

VILLAGE OF RICHMOND
5600 HUNTER DRIVE
REGULAR BOARD MEETING NOTICE
MARCH 7, 2024
AGENDA
7:00 PM

1. CALL TO ORDER
2. PLEDGE OF ALLEGIANCE
3. ROLL CALL
4. ANNOUNCEMENTS/REQUESTS
5. PUBLIC COMMENTS
6. UNFINISHED BUSINESS
7. CONSENT AGENDA:
 - a. Motion to approve the Regular Board Minutes for February 15, 2024
 - b. Motion to ratify the execution of Affidavits authorizing the Village to opt back in to the pending class action settlements with DuPont and 3M relating to PFOS, PFOA, and PFAS, effective February 28, 2024
8. NEW BUSINESS:
 - a. Motion to approve a Class D2 Liquor License to the new owners of Angelo's Fresh Food Market located at 9914 Main Street
 - b. Presentation of the Village of Richmond Fiscal Year 2025 Budget
9. COMMITTEE/DEPARTMENT REPORTS:
 - a. Community Development
 - b. Administration/Police
 - c. Public Works/Engineering
 - d. Village Clerk
10. PRESIDENT'S COMMENTS
11. TRUSTEE COMMENTS
12. CLOSED SESSION: Litigation (5 ILCS 120/2(c)(11)), Personnel (5 ILCS 120/2(c)(1)), Collective Bargaining (5 ILCS 120/2(c)(2)), Acquisition of Property (5 ILCS 120/2(c)(5)), Real Estate: Setting Price for Sale/Lease of Municipal Property (5 ILCS 120/2(c)(6)), Approval/Semi-Annual Review of Closed Minutes (5 ILCS 120/2(c)(21))
13. ACTION RESULTING FROM CLOSED SESSION
14. ADJOURNMENT

POSTED: March 1, 2024



VILLAGE OF RICHMOND
APPLICATION FOR LIQUOR LICENSE
under
VILLAGE OF RICHMOND
LIQUOR CONTROL ORDINANCE

ALL LICENSES EXPIRE APRIL 30 FOLLOWING DATE OF ISSUANCE

NAME OF BUSINESS, ADDRESS AND TELEPHONE NUMBER: Angelo's Fresh Market
7914 N Main St, Richmond IL 60071 PH: 815-678-6011

FORM OF OWNERSHIP: (Check which applies)
LLC/CORPORATION ☒ PARTNERSHIP ☐ INDIVIDUAL/SOLE PROPRIETOR ☐

IF LLC/CORPORATION:

LLC/Corporation Name: VIA FOODS CORPORATION

LLC/Corporate Address and Phone Number: [REDACTED]
[REDACTED]

State of Incorporation: Illinois

Name, Address and Phone Number of owners holding 5% or more shares (use separate sheet)

IF PARTNERSHIP:

Name of Partnership: _____

Address and Phone Number: _____

Name, Address and Phone Number of all partners holding 5% or more shares:

IF INDIVIDUAL/SOLE PROPRIETOR:

Applicants Full Name: _____

Residence Address: _____

Phone Number and Date of Birth: _____

Citizen of U.S.? _____ If a naturalized citizen, when and where naturalized? _____

Court in which (or law under which) naturalized: _____

ALL APPLICANTS:

1. Will the business be conducted by the owner **YES** ☒ **NO** ☐ If not, will it be conducted by a manager: **YES** ☐ **NO** ☐ or agent: **YES** ☐ **NO** ☐

Name of manager or agent (if, applicable): _____

Home Address & Phone Number: _____

Date of Birth: _____ Citizen of U.S.? **YES** ☒ **NO** ☐

2. Classification of license sought: **A** ☐ **A-1** ☐ **B** ☐ **B-1** ☐ **B-2** ☐ **C** ☐ **C-1** ☐ **D** ☐ **D-1** ☐ **D-2** ☒ **E** ☐ **F** ☐
Check all being sought.

3. Does applicant own premises for which license is sought? **YES** ☐ **NO** ☒ If not, give name & address of owner and attach copy of current unexpired executed lease agreement.

Name of property owner _____

Address of property owner _____

4. If property is owned by a land trust, trustee must file affidavit disclosing names and addresses of all beneficial owners and percentage of interest. (Use other sheet)

5. What is the principal type of business at this location?

Grocery - Retail & Liquor

6. What is the current zoning for this property? **Central Business (CB)** ☐ **General Business (GB)** ☒
Industrial ☐

7. Is the business located within 100 feet of any church, school, and hospital, home for the aged or indigent persons or for veterans and their families or any military or naval station? **YES** ☐ **NO** ☒

If YES, is the place of business a hotel offering restaurant services, a regularly organized club, a food shop or other place where the sale of liquor is incidental to the principal business? _____

8. Provide a copy of unexpired Certificate of Liquor Liability Insurance, indicating current DRAM shop liability coverage.

9. If the principal business is a restaurant, provide a copy of the unexpired McHenry County Health Department Annual Health Permit granting approval for Food Services. (*TRANSFER WITH NEW OWNERS*)

10. Provide a copy of the applicants unexpired Retailer's Occupational Tax (Sales Tax) Certification of Registration Form which shows the expiration date and number issued to the business.

11. Are you delinquent in the payment of Sales Tax, and if so, the reasons therefore: No

12. Has any manufacturer, importing distributor or distributor of alcoholic liquors directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value or any credit (other than merchandising credit in the ordinary course of business for a period not in excess of 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? **YES** ☐ **NO** ☒

If answer is YES, give particulars _____

13. Have you, or in the case of a corporation, the owners of 5% or more shares of the corporation, or the local manager, or the in case of partnership, any of the partners: a) ever been convicted of any violation of any law pertaining to alcoholic liquors? **YES** ☐ **NO** ☒ If YES, explain: _____

b) ever been convicted of either a felony or a misdemeanor? YES ___ NO ☒ If YES, please describe _____

c) ever been convicted of a gambling offense? YES ___ NO ☒ If YES, give all details _____

d) ever been issued a federal gaming devise stamp or a federal wagering stamp by the federal government for the current tax period? YES ___ NO ☒

e) ever had a liquor license revoked or suspended? YES ___ NO ☒ If YES, give details _____

14. Is any individual who is directly or indirectly interested in applicant's place of business, a law-enforcing official or elected public official or member of any Village Commission? YES ___ NO ☒ If YES, please give names & addresses of such person's _____

15. Are you familiar with all the laws of the United States, State of Illinois and ordinances of the Village of Richmond pertaining to the sale of alcoholic liquor, and will you abide by them? YES ☒ NO ___

16. Will you maintain the entire premises in a safe, clean and sanitary manner free from conditions which might cause accidents? YES ☒ NO ___

17. Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Richmond Police Department if any such events take place? YES ☒ NO ___

18. Will you and all your employees refuse to serve or sell alcoholic liquor to any intoxicated person or to a minor? YES ☒ NO ___

No person holding a Village of Richmond liquor license shall, in the conduct of the licensed business or upon the licensed premises, either directly or through the agents or employees of the licensee:

1. Violate or permit a violation of any federal law or state statute.
2. Violate or permit a violation of any Village ordinance or resolution regulating the sale of alcoholic liquor or relating to the eligibility of the licensee to hold a liquor license.
3. Violate or permit a violation of any rule of regulation of the Illinois Liquor Control Commission, as revised from time to time.
4. Permit the sale of and/or consumption of any alcoholic beverages outdoors absent a specific permit granted by the Village of Richmond Board of Trustees.
5. Allow fighting, disorderly conduct or excessive noise constituting a nuisance or tumultuous conduct of patrons and/or employees of licensee to take place on the licensed premises or on, about and/or adjacent to the property where the licensed premises is located.
6. Allow patrons to serve or distribute alcoholic beverages to minors on the licensed premises or allow minors to drink alcoholic beverages on the licensed premises.
7. Fail to call the Village Police Department upon the violation of any Village ordinance or state law relating to fighting, disorderly conduct or excessive noise constituting a nuisance or tumultuous conduct of patrons and/or employees on the licensed premises.

AFFIDAVIT

State of Illinois)
County of McHenry)

I (we), swear or affirm that I (we) have read the above and foregoing Application, caused the answers to be provided thereto and all of the information given on said Application to be true and correct, and consent to investigation and background check by the Local Liquor Control Commissioner or his/her designee and agree to comply with all Village Ordinances and the rules stated on this application.

LLC/CORPORATION:


Signature of Applicant

Jignabehn Patel
Print Name

Subscribed and sworn to before me this 13th day of February, 2024


Notary Public


PARTNERSHIP:

Signature of Authorized Agent

Print Name and Title

Subscribed and sworn to before me this ____ day of _____, 20__

Notary Public

INDIVIDUAL/SOLE PROPRIETOR:

Signature of Authorized Agent

Print Name and Title

Subscribed and sworn to before me this ____ day of _____, 20__

Notary Public

MANAGER/AGENT: (If Applicable)

Signature of Manager/Agent

Print Name

Subscribed and sworn to before me this ____ day of _____, 20__

Notary Public

-----FOR OFFICE USE ONLY-----

Date Application Submitted: _____
License Number Issued: _____
Amount of Fee Paid: _____

Date Board Approved: _____
Date License Issued: _____
Date Fee Paid: _____