

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1188426  
Vendor Name: Village of Glen Ellyn, Illinois  
Invoice Number: 22 license  
Invoice Date: 6/15/2022  
PO Number:  
Check Number: 0300091  
Check Amount: \$ 5,750.00  
Check Date: 06/22/2022  
Voucher Number: V0742306  
Document Type: AP Invoice

Document Below

## Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 06/15/2022 Vendor ID: 1189139 Vendor Name: Village of Glen Ellyn  
 Payee Address: 535 Duane Street Glen Ellyn IL 60137 Payment Due Date: IMMEDIATE

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Class O	0180007615309001	Other Contractual Service Exp	5,750.00
Total			\$ 5,750.00

Check the appropriate box below:

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Retail Liquor License 2022-2023

Other Instructions:

Please call Phil Gieschen to pick up check x2993.

### All requests will require the following approvals:

Requester: Phil Gieschen Digitally signed by Phil Gieschen  
Date: 2022.06.20 09:13:09 -05'00' Print Name: \_\_\_\_\_  
 Budget Officer: Phil Gieschen Digitally signed by Phil Gieschen  
Date: 2022.06.20 09:13:31 -05'00' Print Name: \_\_\_\_\_

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): Phil Gieschen Digitally signed by Phil Gieschen  
Date: 2022.06.20 09:14:05 -05'00' Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## **Check Request Form (*cont.*)**

### **Processing a Check Request:**

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

"Dagen, Yvette" <dageny@cod.edu>

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**Urgent - Check Request Glen Ellyn Liquor License Application Due TODAY**

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"Dagen, Yvette" <dageny@cod.edu>

Mon, Jun 20, 2022 at 04:14 PM GMT

CC:

BCC:

Good morning

Please process the check request and call/email Phil x2993 for pick up.

Thank you.

ydd

Yvette Dagen

Risk Management

[dageny@cod.edu](mailto:dageny@cod.edu)

*Thoughts of Health & Peace for you!*

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**3 attachments**

Glen Ellyn application signed.pdf

Check Request signed.pdf

image003.png



## Village of Glen Ellyn

535 Duane Street  
Glen Ellyn, IL 60137  
630-469-5000  
630-469-8849 Fax  
www.glenellyn.org

### RETAIL LIQUOR DEALER'S LICENSE APPLICATION

TYPE OF APPLICATION: ☐ New Application ☒ Renewal Application ☐ Change in Corporate Ownership

DATE: May 17, 2022

LICENSE CLASS(ES): 0

APPLICANT (CORPORATE) NAME:

Philip Gieschen / College of DuPage

NAME OF BUSINESS:

College of DuPage

BUSINESS ADDRESS:

425 Fawell Boulevard, Glen Ellyn, IL 60137

PHONE #:

630.942.2993

EMAIL:

giesche@cod.edu

MAILING ADDRESS:

'same as above'

Pursuant to provisions of Chapter 19 of Title 3 of the Village Code of the Village of Glen Ellyn, Illinois, otherwise known as the Liquor Control Code, the undersigned hereby makes application for a Retail Liquor Dealer's License for the period:

July 1, 2022 through June 30, 2023

#### SCHEDULE OF ANNUAL FEES FOR RETAIL LIQUOR DEALER'S LICENSE

##### INITIAL APPLICATION FEE \$500

The full fee is due at time of application or renewal. Check payable to the Village of Glen Ellyn.  
Certified or Cashier's check preferred. \$50 fine for returned checks.

LICENSE CLASS	DESCRIPTION	ANNUAL RENEWAL FEE
Class A-1	Restaurant (beer and wine only)	1,500
Class A-2	Restaurant (non-"hard" liquor)	1,500
Class A-4	Business Retail Establishment (BYOB)	500
Class B-1	Restaurant (all types of liquor)	2,500
Class B-2	Hotel/Motel	4,000
Class B-3	Hotel/Motel (Supplemental to Class B-2)	2,500
Class B-4	Banquet Facilities (Supplemental to Class B-1)	2,500
Class B-5	Public Sidewalk (Supplemental to Table and Chair Agreement-A-1, A-2, B-1)	100
Class B-6	Retail Business- served with Cooking Classes	1,500
Class B-7	Golf Course	2,500
Class B-8 (12)	Fine Art (all types of alcoholic liquor) maximum number of events twelve (12)	500
Class B-8 (24)	Fine Art (all types of alcoholic liquor) maximum number of events twenty-four (24)	1,000
Class C-1	Package (sale area more than 300 sq. ft.)	3,000
Class C-2	Package (sale area 300 sq. ft. or less)	2,000
Class C-3	Package (sale area more than 300 sq. ft. - 70% wine)	2,000
Class C-4	Package (sale area less than 300 sq. ft. - 90% craft beer)	1,500
Class C-4A	Package/Consumption On-Site (package sale area 50% of floor space)	2,000
Class C-5	Common Good	2,000
Class D-1	Package Beer & Wine Only (sale area 10 sq. ft. or less)	500
Class D-2	Package Beer & Wine Only (sale area between 10 sq. ft. - 500 sq. ft.)	2,000
Class D-3	Gas Station	2,000
Class D-4	Package Beer & Wine Only (sale area between 500 sq. ft. - 1500 sq. ft.)	2,000
Class F	Restaurant (delivery of beer & wine)	200
Class G	Outdoor Sales	250
Class H	Amusement Devices (plus \$100 per device)	100
Class J	Caterer	350
Class M	Beauty Shop	500
Class P	Specialty Retail Sale (wine, craft beer & small batch liquor; sale area 300 sq. ft or less)	1,500
Class Q	Seasonal Market	50

NOTE: Above list does NOT include all of the Classification of Licenses (See Section 3-19-11)

**FOR REGULATIONS PERTAINING TO PERSONS ELIGIBLE FOR A LIQUOR LICENSE  
SEE SECTION 3-19-10 OF THE GLEN ELLYN LIQUOR CONTROL CODE**

Individual persons who must be identified in this application are:

1. If individually owned, the sole proprietor of the business.
2. If a Partnership, all persons with ownership interest in the partnership.
3. If a Corporation, any officer, any director and all persons owning directly or beneficially 5 percent or more of the corporate stock of the business.
4. Any person who will function as a manager of the business.

Required information on all persons so identified in categories 1-4 above must be listed below.

<p>Name: Thomas Murray</p> <p>Social Security #: xxx-xx-3317</p> <p>Birthdate: 03/11/1977</p> <p>Birthplace: Hinsdale, IL</p> <p>Home Address: 2608 Champion Road</p> <p>City/State/Zip Code: Naperville, IL 60564</p> <p>Home Phone: 630.854.6707</p> <p>Business Title: Supervisor, Patron Services</p>	<p>Name: Philip Gieschen</p> <p>Social Security #: xxx-xx-4889</p> <p>Birthdate: 07/14/1959</p> <p>Birthplace: Oak Park, IL</p> <p>Home Address: 5300 Center Avenue</p> <p>City/State/Zip Code: Lisle, IL 60532</p> <p>Home Phone: 630.441.8164</p> <p>Business Title: Risk Manager</p>
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<p>Name: _____</p> <p>Social Security #: _____</p> <p>Birthdate: _____</p> <p>Birthplace: _____</p> <p>Home Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Home Phone: _____</p> <p>Business Title: _____</p>	<p>Name: _____</p> <p>Social Security #: _____</p> <p>Birthdate: _____</p> <p>Birthplace: _____</p> <p>Home Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Home Phone: _____</p> <p>Business Title: _____</p>
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<p>Name: _____</p> <p>Social Security #: _____</p> <p>Birthdate: _____</p> <p>Birthplace: _____</p> <p>Home Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Home Phone: _____</p> <p>Business Title: _____</p>	<p>Name: _____</p> <p>Social Security #: _____</p> <p>Birthdate: _____</p> <p>Birthplace: _____</p> <p>Home Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Home Phone: _____</p> <p>Business Title: _____</p>
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*Note: Any change in ownership or management at local location of the business must be reported in writing to the Liquor Control Commissioner at Village of Glen Ellyn, 535 Duane St., Glen Ellyn, IL 60137 within ten (10) days of that change.*

FINGERPRINTS			
<b>All persons applying for a new liquor license and any new officers of a corporation and/or local managers are required to be fingerprinted and to provide the Glen Ellyn Police Department with a list of home and business addresses for the previous ten years and any aliases. If necessary, please call the Glen Ellyn Police Department at 630.469.1187 to schedule an appointment.</b>			
1.	Are fingerprints already on file with the Village of Glen Ellyn?	Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>
2.	Have there been any changes in local management/corporate officers in the last year?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>
APPLICANT/INDIVIDUAL INFORMATION			
1.	Is any person listed on page 2 a public official or a law enforcement officer?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, list name(s) and give particulars:			
2.	Have any of the persons listed on page 2 been convicted of a violation of Federal, State or local law?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please indicate their name, date and place of occurrence of the violation(s), type of violation(s) and the resulting judicial decision(s):			
3.	If business is Individually owned or a Partnership, are all persons listed on page 2 citizens of the United States?	Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>
Have any such persons been naturalized?		Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, state name(s), date(s) and place(s) of naturalization:			
4.	If business is Individually owned or a Partnership, are all persons listed on page 2 residents of the Village of Glen Ellyn?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	Specify the principal nature of the business conduct by the Applicant: Performance Events		
6.	How long has the Applicant been in that type of business? 23 years		
7.	Provide the DATE of the following that applies to business:		
	Filing of the Assumed Name of the business with the DuPage County Clerk	'see attached'	
	Formation of Partnership		
	Incorporation as an Illinois Corporation		
	Qualification Under Illinois Business Corporation Act (if a foreign corporation)		



<p>8. List Applicant's Retailer's Occupation Tax Number (ROT):</p> <p>A. Is the Applicant delinquent in payment of ROT (sales tax)?</p> <p><i>If YES, state reason for this delinquency below:</i></p> <p>B. Is Applicant delinquent under the 30-day credit law provisions of the Illinois Liquor control Act?</p> <p><i>If YES, state reason for this delinquency below:</i></p> <p>C. Is Applicant delinquent in any taxes owed to the State?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>9. Has any manufacturer, importer or distributor directly or indirectly paid for or agreed to pay for this license or advanced money or anything of value or credit (other than merchandising credit in the ordinary course of business for a period not to exceed ten days)?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>10. Is any manufacturer, importer or distributor directly or indirectly interested in the ownership, conduct or operation of the place of business?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>11. Is the Applicant or any affiliate, subsidiary or any person required to be identified in this application engaged in the manufacture, import or distribution of alcoholic liquors (other than distribution as allowed by this license if granted)?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>12. Does the Applicant possess a current Federal wagering and gaming device stamp?</p> <p><i>If YES, give particulars:</i></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>13. Has the Applicant obtained or applied for an Illinois State Liquor License?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>14. Has the Applicant been issued any other liquor license by the Federal government or by any State or any subdivision thereof?</p> <p><i>If YES, indicate place and date of such issuance:</i></p> <p><i>If any such license has ever been revoked, specify reason(s):</i></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>15. Has the Applicant applied for a liquor license for any other location other than the premises listed on this application?</p> <p><i>If YES, state the disposition of such application:</i></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>16. Has the Applicant filed for other current licenses or business registration required by the Village of Glen Ellyn?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>17. Does the Applicant <u>own</u> the premises listed on this application?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>18. Does the Applicant <u>lease</u> the premises listed on this application?</p> <p><i>If YES, list the name(s) and address(es) of the owner(s) of the Premises; or if the premises is held in trust, list the names and addresses of all owners of beneficial interest:</i></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

19.	Is a copy of the current lease enclosed with this application? (Lease term must exceed the term of liquor license applied for.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If no, is a copy of the current lease on file with the Village of Glen Ellyn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of expiration of lease:	N/A
20.	Is the premises within 100 feet of the real property of any church, school, hospital, military or naval station, home for the aged or indigent persons or for veterans, their wives or children?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>INSURANCE COVERAGE</b>		
1.	Has the Applicant included proof of Dram Shop Insurance or Liquor Liability Insurance for the Village of Glen Ellyn with this application?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.	Does the insurance policy cover the time period from July 1, 2022 - June 30, 2023 *If no, please contact your insurance provider and request the policy to cover this time period.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b><u>BASSET – Beverage Alcohol Sellers &amp; Servers Education &amp; Training</u></b>		
1.	Each applicant for a liquor license shall have each person who will supervise or be in charge of the sale of liquor upon commencement of their license successfully complete a beverage alcohol sellers and servers training (BASSET) program conducted by an agency license by the Illinois Liquor Commission, or successfully complete a State of Illinois certified alcohol awareness program, prior to issuance of a liquor license. Proof of successful completion of BASSET training shall be required prior too issuance of the liquor license. (Ord.5677, 04-28-2008)	
2.	Each employee whether or not supervisory of a class A-1, A-2,A-3, B-1, B-2, B-3, B-4, B-5, B-6, C-1, C-2, C-3, D-1, D-2, D-3, D-4, E, F, G, I, J, K, L, M, N or O license, who is engaged in the selling, mixing, preparing, serving or delivering of alcoholic beverages to customers, guests or patrons, for consumption on or off the premises, shall successfully complete a BASSET program conducted by an agency licensed by the Illinois liquor control commission, or successfully complete a state of Illinois certified alcohol awareness program. Such training shall be completed not more than ninety (90) days after the employee begins employment with the licensee. A copy of the employee's certificate of completion of training shall be filed with the Glen Ellyn liquor commission. (Ord. 5677, 4-28-2008; amd. Ord. 5686, 6-23-2008; Ord. 5749, 4-27-2009)	
3.	Liquor license holders shall keep a standing record of when the required BASSET training, and/or successfully completed state of Illinois certified alcohol awareness program, was completed. This will include, but is not limited to, a photocopy of a BASSET card and/or a photocopy of a certificate from a state of Illinois certified alcohol awareness program. This standing record shall be kept on the business premises and available for inspection by representative(s) of the Glen Ellyn liquor commission or other village representative. (Ord. 5677, 4-28-2008)	
List all employees currently employed by applicant who are required per above ordinance to be trained in BASSET/Alcohol Awareness training.		
<b>NAME OF EMPLOYEES</b>		<b>TRAINING</b>
		<b>THROUGH G.E. POLICE DEPT</b>
'see attached'		
<i>*If Beverage Alcohol Sellers &amp; Servers Education &amp; Training was received anywhere other than through the Glen Ellyn Police Department, a copy of the certificate or card indicating successful completion of training must be supplied along with this application.</i>		

**READ THE FOLLOWING QUESTIONS CAREFULLY**

1.	Has the applicant ever been convicted of any felony under any Federal or State law?  If YES, give date(s) and state the offense:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2.	Has the applicant ever been convicted of a violation of a Federal or State liquor law since February 1, 1934?  If YES, give date(s) and state the offense:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3.	Has the Applicant or any individual required to be identified in this application sold, delivered or given away alcoholic liquor in violation of any State law or Village ordinance to a person under the minimum age required to purchase or possess alcoholic liquor?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
4.	Do the Applicant and all other individuals required to be identified in this application acknowledge that the grant of a liquor license is a matter of privilege and not a right; that citizens of the Village of Glen Ellyn have traditionally and customarily enjoyed and professed a high regard for decency and morality; and that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control Code of the Village of Glen Ellyn and, in particular, in Section 3-19-40?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**INDIVIDUAL OR PARTNERSHIP SIGNATURES**

*Philip Gieschen*