



CITY OF PARK RIDGE

505 BUTLER PLACE
PARK RIDGE, IL 60068
TEL: 847-318-5200
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www.parkridge.us

A G E N D A

LIQUOR LICENSE REVIEW BOARD

CITY HALL
COUNCIL CHAMBERS
505 BUTLER PLACE PARK RIDGE, IL 60068

MONDAY, FEBRUARY 20, 2017 AT 6:45 P.M.

- I. Roll Call
- II. Approval of Minutes
 - A. February 13, 2017
- III. Citizens Present Wishing To Be Heard On a Non-Agenda Item
- IV. Non-Member Aldermen Wishing To Be Heard On a Non-Agenda Item
- V. Administrative Report
- VI. Approve to recommend the issuance of a Class R Liquor License with a Bar/Lounge endorsement for Reyes Steakhouse, Inc (Reyes Steakhouse) located at 420 Touhy Avenue
- VII. Pending Items
- VIII. New Business
- IX. Adjournment



DRAFT

JOURNAL OF THE PROCEEDINGS

LIQUOR LICENSE REVIEW BOARD

**CITY HALL
COUNCIL CHAMBERS
505 BUTLER PLACE PARK RIDGE, IL 60068**

MONDAY, FEBRUARY 13, 2017 AT 6:15 P.M.

Acting Mayor/Liquor Commissioner Maloney called the meeting to order at 6:15 p.m.

I. Roll Call

Deputy Clerk Peterson read the roll-call. The following members indicated their presence:
Comm. Baldi, Bowles, Flyke, Svanascini, and Liquor Commissioner/Acting Mayor Maloney

Comm. Greisbach was absent.

II. Approval of Minutes

A. January 9, 2017

Moved by Comm. Flyke. Seconded by Comm. Svanascini.

Motion carried; voice vote.

III. Citizens Present Wishing To Be Heard On a Non-Agenda Item

None.

IV. Non-Member Aldermen Wishing To Be Heard On a Non-Agenda Item

None.

V. Administrative Report

None.

VI. Approve to recommend the issuance of a Class S-4 Specialty (complementary service)

Liquor License for Bottle and Bottega located at 424 Touhy Avenue

Moved by Comm. Svanascini. Seconded by Comm. Bowles.

Neenu Gupta is the current business owner of a Subway establishment in Park Ridge located in the South Park area. Her new endeavor involves opening her second business in the City, Bottles and Bottega, a franchise founded in Chicago 2009. Bottles and Bottega offers a night of artistic fun with friends while enjoying wine or beer which the patron provides (BYOB).

In regards to the insurance, Deputy Clerk Peterson reported that the insurance provided by the applicant was acceptable according to City Attorney Simon.

The applicant indicated that her commercial build-out has been initiated. She plans to have a soft opening at the end of March 2017 and a Grand Opening during the last week of April.

VOTE:

AYES: Comm. Bowles, Flyke, Svanascini, Acting Mayor Maloney, and Comm. Baldi

NAYS: None

ABSENT: Comm. Greisbach

Motion carried, 5 – 0.

VII. Discussion Items

A. Review proposed revisions to Class P type Liquor License

1. **Allow the sale of single bottles of beer OR open single bottles for sampling purposes;**
2. **Increase the volume of glasses or flights of beer from 12 oz. to 16 oz.; and**
3. **Increase the amount of alcoholic liquor for on-premises consumption from 24 oz. to 48 oz.**

Ryan Tracey, owner of Beer on the Wall, explained the three (3) changes that he is requesting. He clarified that he would like to allow for the sale of single COLD bottles of beer OR open single bottles for sampling purposes under 750 ml., increase the volume of glasses or flights of beer from 12 ounces to 16 ounces to accommodate the flight boards, increase the amount of alcoholic liquor for on-premises consumption from 24 oz. to 48 oz. of beer.

When questioned by Comm. Bowles about increasing the amounts of beer, Mr. Tracey welcomed increasing the wine consumption amount from 12 ounces to 24 ounces for consistency purposes, as suggested by Bowles. Comm. Bowles was supportive with increasing the amounts; there would be consistency with the type of License proposed for Bottles and Botega.

Comm. Baldi questioned the intent of the package license. He asked why the applicant did not apply for an R (restaurant) license. Acting Mayor Maloney explained that since the City does not have Liquor Stores, this type of establishment and Winestyles are a hybrid. Mr. Tracey explained how other towns have Restaurant, Tavern, and Package type Liquor Licenses.

Mr. Tracey has a Gourmet endorsement, exclusive for package stores.

The possibility of holding a Class R and Class P type license simultaneously was discussed. It was Mr. Tracey's understanding that this was not an option. Comm. Svanascini believes that changing the code for one business could be time consuming on all involved. With a Gourmet endorsement, hors d'oeuvre must be served; full meal service must be offered with an "R" Class license. Tracey inquired whether it would be allowable to hold a Class R and P type license. Deputy Clerk Peterson indicated that she would check with the City Attorney on Thursday.

Comm. Flyke had no objections to the modifications suggested.

Based on an inquiry from Comm. Svanascini, the applicant indicated that he does currently provide hors d'oeuvres.

Ald. Mazzuca was in attendance and indicated that he looks forward to further discussion on the topic as a Proceeds and Regulations agenda item on February 27, 2017. He believes input from the Board will be helpful.

RECAP:

The sale of single bottle COLD beers; can an establishment hold a P and R Class license simultaneously; on site consumption of beer increased from 24 to 48 ounces and wine from 12 to 24 ounces.

Acting Mayor Maloney asked Deputy Clerk Peterson to remind Winestyles and Beer on the Wall about the meeting on February 27.

B. Consideration of Licensing Options for a Chamber of Commerce Special Event

Gail Haller, Executive Director of the Chamber of Commerce, spoke about the details of a new Chamber event. Many other municipalities have hosted similar events know as a Wine Walk or Wine Stroll. The Chamber of Commerce would be responsible for selling tickets to those 21 years of age and older. The ticket purchaser would receive a wristband allowing them to visit participating Chamber merchants tasting 2-3 ounce pours of wine which would be served with chocolates or snacks. The Chamber would charge each member establishment with a participation fee. The Chamber would secure the Special Event permit and provide Host Liquor Insurance as an umbrella policy for all involved so that individual merchants do not need to apply

independently. She estimated involvement by approximately twenty (20) merchants. Wine would be provided to the stores, possibly distributed by Winestyles.

Comm. Flyke appreciated the information provided in the packet which included information from neighboring towns who host Wine Walks. He liked the concept.

Acting Mayor Maloney requested that Deputy Clerk Peterson to arrange for a meeting with herself, Ms. Haller, and the City Attorney to work out the details of the temporary license.

VIII. New Business

Deputy Clerk Peterson reported that she received another Liquor License application today for a new Steakhouse restaurant. The Board arranged to meet at 6:45 p.m. on February 20 to review the new application.

IX. Adjournment

The meeting adjourned at 6:48 p.m.

Required:

* Fingerprint requested
2/13/17 - done 2/14/17 clip



Check # 140
paid 250.00
2/13/17

② Basset Cert:
Carlos Reyes

CITY OF PARK RIDGE, COOK COUNTY, ILLINOIS
LOCAL LIQUOR CONTROL COMMISSION
APPLICATION FOR RETAIL LIQUOR LICENSE

③ License Fee/
pro-rated amount due

| | |
|-----|---------|
| NEW | RENEWAL |
| X | |

PAID
FEB 19 2017

Each application shall be accompanied by a nonrefundable application fee of \$250.00 and the applicable license fee(s) as set forth in section 12-6-6 of this code. If a new application is made after January 1, the license fee(s) shall be prorated according to the number of months left in the year; provided that no fee shall be reduced by more than 50%. The month in which the application is made shall count as one entire month.

④ State of IL Good Standing

Acting Mayor Marty Maloney, Local Liquor Control Commissioner

CITY OF PARK RIDGE
 CASH CHECK CREDIT

Reference in this application to an owner shall mean any person who is an owner of more than five percent (5%) of the corporation, which is applying for the license. All questions must be answered completely and accurately. If questions are not answered accurately, the license will be subject to revocation. It will not be a defense that answers were given to the best of the answerer's knowledge. It is your responsibility to ascertain the accuracy of your response. If more room is required to answer a question, please attach a separate addendum.

Business Name: Reyes Steakhouse Inc. located at 420 Touhy Ave.

Date of Application: 02-13-2017 IL Liquor License Number, if renewal: NA/

SCHEDULE OF FEES FOR THE VARIOUS CLASSES OF RETAIL LIQUOR LICENSES

| Mark Selection "X" | CLASSIFICATION | DESCRIPTION | ANNUAL FEE |
|--------------------|----------------|--|------------------------|
| | Class P | Package License | |
| X | Class R | Restaurant License | \$2,500 |
| | Class S-1 | Specialty - Home Delivery | \$2,500 |
| | Class S-2 | Specialty - Bring Your Own Bottle (BYOB) | \$1,000 |
| | Class S-3 | Specialty - Off-Site Dispensing | \$1,000 |
| | Class S-4 | Specialty - Complementary Service | \$750 |
| | Class S-5 | License with Special Conditions | \$500 |
| | | | As set by City Council |

LICENSE ENDORSEMENTS

| Mark Selection(s) "X" | LICENSE ENDORSEMENT MENU | ADD - ON COST |
|-----------------------|--------------------------|---------------|
| | Banquet | \$250 |
| | Catering | \$250 |
| | Corkage | \$250 |
| | Growler | \$250 |
| | Outdoor Seating | \$250 |
| | Sampling | \$250 |
| X | Bar/Lounge | \$500 |
| | Golf Cart | \$500 |
| | Gourmet Beverage | \$500 |
| | Live Entertainment | \$500 |
| | Private Club | \$500 |
| | Gasoline Sales | \$1,500 |
| | Grocery Café | \$1,500 |

* 3000.00

AP FEE \$250.00 + CLASS FEE \$2500 + ENDORSEMENT FEE \$500.00 = TOTAL \$3000.00

* To be paid, prorated, upon issuance

**THIS APPLICATION SHOULD BE COMPLETED BY THE BUSINESS OWNER.
ANNUAL LICENSES EXPIRE ON THE 31ST DAY OF DECEMBER.**

PLEASE PRINT LEGIBLY

| | | | | | |
|--|---|---|---|---|---|
| Name of Applicant <i>Adrian Salinas</i> | | | Applicants Home Address | | |
| Relationship to Business <i>CO-owner</i> | | | Corporation Name to which License is to be issued <i>Reyes Steakhouse INC.</i> | | |
| Corporation Address | | | Corporation Phone Number <i>773-504-4923</i> | | |
| Corporation Contact Person <i>Adrian Salinas</i> | | | Corporate Contact Email Address <i>sabletooth10@gmail.com</i> | | |
| Name under which the licensed business will be operated <i>Reyes Steakhouse</i> | | | Description of the premises at which business will be operated <i>Steak restaurant</i> | | |
| Total Square Feet of Premises <i>3236 SF</i> | Total Square Feet Bar Area <i>264 SF</i> | Total Square Feet Kitchen Area <i>537 SF</i> | Total Number of Tables <i>11</i> | Total Number of Parking Spaces <i>N/A</i> | Type of Food Served <i>American Steakhouse</i> |
| Do you own or lease space in the building? | | OWN <input type="checkbox"/> | LEASE <input checked="" type="checkbox"/> | If leasing, provide expiration date. <i>06-30-2021</i> | |

Please provide proof of ownership or a copy of your lease agreement.
 On file with the City

| | | |
|--|-----|---|
| Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? | YES | NO <input checked="" type="checkbox"/> |
| If YES, provide the name and address, phone number, and email address of the manager of the management company. | | |

| | | | |
|--|--|-----|---|
| Date of Incorporation <i>01-30-2017</i> | Has the corporation ever been dissolved, either voluntarily or involuntarily? | YES | NO <input checked="" type="checkbox"/> |
| If yes, state the date of reinstatement: | If the corporation is incorporated in a state other than the State of Illinois, you must attach the document pursuant to which the corporation was qualified under the Illinois Business Corporation Act to transact business in Illinois. | | |

List the names, addresses, dates of birth, corporate title, and contact information of all Officers and Directors:

| | | | |
|----------------------------------|---------------|------------------|---------------------------------|
| 1. Name <i>Carlos Reyes</i> | | Address | Office Held <i>President</i> |
| Date of Birth | Email Address | Telephone Number | |
| 2. Name <i>Adrian Salinas</i> | | Address | Office Held <i>N/A</i> |
| Date of Birth | Email Address | Telephone Number | |

| | | |
|---------------|---------------|------------------|
| 3. Name | Address | Office Held |
| Date of Birth | Email Address | Telephone Number |
| 4. Name | Address | Office Held |
| Date of Birth | Email Address | Telephone Number |
| 5. Name | Address | Office Held |
| Date of Birth | Email Address | Telephone Number |

List the names, addresses, date of birth and contact information of all shareholders owning in the aggregate more than 5% of the stock of the corporation:

| | | |
|----------------|---------------|------------------|
| 1. Name | Address | % of Stock Held |
| Carlos Reyes | | 50% |
| Date of Birth | Email Address | Telephone Number |
| 2. Name | Address | % of Stock Held |
| Adrian Salinas | | 50% |
| Date of Birth | Email Address | Telephone Number |
| 3. Name | Address | % of Stock Held |
| Date of Birth | Email Address | Telephone Number |
| 4. Name | Address | % of Stock Held |
| Date of Birth | Email Address | Telephone Number |
| 5. Name | Address | % of Stock Held |
| Date of Birth | Email Address | Telephone Number |

List the names, addresses, date of birth and contact information of all persons who are charged with the supervision, oversight, and management of the physical premises.

| | | |
|----------------|---------------|------------------|
| 1. Name | Address | % of Stock Held |
| Carlos Reyes | | 50% |
| Date of Birth | Email Address | Telephone Number |
| | Carlos Reyes | |
| 2. Name | Address | % of Stock Held |
| Adrian Salinas | | 50% |
| Date of Birth | Email Address | Telephone Number |
| | | |
| 3. Name | Address | % of Stock Held |
| | | |
| Date of Birth | Email Address | Telephone Number |
| | | |

Is the corporation a subsidiary of a parent corporation? YES NO

Note: The Liquor Commission has the right to require that the parent company complete a similar application.

Has any person listed above or any of your managers ever been found guilty of a felony or a misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? YES NO

If yes, explain the charge, the date, the city and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

| | |
|-------------------|-------------|
| 1. Name of Person | Charge |
| Date | City, State |
| Disposition | |
| 2. Name of Person | Charge |
| Date | City, State |
| Disposition | |

Is the corporation obligated to pay a percentage of profits to any person or entity not listed in numbers 14 and 15? YES NO If so, explain:

If this is a new license application, what kind of business was previously conducted in the space that you intend to operate your business? Please explain below.

chinese food restaurant

In dollar amount, state the value of goods, wares and merchandise to be used in the business that are purchased and on hand at this time \$ N/A

How long has the corporation been in the business of the retail sale of alcohol? N/A

When answering questions 22 through 32, the term "person" shall include any partnership in which the person was a partner, or any corporation in which the person was more than a 5% shareholder

Is any person listed on this application or any of your managers an elected public official? YES NO

If yes, state the office and unit of government.

Is any other person directly or indirectly connected with the operation, ownership or management of your place of business an elected public official? YES NO

If yes, please explain.

| | | | |
|---|--------------|---------------------------|----------|
| In the past two years, has any person listed on this application or any of your managers made any political contributions to any member of the City Council or to any member of the Illinois State Liquor Commission? If yes, please list the name and amount below. | | YES | NO X |
| Name | | Amount | |
| 1. | | A/B | |
| 2. | | | |
| Does any person listed on this application or any of your managers hold any law enforcement office? If yes, please list the name and job position. | | YES | NO X |
| Name | Job Position | Agency | |
| | | | |
| Does any person listed on this application or any of your managers possess a current Federal Wagering or Gambling Device Stamp? | | YES | NO X |
| If yes, please state the reason(s). | | | |
| Has any person listed on this application or any of your managers ever held another liquor license in another state(s)? | | YES | NO X |
| If yes, please indicate the date(s), city(s) and states(s). | Date(s) | City(s) | State(s) |
| | | | |
| Has any person listed on this application or any of your managers ever had a previous liquor license (whether wholesale or retail) revoked by the Federal government or by any state, county or local government? If yes, please explain. | | YES | NO X |
| Has any person listed on this application or any of your managers ever been denied a liquor license from any jurisdiction? If yes, please explain. | | YES | NO X |
| Other than when making an initial application for a license, has any person listed on this application or any of your managers ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge. | | YES | NO X |
| Date of Charge | Disposition | Municipality/Jurisdiction | |
| | | | |
| | | | |
| Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing or investigation by any jurisdiction with respect to a liquor license? If yes, please list each and every charge, the date of the charge, the eventual disposition of the charge and the municipality or other jurisdiction bringing the charge. | | YES | NO X |
| Date of Charge | Disposition | Municipality/Jurisdiction | |
| | | | |
| | | | |
| If no charges were involved, state the reason for the investigation or hearing below. | | | |
| | | | |
| It is your duty to read the Municipal Code of Park Ridge, Article 12, Chapter 6, Alcoholic Liquors carefully, if necessary, with your lawyer. After having done so, is there any reason why you or any person listed on this application or any of your managers would be disqualified to receive a license because of the laws of this State or the Ordinances of this City? If yes, state the reason. | | YES | NO X |
| Is there any State of Illinois or City of Park Ridge regulation which you do not understand? If yes, please explain. | | YES | NO X |

| | | | |
|--|------------|--|---------|
| Does the business which is proposed to be licensed currently carry Dram Shop insurance coverage for the premises? | | YES X | NO |
| Provide the Expiration Date | 02 '10 '18 | A copy of your insurance must be attached to this application. Please note, if your insurance expires during the term of your license, you are required to provide the City with your certificate of coverage. | |
| If this is a renewal application, has the ownership or management changed in any manner since the prior application? | | YES | NO X |
| If yes, please explain. | | NA | |

Please submit the following documents with your application.

- ✓ Complete list of individuals in your establishment involved in the mixing, pouring, selling, or delivery of alcohol
- ✓ BASSET training certificates for all employees engaged in mixing, preparing, pouring, selling or delivering alcoholic liquor to customers, guests, or patrons. *Note: It is your responsibility to have any new employee who will be performing the aforementioned tasks to complete Bassett Training before starting work. Fax the certificate to the City at 847/318-5300 and include the business name on the certificate.*
- ✓ Floor plan – only required if this is a new application or if layout plans have changed
- ✓ A current Certificate of Good Standing issued by the State of Illinois (dated within 30 days)
- ✓ Menu
- ✓ Copy of your current Illinois State Liquor License, if you are renewing your license
- ✓ Current Certificate of Insurance for Liquor Liability naming the City of Park Ridge as an additional insured in the amount of \$1 million dollars. *Note: It is your responsibility to supply the City with a copy of your insurance certificate upon its renewal date.*
- ✓ Application fee of \$250 and License/Endorsement fee(s)

A Liquor License is not transferable under any circumstances. At such time that any person becomes a 5% stockholder who was not named at the time of application, the license issued pursuant to this application will become void. If you anticipate a sale of the business, or a 5% change in ownership, it is your responsibility to initiate the re-application process before change of ownership is made. **ALL INVESTIGATIONS BY THE LOCAL AUTHORITIES MUST BE COMPLETED BEFORE A NEW LICENSE WILL BE ISSUED.** Please allow at least 45-days processing time for the issuance of a Liquor License.


Signature of Applicant

02-13-2017
Date

Affix Corporate Seal
(If applicant is corporation)

According to 12-6-10, any licensee that submits its renewal application to the City after October 31, 2016 will be assessed a late fee penalty of \$100.00.

STATE OF ILLINOIS)

COUNTY OF COOK)

) SS. *Adrian Salinas*

Who, first being duly sworn, under oath deposes and says that he/she is the applicant(s) for the license requested in the foregoing Application; that he/she is of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the provisions of the Park Ridge Municipal Code Liquor Ordinance (12-6) which addresses the sale and delivery of alcoholic beverages. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the City of Park Ridge in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

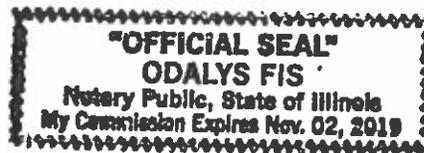
I further give my permission to the City of Park Ridge or any agency of the City to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

AS
SIGNATURE OF APPLICANT (OWNER)

Subscribed and Sworn to before me this 13 day of February, 2017.

Odalys FIS
NOTARY PUBLIC

SEAL





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/13/2017

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 ANEW 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 pol(oy)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 JACK KRZOSEK INSURANCE AGENCY INC 3840 N Harlem Ave Chicago, IL 60634 | CONTACT NAME: PHONE (A/C No. Ext): (773) 625-2222 FAX (A/C No.): (773) 625-5756 E-MAIL ADDRESS: jkrzosek@farmersagent.com | | | | | | | | | | | | | | |
|--|--|-------------------------------|-------|--|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED REYES STEAKHOUSE INC 420 TOUHY AVE PARK RIDGE, IL 60068 773-663-0975 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAICS</th> </tr> <tr> <td>INSURER A: ILLINOIS UNION INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAICS | INSURER A: ILLINOIS UNION INSURANCE COMPANY | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
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| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

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.

| INSTR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-----------|---|-----------|----------|------------------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | LIQUOR LIABILITY | | | LQRILF111839434 | 02/10/17 | 02/10/18 | AGGREGATE \$ 1,000,000 OCCURRENCE \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LOCATION: 420 TOUHY AVE, CHICAGO IL 60068.
ADDITIONAL INSURED: CITY OF PARK RIDGE.

| | |
|---|--|
| CERTIFICATE HOLDER CITY OF PARK RIDGE 505 BUTLER PLACE PARK RIDGE IL 60068 847-318-5300 | 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 |
|---|--|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2016

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 JACK KRZOSEK INSURANCE AGENCY INC 3840 N Harlem Ave Chicago, IL 60634 | CONTACT NAME: | | |
| | PHONE (A/C No, Ext): | (773) 625-2222 | FAX (A/C, No): (773) 625-5756 |
| | E-MAIL ADDRESS: | jkrzosek@farmersagent.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC# | |
| INSURED CARLOS REYES DBA REYES STEAK 420 TOUHY AVE PARK RIDGE, IL 60068 773-663-0975 | INSURER A: | NAUTILUS INSURANCE COMPANY | |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | Q586001 | 09/30/16 | 06/30/17 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | MED EXP (Any one person) \$ 5,000 |
| | AUTOMOBILE LIABILITY | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | ANY AUTO | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | ALL OWNED AUTOS | | | | | | PRODUCTS - COMP/OP AGG \$ INCLUDED |
| | HIRED AUTOS | | | | | | |
| | SCHEDULED AUTOS NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | UMBRELLA LIAB | | | | | | BODILY INJURY (Per person) \$ |
| | EXCESS LIAB | | | | | | BODILY INJURY (Per accident) \$ |
| | DED | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | RETENTION \$ | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | AGGREGATE \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | |
| | | | | | | | PER STATUTE |
| | | | | | | | OTHER |
| | | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

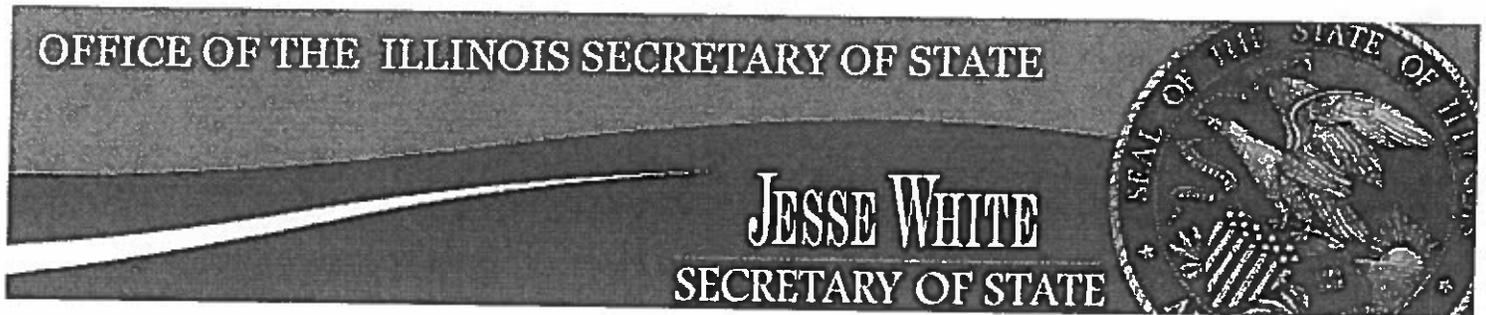
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION: 420 TOUHY AVE, PARK RIDGE IL 60068;
ADDITIONAL INSURED: McLennan Property Management INC;

| | |
|---|--|
| CERTIFICATE HOLDER McLennan Property Management INC. 25 N NORTHWEST HIGHWAY PARK RIDGE IL 60068 | 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 <i>Arkadiusz J. Krzosek</i> |

Current Services of Akokal
(More employees as hired)

Adrian Salinas - Basset required

**Articles of Incorporation**

Thank you for using Secretary White's CyberService Express!

Please print this receipt for your records.

Your application to file Articles of incorporation has been received and payment processed. Please allow 24 hours for the processing of your application.

You can check the status of your submission at <http://www.ilsos.gov/corparticles/status.jsp> by using the Packet and the Authorization numbers provided below. If you experience difficulty in obtaining the status of your application, please contact the Web Master at webmaster@ilsos.net

| |
|---|
| Proposed Name: REYES STEAKHOUSE INC. |
| Packet Number: 14857983502737619 |
| Authorization Number: 09018C |
| Total Fee: \$281.46 |
| Payment Type: CREDIT CARD |
| Payment Date: 01-30-2017 |

[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](http://www.ilsos.gov/corparticles/acctReview.do)

Starters

| | |
|--|--------------|
| Lobster Bisque | 7.95 |
| with fresh seafood | |
| Baked Onion Soup..... | 5.95 |
| swiss cheese crusted, garlic crouton | |
| Spinach Artichoke Fondue..... | 7.95 |
| with garlic crostini | |
| Maryland Style Crab Cake..... | 13.95 |
| dijon cream sauce | |
| Coconut Crusted Shrimp..... | 14.95 |
| served with mango chutney | |
| Garlic Crusted Gulf Shrimp..... | 14.95 |
| sauteed with wine and topped with garlic crust | |
| Crispy Fried Calamari..... | 10.95 |
| lightly breaded and tender; served with lemon & marinara | |
| Grilled Calamari..... | 10.95 |
| grilled with roasted red peppers and Italian seasonings | |
| Chilled Jumbo Shrimp Cocktail..... | 14.95 |
| succulent gulf shrimp served with lemon & cocktail sauce | |
| Bruschetta..... | 6.95 |
| grilled Italian bread topped with diced tomatoes, and mozzarella dressed with olive oil, garlic and fresh basil | |
| Half Slab Rib Appetizer..... | 12.95 |
| our famous baby back ribs | |
| Alaskan King Crab Legs..... | Market Price |
| already split for you, just squeeze the lemon and dunk in butter | |

Salads

| | |
|---|-------|
| House Dressing 16oz..... | 6.95 |
| Tossed Caesar Salad, Classic Favorite..... | 10.95 |
| with grilled chicken.....14.95 | |
| with grilled shrimp.....18.95 | |
| with crispy calamari.....14.95 | |
| Garbage Salad..... | 12.95 |
| lettuce, green peppers, tomatoes, artichokes, hearts of palm, cucumbers and onion slices tossed together with creamy parmesan dressing | |

Steaks & Chops

OUR STEAKS ARE AGED A MINIMUM OF 21 DAYS FOR OPTIMUM TENDERNESS
AND HAND SELECTED ENTREES SERVED WITH HOUSE SALAD

| | |
|---|----------------------------|
| Filet Mignon—most tender cut of all steaks..... | 8 oz 32.95.....12 oz 42.95 |
| New York Strip—14 oz. cut popular choice among beef eaters..... | 36.95 |
| Porterhouse—22 oz. the best of both worlds in one steak | 40.95 |
| Chopped Sirloin Steak—served with mushroom marsala wine sauce..... | 16.95 |
| Prime Rib Chop—22 oz. bone in rib-eye, served au jus..... | 44.95 |
| Filet Vesuvio— roasted potatoes, peas, garlic, olive oil white wine & herbs..... | 36.95 |
| Pork Chops—two center cut chops served with applesauce..... | 18.95 |
| Italian Pork Chops—olive oil, garlic, roasted red peppers & vesuvio potatoes..... | 25.95 |
| Rack of Lamb Oreganato—garlic, oregano, salt, pepper, lemon w/roasted potatoes..... | 38.95 |
| Filet Marsala—in a flavorful mushroom and marsala wine sauce..... | 36.95 |
| Surf & Turf—cold water lobster tail and filet mignon..... | Market Price |

May we suggest topping your steak with one of our special crusts—\$3.00
Horseradish • Garlic • Peppercorn • Blue Cheese

STEAK ORDERING GUIDE

BLUE - Cold, Red Center • RARE - Very Red, Cool Center
MEDIUM RARE - Red Warm Center • MEDIUM - Pink, Hot Center
*MEDIUM WELL - Dull Pink Center • *WELL - Grilled Throughout
*We recommend that medium well and well done Filet Mignon be butterflied.

Fresh Seafood Selections

ENTREES SERVED WITH HOUSE SALAD

| | |
|---|-------|
| Stuffed Atlantic Salmon..... | 22.95 |
| stuffed with roasted red peppers, Portobello mushrooms, romano and ricotta, then baked with white wine | |
| Sautéed Mahi-Mahi—served with an artichoke lemon sauce..... | 22.95 |
| Grilled Tilapia—roasted red bell pepper, garlic, oregano, capers and white wine..... | 17.95 |
| Parmesan Crusted Roughy—Elliott family secret recipe..... | 19.95 |
| Garlic Crusted Gulf Shrimp..... | 22.95 |
| sauteed with white wine and topped with a garlic crust | |
| Broiled Grouper..... | 28.95 |
| on a bed of fresh sautéed spinach with a lemon butter caper sauce | |
| Jumbo Butterfly Gulf Shrimp..... | 22.95 |

| | |
|---|-------|
| Tomato & Onion Salad | 5.95 |
| with balsamic vinaigrette, & crumbled bleu cheese | |
| Tossed Cobb Salad | 15.95 |
| grilled chicken, lettuce, avocado, tomato, green onion, bacon, chopped egg and bleu cheese | |
| with shrimp..... | 18.95 |
| House Salad | 5.95 |

(Blue Cheese add \$1.00)

Side Dishes

| | |
|---|------|
| Whipped Potatoes - roasted garlic and fresh herbs whipped to perfection..... | 4.95 |
| Parmesan Potatoes - baked in cream sauce topped with parmesan cheese..... | 4.95 |
| Baked Potato - served with butter, sour cream and chives..... | 3.95 |
| Steak Fries - golden brown thick cut fries..... | 4.95 |
| Sautéed Mushrooms - sautéed in butter and sherry wine..... | 4.95 |
| Sautéed Onions - caramelized sweet onions..... | 3.95 |
| Fresh Asparagus - with hollandaise sauce..... | 5.95 |
| Fresh Broccoli | 4.95 |
| Fresh Sautéed Spinach | 4.95 |
| Twice Baked Potato | 4.95 |

Bar Food

SANDWICHES SERVED WITH STEAK FRIES AND COLESLAW

| | |
|--|-------|
| Sirloin Steak Burger—"Build Your Own" | 12.95 |
| american, swiss, mozzarella, cheddar cheese; lettuce, tomato, pickles, raw onion, grilled onion, bacon, mushrooms green pepper, black olives, green olives | |
| Filet Mignon Steak Sandwich | 16.95 |
| served on garlic bread smothered with grilled onion and mushrooms | |
| Grilled Chicken Sandwich | 9.95 |
| served with bacon, cheese, tomato, lettuce, grilled onion and mayonnaise | |
| Cajun Chicken Sandwich | 9.95 |
| blackened then topped with sautéed green pepper and cheddar cheese | |

| | |
|---|--------------|
| Chilean Sea Bass —grilled with fresh diced tomato, basil and white wine..... | 38.95 |
| Alaskan King Crab Legs —already split for you, with lemon & butter..... | Market Price |
| Cold Water Lobster Tail —served with lemon and drawn butter..... | Market Price |

Veal, Chicken & Ribs

ENTREES SERVED WITH HOUSE SALAD

| | |
|---|-------------------------------|
| Veal Marsala | 28.95 |
| tenderloin medallions smothered in a flavorful mushroom and marsala wine sauce | |
| Veal Limone | 28.95 |
| sautéed veal w/lemon artichoke sauce served on a bed of spinach | |
| Chicken Breast Vesuvio | 18.95 |
| roasted in olive oil, garlic white wine and herbs with roasted potatoes & peas | |
| Chicken Marsala | 16.95 |
| boneless skinless breast sautéed with mushrooms and marsala wine | |
| Our Famous B.B.Q. Baby Back Ribs | Half \$16.95.....Full \$23.95 |
| the meatiest and tastiest ribs in the midwest | |

Pasta

SERVED WITH HOUSE SALAD

| | |
|---|-------|
| Fettuccine di Pollo | 18.95 |
| grilled chicken and fresh spinach tossed in an alfredo sauce | |
| Penne Di Lucca | 18.95 |
| sausage, spinach, sweet roasted red peppers and fresh tomato | |
| Farfalle | 16.95 |
| bowtie pasta tossed with roasted pine nuts and pesto sauce | |
| Penne Antica | 16.95 |
| grilled asparagus, plum tomatoes and arugula in a light tomato cream sauce with ricotta cheese | |
| Linguine Aglia Olio | 15.95 |
| chopped broccoli & seasonings tossed w/fresh garlic & olive oil | |
| Shrimp Diavolo | 22.95 |
| gulf shrimp sautéed in a spicy marinara sauce over linguine | |
| Tortellini Rosa | 18.95 |
| cheese filled tortellini in a tomato cream sauce with mushrooms and fresh spinach | |

Above space for Recorder's use only

STORE LEASE

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

| TERM OF LEASE | | |
|-----------------|-------------------|---|
| BEGINNING | ENDING | |
| October 1, 2016 | June 30, 2021 | A Ten Year and Six month (126 month) Lease, Includes Rider A, attached |
| MONTHLY RENT | DATE OF LEASE | LOCATION OF PREMISES |
| | February 26, 2016 | 420 Touhy, Park Ridge, Illinois, 60068 A Storefront Retail space of approximately 965 first floor square feet. |

| PURPOSE |
|---------------------------------------|
| Reyes Steakhouse, a Retail Restaurant |

LESSEE

NAME • Reyes Steakhouse, and Carlos Reyes
ADDRESS • 420 Touhy Ave
CITY • Park Ridge, Illinois 60068

LESSOR

NAME • McLennan Property Management, Agent
ADDRESS • 25 N. Northwest Highway
CITY • Park Ridge, Illinois 60068

In consideration of the mutual covenants and agreements herein stated, Lessor hereby leases to Lessee and Lessee hereby leases To Lessor solely for the above purpose the premises designated above (the "Premises"), together with the appurtenances thereto, for the above term.

LEASE COVENANTS AND AGREEMENTS

- 1. RENT.** Lessee shall pay Lessor or Lessor's agent as rent for the Premises the sum stated above, monthly in advance, until termination of this lease, at Lessor's address stated above or such other address as Lessor may designate in writing.
- 2. WATER, GAS AND ELECTRIC CHARGES.** Lessee will pay, in addition to the rent above specified, all water rents, gas and electric light and power bills taxed, levied or charged on the Premises, which such utilities are separately metered, for and during the time for which this lease is granted directly to the appropriate utility providers, and in case said water rents and bills for gas, electric light and power shall not be paid when due, Lessor shall have the right to pay the RENT. Lessee shall pay Lessor or Lessor's agent as rent for the Premises the sum stated above, monthly in advance, until termination of this lease, at Lessor's address stated above or such other address as Lessor may designate in writing.
- 3. SUBLETTING; ASSIGNMENT.** The Premises shall not be sublet in whole or in part to any person other than Lessee, and Lessee shall not assign this lease without, in each case, the consent in writing of Lessor first had and obtained; nor permit to take place by any act or default of himself or any person within his control any transfer by operation of law of Lessee's interest created hereby; nor offer for lease or sublease the Premises. nor any portion thereof, by placing notices or signs of "To Let," or any other similar sign or notice in any place, nor by advertising the same in any newspaper or place or manner whatsoever without, in each case, the consent in writing of Lessor first had and obtained, such consent which will not be unreasonably withheld, If Lessee, or anyone or more of the Lessees, if there be more than one, shall make an assignment for the benefit of

FORM BCA 2.10
ARTICLES OF INCORPORATION
 Business Corporation Act

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

File #: 71112071

Approved By: JXR

FILED
JAN 30 2017
Jesse White
Secretary of State

1. Corporate Name: REYES STEAKHOUSE INC.

2. Initial Registered Agent: ANTHONY N PANZICA
First Name Middle Initial Last Name

Initial Registered Office: 2510 W IRVING PARK RD STE A
Number Street Suite No.
CHICAGO IL 60618-3757 COOK
City ZIP Code County

3. Purposes for which the Corporation is Organized:
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

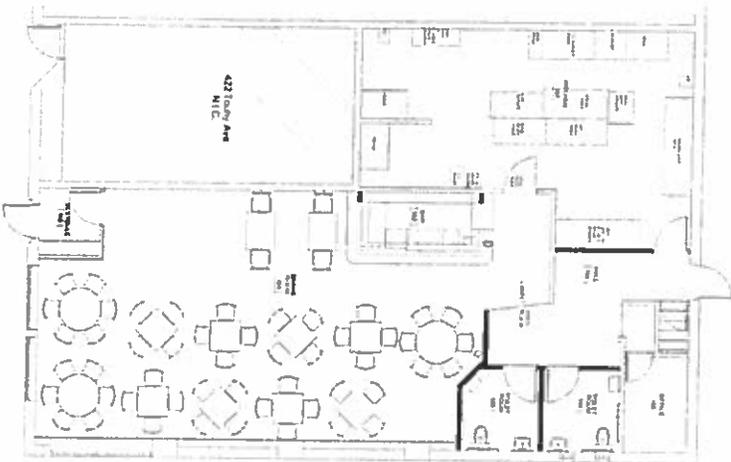
| Class | Number of Shares Authorized | Number of Shares Proposed to be Issued | Consideration to be Received Therefor |
|--------|-----------------------------|--|---------------------------------------|
| COMMON | 1000 | 1000 | \$ 1000 |

NAME & ADDRESS OF INCORPORATOR

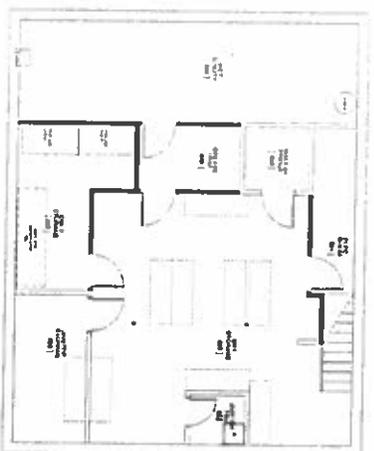
5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated JANUARY 30, 2017
Month & Day Year
CARLOS V. REYES CHICAGO IL 60630
Name City/Town State ZIP Code

| Room Schedule | FLOOR | WALL | CEILING | MECHANICAL |
|---------------|-------------|-------------|-------------|------------|
| RECEPTION | 100 FT DOWN | 100 FT DOWN | 100 FT DOWN | NO ROOM |
| OFFICE | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| CONFERENCE | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| RESTROOM | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| STORAGE | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| MECHANICAL | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| ELECTRICAL | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| PLUMBING | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| PAINT | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| FINISH | NO ROOM | NO ROOM | NO ROOM | NO ROOM |
| GENERAL | NO ROOM | NO ROOM | NO ROOM | NO ROOM |



1. FINISH PLAN - GROUND FLOOR
SCALE: 1/8" = 1'-0"



2. FINISH PLAN - BASEMENT
SCALE: 3/16" = 1'-0"

ANTHONY WACHNIAK, AIA

INDEPENDENT ARCHITECT

1118 N. LAUREL ST. #212
CHICAGO, IL 60610
773.761.2613
www.anthonywachniak.com

REYES STEAKHOUSE

4220 TOUHY AVE
PARK RIDGE, IL 60066

Client: Reyes Steakhouse
Contract No.: 00830
Owner: Reyes Management
228 N. Dearborn Street
Chicago, IL 60610
Project Manager: Anthony Wachniak
Architect: Anthony Wachniak
Date: 11/27/2014

ISSUE: 11/27/2014
REVISION: 11/27/2014
DRAWN: ANTHONY WACHNIAK
DATE: 11/27/2014



FINISH PLAN & SCHEDULE

A-5

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DATE: 11/27/2014 EXPIRATION: 11/27/2015

ANTHONY WACHNIAK, ALA INDEPENDENT ARCHITECT
 718 Mulford St. #13
 WACHNIAK@GMAIL.COM
 773-787-9617

REYES STEAKHOUSE
 420 TOUCHY AVE
 PARK RIDGE, IL 60068

Carole Reyes, Tenant
 Chicago, IL 60630 773-643-0375
 Owen J. Reyes & Management
 25 N. Northwest Highway
 Park Ridge, IL 60068 847-655-3362
 14 R. Stearnswood, Jr. Property Mgr.
 25 N. Northwest Highway
 Park Ridge, IL 60068 847-425-0011

ISSUE:
 NO. DATE
 1. CONTRACTOR 12/20/16
 2. TRAVEL 12/14/2016

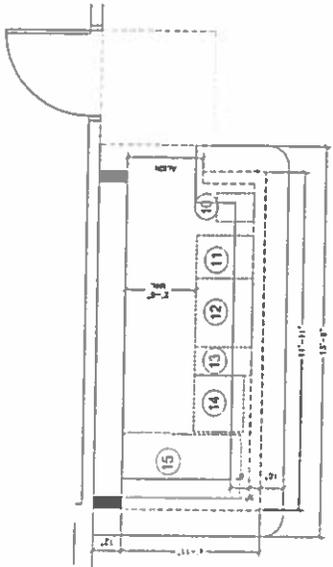


**FLOOR PLAN,
 BAR DETAILS,
 PARTITION TYPES &
 GENERAL NOTES**

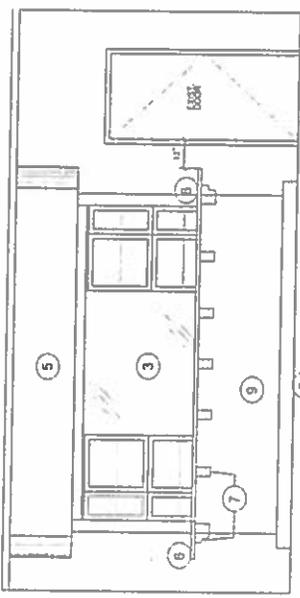
A-1

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 DATE: 12/14/2016
 PROJECT: REYES STEAKHOUSE
 LOCATION: CHICAGO, IL 60068

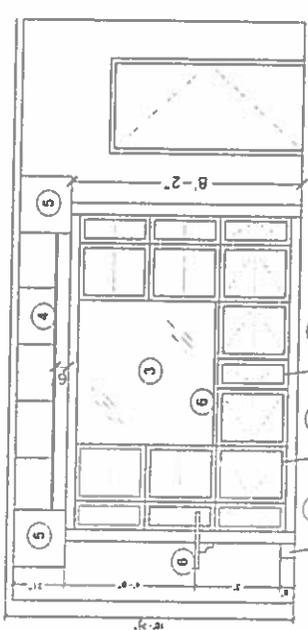
UCF 001 871466 12/17/2016



3. ENLARGED - BAR
 SCALE: 1/8" = 1'-0"

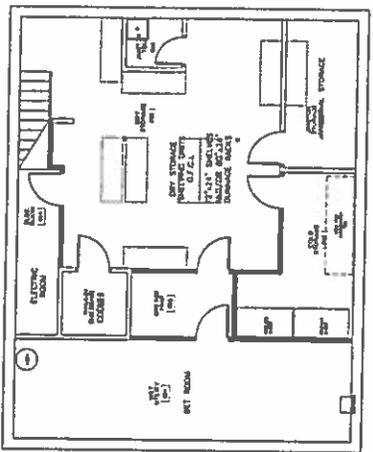


4. ELEVATION - BAR FRONT
 SCALE: 1/8" = 1'-0"



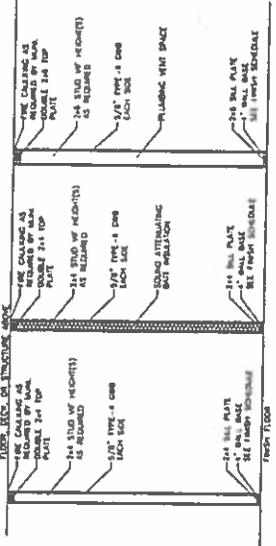
5. ELEVATION - BAR BACK
 SCALE: 1/8" = 1'-0"

- 1. BAR STOVE
- 2. BAR SINK
- 3. 2" DIA. NON-ADHESIVE DUG TILE
- 4. 1/2" DIA. NON-ADHESIVE DUG TILE
- 5. 1/2" DIA. NON-ADHESIVE DUG TILE
- 6. 1/2" DIA. NON-ADHESIVE DUG TILE
- 7. 1/2" DIA. NON-ADHESIVE DUG TILE
- 8. 1/2" DIA. NON-ADHESIVE DUG TILE
- 9. 1/2" DIA. NON-ADHESIVE DUG TILE
- 10. 1/2" DIA. NON-ADHESIVE DUG TILE
- 11. 1/2" DIA. NON-ADHESIVE DUG TILE
- 12. 1/2" DIA. NON-ADHESIVE DUG TILE
- 13. 1/2" DIA. NON-ADHESIVE DUG TILE
- 14. 1/2" DIA. NON-ADHESIVE DUG TILE
- 15. 1/2" DIA. NON-ADHESIVE DUG TILE

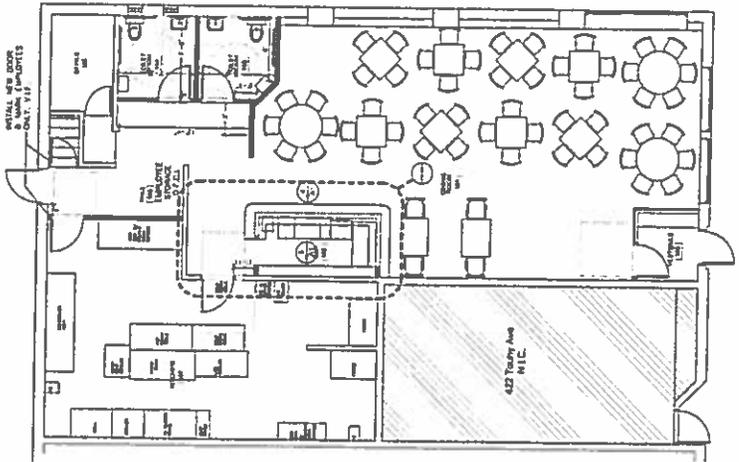


2. FLOOR PLAN - BASEMENT
 SCALE: 1/8" = 1'-0"

- EXISTING WALLS TO REMAIN
- NEW WALLS
- EXISTING DOOR
- NEW DOOR
- EXISTING WINDOW
- NEW WINDOW
- EXISTING CEILING
- NEW CEILING
- EXISTING FLOOR
- NEW FLOOR
- EXISTING ROOF
- NEW ROOF
- EXISTING MECHANICAL
- NEW MECHANICAL
- EXISTING ELECTRICAL
- NEW ELECTRICAL
- EXISTING PLUMBING
- NEW PLUMBING
- EXISTING HVAC
- NEW HVAC



PARTITION TYPES
 SCALE: 1/8" = 1'-0"



1. LIFE SAFETY PLAN - GROUND FLOOR
 SCALE: 1/8" = 1'-0"

- 1. ALL NEW TRUST
- 2. ALL NEW TRUST
- 3. ALL NEW TRUST
- 4. ALL NEW TRUST
- 5. ALL NEW TRUST
- 6. ALL NEW TRUST
- 7. ALL NEW TRUST
- 8. ALL NEW TRUST
- 9. ALL NEW TRUST
- 10. ALL NEW TRUST
- 11. ALL NEW TRUST
- 12. ALL NEW TRUST
- 13. ALL NEW TRUST
- 14. ALL NEW TRUST
- 15. ALL NEW TRUST
- 16. ALL NEW TRUST
- 17. ALL NEW TRUST
- 18. ALL NEW TRUST
- 19. ALL NEW TRUST
- 20. ALL NEW TRUST

ANTHONY WACHNIAK, AIA
INDEPENDENT ARCHITECT
 118 N. LaSalle St. #35
 Chicago, IL 60602
 773.787.8817
 wachn@midwest.com

REYES STEAKHOUSE
 420 TOURY AVE
 PARK RIDGE, IL 60068

Carlos Reyes, President
 Chicago, IL 60030 773-661-0975
 Owen J. Reyes R. Management
 Architect & Designer
 Park Ridge, IL 60068 847-653-3362
 15 N. LaSalle Street, 5th Floor, Property Mgr.
 25 N. Northwinds 1400/44
 Park Ridge, IL 60068 847-872-0011

ISSUE:
 BLDG. MGMT.
 F.A. CONTRACTOR
 11/01/2016
 12/26/2016

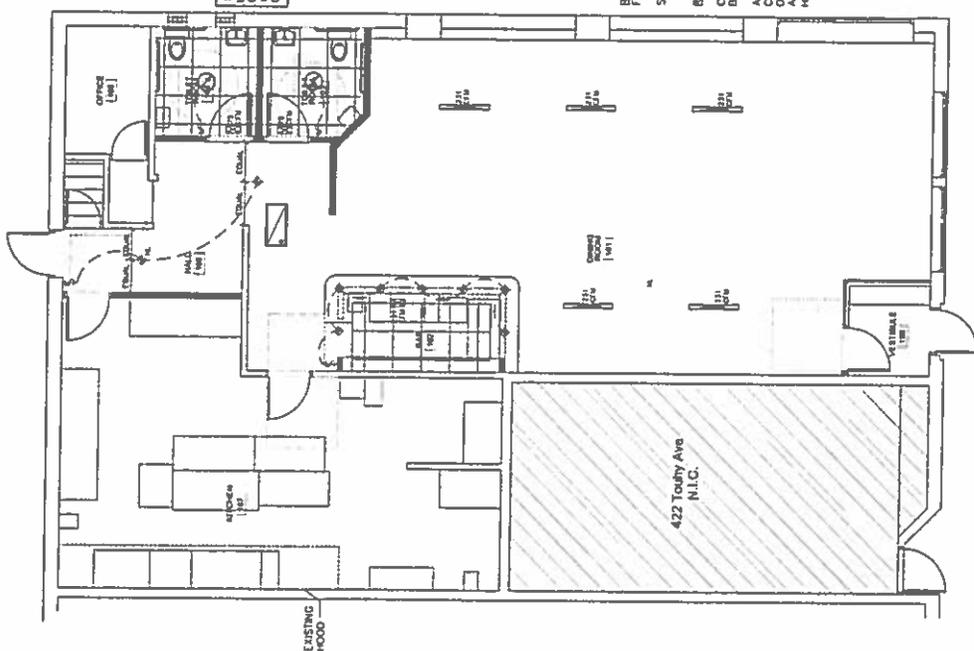


REFLECTED CEILING, LIGHTING, HVAC PLANS & GENERAL NOTES

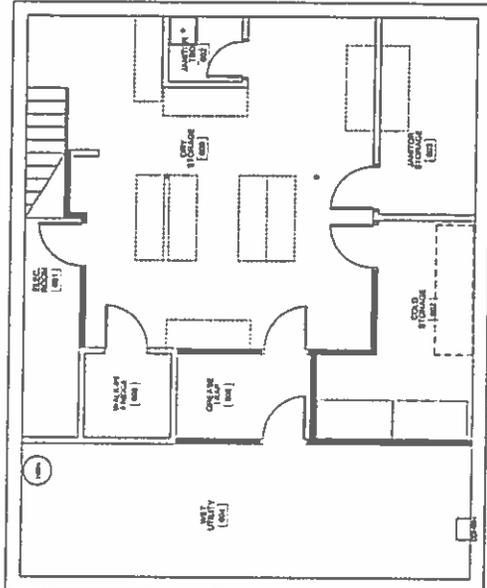
A-2

THIS DOCUMENT, INCLUDING THESE DRAWINGS, IS THE PROPERTY OF ANTHONY WACHNIAK, AIA. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT. (AIA Contract Documents, § 10.1.1)

UCD 001 071940 EXP. DATE: 11/2016



1. REFLECTED CEILING PLAN - GROUND FLOOR
 SCALE: 1/4" = 1'-0"



2. REFLECTED CEILING PLAN - BASEMENT
 SCALE: 1/4" = 1'-0"

BASE HOOD (EXISTING)
 Fanless - 300/150/30
 SERVICE AS REQUIRED (M/C)
CODE FOR LIGHT FIXTURES
 CURVED - 48/100/80
 BTU - 170,000
 ARCHITECT UNABLE TO ACCESS.
 OUTPUT IS SUFFICIENT FOR
 ALL UNITS PROVIDED WITH
 HEATING/COOLING.

REFLECTED CEILING PLAN NOTES

1. ALL NEW FIXTURES TBD BY OWNER U.N.O.
2. ENSURE ALL PENETRATIONS ARE TIGHT TO NEW FINISHES AND OVERSEED PENETRATIONS AS REQ'D.
3. MIN. 60 FOOTCANDLES REQUIRED AT THE FOLLOWING AREAS:
 - BANK SURFACE AREA (DIMMERS ALLOWABLE)
 - COOK SURFACE AREAS (PROVIDE LAMP PROTECTION)
 - WALK-IN REFRIGERATORS & FREEZERS (THROUGHOUT)
4. PROVIDE MINIMUM 30 FOOTCANDLES OF LIGHT @ JOINT STORAGE ROOMS & TOILET ROOMS.
5. KITCHEN BAR & STORAGE ROOM TO HAVE PROTECTIVE LENSES, LIGHT TUBES W/ PROTECTIVE LENSES AND SAFETY-COATED BOLTS, TRUCK, CAN & PENDANT LIGHTING MUST ENCASE BULB.
6. HALOGEN LIGHTING IS PROHIBITED.

ANTHONY WACHNIAK, ALA
INDEPENDENT ARCHITECT
 718 Madison St. #35
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 Chicago, IL 60630 773.663.0975
 Owen J. Hayes, R. Management
 23 N. Northwest Highway
 Park Ridge, IL 60068 847.655.3162
 15 N. Northwestern, Jr. Property Mgr.
 15 N. Northwestern Highway
 Park Ridge, IL 60068 847.825.0011

ISSUE:
 BLOCK MARKET
 P.A. CONTRACTOR 11/02/2016
 TENANT 11/24/2016
 FOR BID

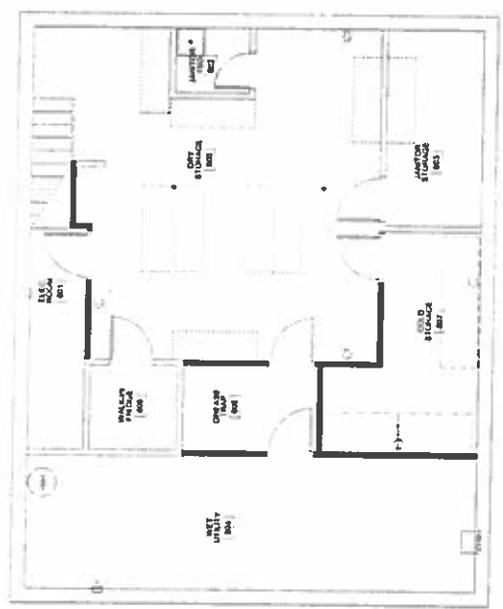


ELECTRIC PLAN

A-3

FOR INFORMATION, SPECIFICATIONS, MATERIALS & FINISHES, SEE THE ARCHITECTURAL DRAWINGS. THE CONTRACTOR SHALL VERIFY ALL INFORMATION AND CONDITIONS ON SITE PRIOR TO COMMENCEMENT OF WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF CHICAGO. CONTRACT DATE: 11/2016

PROJECT NO. 170118

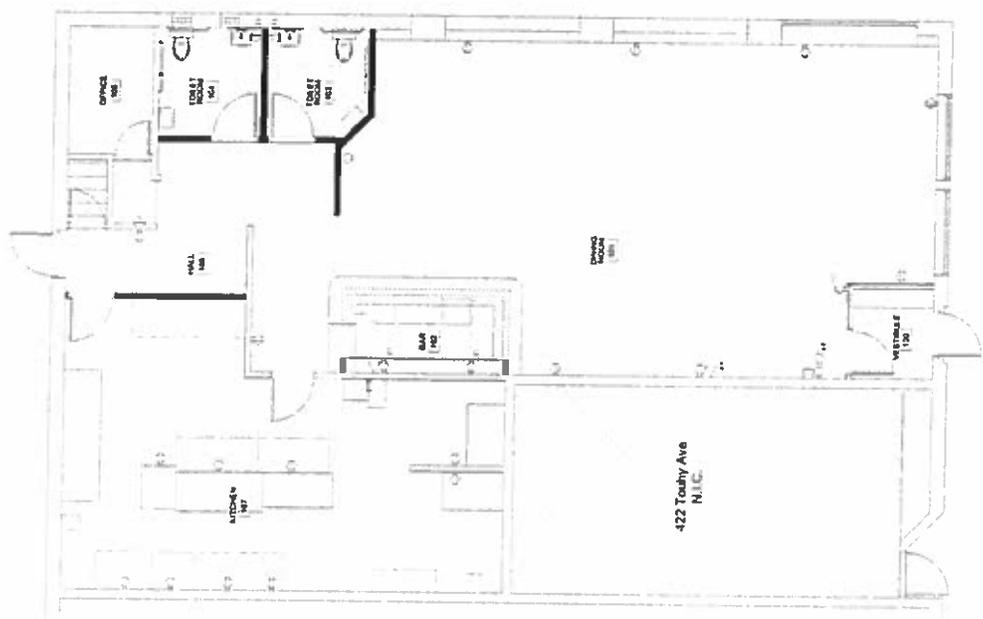


2. ELECTRIC PLAN - BASEMENT
 SCALE 1/8" = 1'-0"

NOTES:
 1. ALL SYMBOLS SHALL BE AS SHOWN IN THE ELECTRICAL SYMBOLS LIST.
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ELECTRIC NOTES

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1. ELECTRIC PLAN - GROUND FLOOR
 SCALE 1/8" = 1'-0"

422 Touchy Ave
 N.I.C.

