



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 8

Title:

Recommendation to approve a Proposal for an A-1 Liquor License Application for Mr. A's Prairie and Liquor, Located at 1401 Prairie St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Liquor Control Commission

Date: September 21, 2020

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

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

Mr. A's Prairie Liquor and Wine, located at 1401 Prairie St., has new ownership that is requesting approval for a Class A-1 liquor license. Please see the attached documents supporting this request. No alterations are planned to the establishment.

Attachments *(please list):*

Memo, Liquor License Application, Basset Information, Floor Plan, COI, Business Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for an A-1 Liquor License application for Mr. A's Prairie Liquor and Wine, located at 1401 Prairie St., St. Charles.



Memo

Date: 9/15/2020
To: The Honorable Ray Rogina, Mayor-Liquor Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation-Mr. A's Liquor and Wine/1401 Prairie Street (Class A-1)

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

The owner and local manager were vetted pursuant to existing protocols. Both reside in nearby Wayne and the owner owns and operates three (3) similar liquor stores in West Chicago. There have be no derogatory police contacts with the applicants in West Chicago aside from a few contacts in Carol Stream in the early 2000's.

This is an A-1 license request and the square footage of the business is 2,500 square feet. Sales can only occur between 7:00am and 12:00am daily.

The site location/floor plans and the corresponding application materials were all reviewed by me and my staff. We also reviewed their business plan, Dram Shop insurance and application materials. All are complete. We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with alcohol sales, subject to City Council approval.

Thank you in advance for your consideration in this matter.

LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Ankur B. Patel / Minal B. Patel

BUSINESS: Mr A's Prairie Liquor and Wine

ADDRESS: 1401 Prairie St.

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

* COMMENTS: _____

INVESTIGATOR ASSIGNED: Tynan

SUPERVISOR REVIEW: G. Mjews # 317



Memo

Date: 9/14/2020
To: Chief Keegan
From: Det. B. Tynan #353
Re: "Mr. A's Prairie Liquor and Wine" Liquor License background – 1401 Prairie St.

The purpose of this memo is to document the background investigation of Ankur Patel pursuant to his application for a Class A-1 liquor license for Mr. A's Prairie Liquor and Wine, which will take over the currently existing and operating business, One Stop Liquor, 1401 Prairie St.

Applicant/Manager
Patel, Ankur B.

[REDACTED]

Majority owner
Patel, Minal B.

[REDACTED]

- Both Patels currently live at the above address, and have resided there for approximately 10 years. Wayne PD does not have any contacts with Minal Patel, and has two contacts with Ankur Patel, one on a residential alarm and the other for a noise complaint in 2018.
- This department does not have any contacts with either Patel. Ankur was stopped by Geneva PD on 01/24/13 for speeding and issued a warning.
- Both Patels have valid Illinois driver's licenses.
- Both Patels formerly lived at [REDACTED] Bartlett PD has two prior contacts with Ankur Patel that were not criminal in nature.
- Ankur Patel is a US citizen, born in Chicago. Minal is a naturalized US citizen (06/21/83 in Hudson County, New Jersey). A copy of her naturalization is attached.
- Ankur Patel was fingerprinted at SCPD on 08/31/20. The return from ISP on 09/01/20 revealed no prior arrest data.

- Minal Patel was fingerprinted at SCPD on 09/09/20. The return from ISP on the same day revealed no prior arrest data.
- Ankur Patel currently operates three liquor stores in West Chicago
 - Mr. A's Galleria Liquor, 1400 S. Neltnor Ave (11 years)
 - Mr A's Emporium Wine, 1941 Franciscan Way (18 years)
 - Mr. A's Arbor Liquor, 110 Arbor Ave. (3 years)
- West Chicago PD has 12 contacts with Ankur Patel dating back to 2007. All contacts were as a victim related to his businesses. West Chicago does not have any contacts with Minal.
- A check through iClear was negative for both subjects.
- According to the Illinois Liquor Control Commission, all of Ankur Patel's current state licenses are active and in good standing. His name does not appear on any other liquor business.
- Via TLO I located several driving infractions for Ankur Patel (expired registration, no valid driver's license, speeding, obstructed view, stop sign, seat belt, improper display of license plates, no insurance, turn signal) throughout DuPage and Kane Counties dating back to 1999. All of the cases have been closed or terminated satisfactorily. I also located several driving infractions for Minal in DuPage and Kane counties (control signal, speeding, uninsured vehicle, control device, expired driver's license more than one year) dating back to 1999.
- On 04/19/01 Patel was cited by Carol Stream PD for selling tobacco to a minor. Patel initially told me his family did own a business in Carol Stream at that time, but he could not recall the location and he did not recall this incident. In checking with Carol Stream PD, I was informed that it only has one unknown contact with Patel in 2006, and that report was destroyed. It is unknown why this 2001 citation does not appear as a contact with the police department. In attempting to gather more information about this incident, Patel asked his mother and was told the incident occurred at the family's first Mr. A's location at 628 E. St. Charles Road. At the time, Patel was working part time there and did not have any ownership stake in the business. During a follow up conversation, Patel initially stated he could not recall the incident, but later in the conversation stated he remembered checking the ID of the person and being scared that he committed a crime. He did not recall having to go to court.
- On 09/29/03 Minal Patel was cited by Carol Stream PD for selling tobacco without a license. She plead guilty, fines and costs were assessed and the case was closed.
- Also through TLO, I located seven dissolved records of corporation dating back to 2002. All have Patel listed as the corporate officer/director, and all were filed using his previous address in Bartlett.

On 08/28/20 I met with Ankur Patel at the SCPD. I informed him of this background investigation. I presented Patel with the release form, which he signed. I handed over to him a copy of the city's liquor code and highlighted Class A. There was a technical issue with the Livescan machine on this date that

did not allow Patel to be fingerprinted. He returned to be fingerprinted on 08/31/20.

Ankur Patel stated he intends to take over minority ownership and management of the business as soon as he is approved for a liquor license. His mother, Minal Patel (09/25/56), will be silent majority owner. Once he owns the business, he will change the name to Mr A's Prairie Liquor and Wine. The business model will essentially remain the same. He estimated he would have approximately \$150-\$175,000 of alcohol stock on hand daily. He stated he doesn't believe in attracting a young clientele and will utilize the We Card program – a national non-profit that assists retailers with compliance efforts - as he does at his other locations.

Ankur Patel stated he intends to make some minor improvements to the interior and exterior of the building once he takes over ownership. He stated a new surveillance system will be installed, and new paint/lighting will be added. He also will change the exterior signage to reflect the name change. He understood that he would need city approval to change the height and width of the roadside sign, and stated he only intends to change the Plexiglas. He also stated the hours of operation will be less than allowed by ordinance, although at this point he was not sure what those hours would be.

On 09/09/20 I met with Minal Patel at the SCPD where she was fingerprinted. She also read and signed the background release form. Minal stated she is the majority owner of all of the Mr. A's locations, but she is not involved in any of the day to day operations, and does not plan to be in the Prairie Street store either. When asked about the selling tobacco without a license ticket in Carol Stream in 2003, Minal stated she had no recollection of the incident, and did not remember being cited.

Ankur Patel received his BASSET certification on 08/19/20 (attached - Learn2Serve). He understands that any employee that he hires will have to undergo BASSET certification, too. Minal Patel is not BASSET certified.

A certificate of liquor liability insurance for Ankur Patel's LLC (ANB Liquor LLC) (Illinois Casualty Co.) is attached. A copy of the building lease is attached.

This concludes this background investigation.

wbt

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

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

Minal Patel

Applicant Name (Printed)

Jminal B Patel

Applicant's Signature

9/9/20

Date

8/25/2020 - A package

**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.
Applications may be submitted to: 2 E. Main Street, St. Charles, IL 60174-1984

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use
Application Fee of \$200 (5.08.070C) Non-refundable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input 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.	<input type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol Tax Acknowledgement and Business Information Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

Signature of Investigating Officer

Badge Number & Rank

Approval Recommended* Approval NOT Recommended

Signature of Chief of Police

Date

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

LICENSE INFORMATION:

- A Package \$3200-3600
 - B Restaurant \$2400-3600
 - C Tavern \$2400-3600
 - D Hotel/Banquet/Arcada/Q-Center/Entertainment/Club - \$varies
 - G Brewery/Restaurant or Site License - \$varies
- Late Night Permit 1:00am \$800 (B/C only)
 Late Night Permit 2:00am \$2300 (B/C only)

*Initial Liquor License fees for A, B, C, D, G are reduced by 50% for annual renewals and licenses issued after Nov 1.

*Licenses are valid until April 30 following issuance and a renewal application is required for the next year (May 1-April 30) (5.08.040)

APPLICANT INFORMATION

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

2. Business Name: ANB LIQUOR LLC DBA MR A'S PRAIRIE LIQUOR & WINE

3. Business Address: 1401 PRAIRIE ST, ST CHARLES

4. Type of Business (5.08.070-3): LIQUOR STORE	5. Length of Time in this Business (5.08.070-4): 18 years	6. Value of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 150,000
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7. Business Phone: 630 443 9390	8. Business E-mail: mr.a.liquor@gmail.com	9. Business Website: NA	10. Illinois Tax ID Number: [REDACTED]
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11. Applicant/Contact Person Name: ANCUR PATEL	12. Title: MANAGER	13. Email: mr.a.liquor@gmail.com
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14. Applicant Home Address, and all addresses for the last 10 years: [REDACTED]

15. Ph #: [REDACTED]	DI #: [REDACTED]	16. Date of Birth: [REDACTED]	17. Birthplace: CHICAGO ILL
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18. If Corporation, Corporation Name: ANB LIQUOR LLC

19. Corporation Address (city, state, zip code): 110 ARBOR AVE WEST CHICAGO IL 60615

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

Full Name, include middle initial: _____ Title: PRESIDENT

Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____

Home Address, and all addresses for the last 10 years: _____ Email Address: _____

Full Name, include middle initial: _____ **Title:** _____

Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____

Home Address, and all addresses for the last 10 years: _____ Email Address: _____

Full Name, include middle initial: _____ **Title:** _____

Birthdate: _____ Birthplace: _____ Driver's License#: _____ Home Phone: _____

Home Address, and all addresses for the last 10 years: _____ Email Address: _____

BUSINESS ESTABLISHMENT LOCATION INFORMATION

1. Exact Street Address for liquor license: 1401 Prairie St	2. # Parking Spaces: .	3. Outside Dining s.f. [17.20.020-R]: NA	4. Total Building s.f.: 2500
5. Total # Seats: NA	6. Live Entertainment Area s.f. [5.08.010-H]: N/A		
7. Brief Business Plan description based on type of establishment listed above (5.08.070-6): Packaged Beer Wine Liquor			

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY

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

1.	Every application for Liquor license shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following: <ul style="list-style-type: none"> 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 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

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

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

3. If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):

Name of Building Owner: Acciari Partners Phone Number: 847-278-0277
Address of Building Owner: 7134 N. Lincoln Avenue Apt C E-mail Address: jaccari@att.net
 Skokie IL 60076
Mailing Address of Building Owner (if different):

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

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

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

5. Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? Yes No
If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued. (5.08.050)

6. Are any improvements planned for the building and/or site that will require a building permit? Yes No
If yes, has a building permit been applied for? Yes No Date of permit application _____

7. Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? Yes No
If yes, what was the disposition of the application? Explain as necessary:

	<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="radio"/> Yes <input type="radio"/> No</p>
14.	<p>All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 2 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, date(s):</p>
15.	<p>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="radio"/> Yes <input type="radio"/> No</p> <p>If already furnished, date of delivery:</p>
16.	<p>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)?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>

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

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

Name (First, Middle, Last):	ANKUR PATEL	Birthdate:	[REDACTED]
Home Street Address, Incl City, State, Zip:	[REDACTED]		
Date of Course:	8/18/20	Place Course was Taken:	online
Certificate Granted?	Y/N	Expiration:	N/A

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

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

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

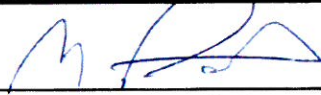
NEW MANAGEMENT REQUIREMENTS

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.

COMMENTS/ADDITIONAL INFORMATION

Business Name:

SIGNATURES



Applicant's Signature

STEVEN C HARRY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Nov. 25, 2022

Subscribed and sworn before me this 25 day of August, 2020

(Seal)



Notary Public

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION

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

Date: 09/02/2020

Name of Applicant: Patel, Ankur B.

Name of Business: Mr. A's Prairie Liquor and Wine

Address of Business: 1401 Prairie St.

Ward Number: 5

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:
ASAP
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

	<p>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.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
6.	<p>Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
8.	<p>Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
10.	<p>Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
11.	<p>It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
12.	<p>From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state exceptions:</p>
13.	<p>Have all persons named in this application been fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fingerprinted by: B. Tyner #353 Date: 08/31/2020</p>
14.	<p>Other necessary data:</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2020

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

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

PRODUCER
Buttrey-Wulff-Mamminga Agency
355 First St. PO Box 580
Batavia, IL 60510
John J. Wulff

Phone: 630-879-0111
Fax: 630-879-0216

CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A : Illinois Casualty Company	NAIC # 15571
INSURER B : The Hartford	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	


INSURED
ANB Liquor LLC dba
Mr A's Arbor Liquor;
Mr A's Prairie Liquor and Wine
30W001 Dean Court
Wayne, IL 60184

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>		BP34948	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/> X HIRED AUTOS <input checked="" type="checkbox"/>		BP34948	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 25,000 BODILY INJURY (Per accident) \$ 50,000 PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000		UL14999	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	83WECCD9299	05/01/2020	05/01/2021	X WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		LL96660	05/01/2020	05/01/2021	\$ 1,000,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covered Location: 1401 Prairie St, St Charles, IL 60174

CERTIFICATE HOLDER <p style="text-align: center;">STCHA-1</p> City of St. Charles 2 East Main Street St. Charles, IL 60174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Illinois BASSET SELLER / SERVER CERTIFICATION

Trainee Name: Ankur Patel
Certificate #: 000017829857
School Name: 360training.com dba Learn2Serve

Date of Completion: 08/19/2020

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

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

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

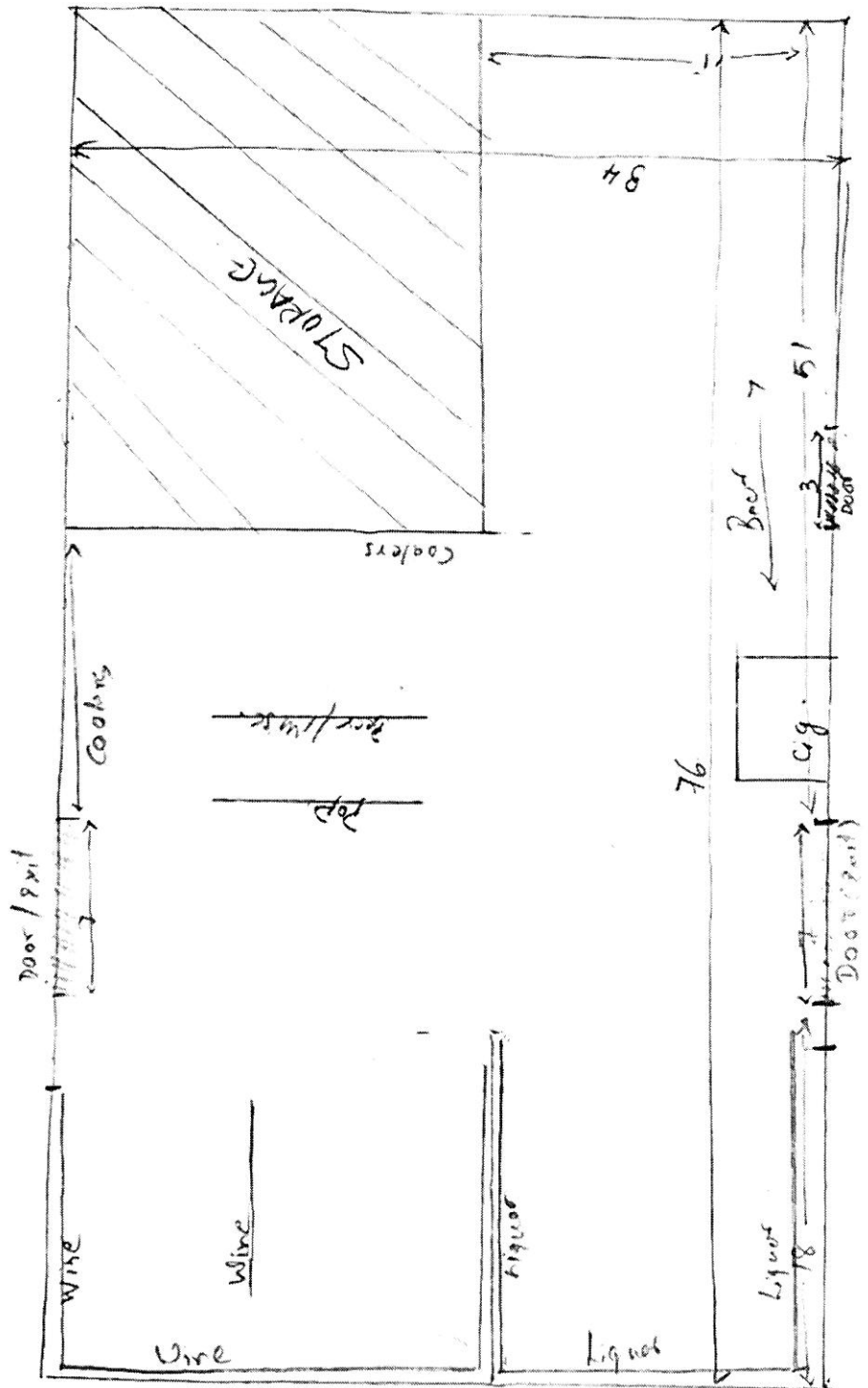


Corporate Headquarters
6801 N. Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
Phone: 877.881.2235

ONE STOP LIQUOR - SITE PLAN.

200ft in measurement

PARKING LOT



PARKING LOT

14th Street

PARKING LOT

Mr A's Prairie Liquor and Wine BUSINESS PLAN

Prepared by:

Minal Patel

1401 Prairie Street
St Charles, Illinois 60174
6304439390
mr.a.liquor@gmail.com

I. EXECUTIVE SUMMARY

Mr A's Prairie Liquor and Wine (referred to from hereon in as the "Company") is intended to be established as a Limited Liability Company at 1401 Prairie Street, St Charles, Illinois 60174 with the expectation of rapid expansion in the retail wine and liquor industry.

Business Description

The Company shall be formed as Limited Liability Company under Illinois state laws and headed by Minal Patel.

The Company will employ 2 full-time employees and 1 part-time employees.

Product

The Company's primary product will be retail liquor and wine: Provide high end spirits, wine and craft beers to the local community. We are a one stop shop and hope to provide the customers a nice clean friendly environment.

We would like to be involved in local community events and sponsorships. Knowing our customers and the community is very important to us as a family owned organization.

II. BUSINESS SUMMARY

Industry Overview

In the United States, the retail wine and liquor industry presently makes 450 dollars in sales.

Liquor sales are up due to Covid 19 and people are staying home more and more. This should help us grow our business.

Research shows that consumers in this industry primarily focus on the following factors when making purchasing decisions:

to help service and cater to the local people of St Charles and become an active member of the chamber of commerce as well.

Business Goals and Objectives

Short Term:

Clean up and re organize the location. Expand hours within the limits of the city laws.

Long Term:

build a clientele that appreciates our selection and cater to the local community.

Legal Issues

The Company affirms that its promoters have acquired all legally required trademarks and patents.

III. MARKETING SUMMARY

Target Markets

The Company's major target markets are as follows:

local community of St Charles.

The estimated number of potential clients within the Company's geographic scope is 3,000.

Pricing Strategy

The Company has completed a thorough analysis of its competitors' pricing. Keeping in mind our competition's pricing and the costs of customer acquisition, we have decided on the following pricing strategy:

we would like to be competitive to help unite us with the community around us.

Services

First-rate service is intended to be the focus of the Company and a cornerstone of the brand's success. All clients will receive conscientious, one-on-one, timely service in all capacities, be they transactions, conflicts or complaints. This is expected to create a loyal brand following and return business.

IV. FINANCIAL PLAN

12-Month Profit and Loss Projection

Monthly expense for salaries and overhead (projected):	\$30,000.00
Revenue and sales for first year of business (projected):	\$650,000.00
Gross profit for first year of business (projected):	\$110,000.00

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