000	\$ 2,907
Fungi Limited Coverage	\$	50,000	\$ Included

Fungi Limited Business Interruption

30 Days

\$ Included

Stretch Endorsements

Premium

Super Stretch for Business Services See Stretch Summary Attached \$ 705
The Limits of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy.

Super Stretch for Business Services Summary

Blanket Coverage Limit of Insurance: \$350,000

Blanket Coverages

- Accounts Receivable - On/Off Premises
- Computers and Media
- Debris Removal
- Personal Property of Others
- Temperature Change
- Valuable Papers and Records - On/Off Premises

Coverage

Limits of Insurance

Brands and Labels	Up to Business Personal Property Limit
Claim Expenses	\$ 10,000
Computer Fraud	\$ 5,000
Contract Penalty	\$ 1,000
Employee Dishonesty (including ERISA)	\$ 25,000
Fine Arts	\$ 50,000
Forgery	\$ 25,000
Laptop Computers - Worldwide Coverage	\$ 10,000
Off-Premises Utility Services - Direct Damage	\$ 25,000
Ordinance or Law Coverage	
Undamaged Portion	Included in Building Limit
Demolition Cost	\$ 25,000
Increased Cost of Construction	\$ 25,000
Outdoor Signs	Full Value
Pairs or Sets	Up to Business Personal Property Limit
Property at Other Premises	\$ 50,000
Salespersons' Samples	\$ 25,000
Sewer and Drain Back Up	Included up to Covered Property Limits
Sump Overflow or Sump Pump Failure	\$ 50,000
Tenant Building and Business Personal Property Coverage - Required by Lease	\$ 20,000
Transit Property in the Care of Carriers for Hire	\$ 25,000
Unauthorized Business Card Use	\$ 5,000

The Limits of Insurance for the following Coverage Extensions are a replacement of the Limit of Insurance provided under the Property Coverage Form.

Coverage

Limits of Insurance

Newly Acquired or Constructed Property - 180 Days	
Building	\$ 1,000,000
Business Personal Property	\$ 500,000
Business Income and Extra Expense	\$ 500,000
Outdoor Property	\$ 25,000 aggregate / \$ 1,000 per item
Personal Effects	\$ 60,000
Property Off-Premises	\$ 50,000

The following changes apply only if Business Income and Extra Expense are covered under this policy. The Limits of Insurance for the following Business Income and Extra Expense Coverages are in addition to any other Limit of Insurance provided under this policy:

<i>Coverage</i>	<i>Limits of Insurance</i>
Business Income Extension for Off-Premises Utility Services	\$ 50,000
Business Income Extension for Web Sites	\$ 50,000 / 7 days
Business Income from Dependent Properties	\$ 50,000

The following Limit of Insurance for the following Business Income Coverage is a replacement of the Limit of Insurance provided under the Property Coverage Form.

<i>Coverage</i>	<i>Limits of Insurance</i>
Extended Business Income	120 Days

The following changes apply only if the Special Property Coverage Form applies to this policy. The Limits of Insurance for the following Additional Coverages are a replacement of the limit of insurance provided under the Special Property Coverage form:

<i>Coverage</i>	<i>Limits of Insurance</i>
Precious Metal Theft Payment Changes	\$ 25,000
Theft of Patterns, Dies, Molds and Forms	Up to Business Personal Property Limit

The following changes apply to Loss Payment Conditions:

<i>Coverage</i>	<i>Limits of Insurance</i>
Valuation Changes	
Commodity Stock	Included
"Finished Stock"	Included
Mercantile Stock - Sold	Included

Your Spectrum policy contains classes and coverages that may be subject to an annual audit. Your quoted premium may change based on the actual annual audit records provided to us.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to this terrorism coverage is shown in the premium section(s) of this quote proposal or binder.

Definition of Certified Act of Terrorism

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Disclosure of Federal Share of Terrorism Losses under TRIA

The United States Department of the Treasury will reimburse insurers for 85% of insured losses that exceed the applicable insurer deductible. Effective January 1, 2016, this percentage will be reduced to 84%, effective January 1, 2017 to 83%, effective January 1, 2018 to 82%, effective January 1, 2019 to 81%, and effective January 1, 2020 to 80%.

However, if aggregate industry insured losses under TRIA exceed \$100 Billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 Billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

Note to Producer on TRIA: The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use Hartford's stand-alone TRIA disclosure form for quotes and binders, which is available on the EBC or from the company.



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: *6a

Title: Budget Revisions for the City of St. Charles – August 2019
Presenter: Chris Minick, Finance Director

Meeting: Government Operations Committee Date: September 16, 2019

Proposed Cost: \$ -0- Budgeted Amount: Not Budgeted:

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

August, 2019 listing of monthly budget revisions for the City of St. Charles.

Attachments *(please list):*

Budget Revisions August, 2019

Recommendation/Suggested Action *(briefly explain)* Budget

Revisions for the City of St. Charles August 2019

CITY OF ST. CHARLES
Budget Revision Listing

August 2019

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Transfer		46	100	1000	2020	4 08/01/2019	100200	51300	\$ (450.00)	Security Training
Budget Transfer		46	100	1000	2020	4 08/01/2019	100200	51301	\$ 450.00	Security Training
	46 Total								\$ -	
Budget Addition		47	100	1000	2020	4 08/05/2019	100603	54180	\$ 975.00	Court Reporting Sevice
Budget Addition		47	100	1000	2020	4 08/05/2019	100900	31197	\$ (975.00)	Court Reporting Sevice
	47 Total								\$ -	
Budget Addition		48	100	1000	2020	4 08/07/2019	803400	54110	\$ 30,000.00	Liability settlement
Budget Addition		48	100	1000	2020	4 08/07/2019	803900	31199	\$ (30,000.00)	Liability settlement
	48 Total								\$ -	
Budget Addition		49	100	1000	2020	4 08/08/2019	210540	54110	\$ 16,600.00	Legal fees related to projects
Budget Addition		49	100	1000	2020	4 08/08/2019	210900	31199	\$ (16,600.00)	Legal fees related to projects
Budget Addition		49	100	1000	2020	4 08/08/2019	100500	51205	\$ 2,064.00	IDES payment
Budget Addition		49	100	1000	2020	4 08/08/2019	100900	31199	\$ (2,064.00)	IDES payment
Budget Addition		49	100	1000	2020	4 08/08/2019	200521	51205	\$ 1,935.00	IDES payment
Budget Addition		49	100	1000	2020	4 08/08/2019	200900	31199	\$ (1,935.00)	IDES Payment
	49 Total								\$ -	
Budget Transfer		50	100	1000	2020	4 08/09/2019	513501	56150	\$ 4,000.00	Engineering 7th Ave Creek
Budget Transfer		50	100	1000	2020	4 08/09/2019	513501	56101	\$ (4,000.00)	Engineering 7th Ave Creek
	50 Total								\$ -	
Budget Addition		51	100	1000	2020	3 08/14/2019	513999	48200	\$ (1,745,933.00)	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	513999	48400	\$ (385,328.00)	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	513500	55320	\$ 32,033.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	513500	54110	\$ 24,714.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	513500	55321	\$ 7,225.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	513900	31199	\$ 2,067,289.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	521999	48200	\$ 270,000.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	521999	48400	\$ (384,605.00)	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	521300	55320	\$ 34,110.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	521300	54110	\$ 26,317.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	521300	55321	\$ 7,694.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	521900	31199	\$ 46,484.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	200999	48200	\$ 1,101,250.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	200999	48400	\$ (102,471.00)	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	200520	54110	\$ 7,029.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	200520	55320	\$ 9,111.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	200520	55321	\$ 2,055.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	200900	31199	\$ (1,016,974.00)	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	210999	48200	\$ 346,017.00	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	210999	48400	\$ (206,039.00)	2019 Bond Issue Adjustments
Budget Addition		51	100	1000	2020	3 08/14/2019	210540	55320	\$ 15,306.00	2019 Bond Issue Adjustments

