Village of Algonquin
Liquor Commission
February 10, 2026
7:25 PM
Special Meeting
Ganek Municipal Center
2200 Harnish Drive, Algonquin

Agenda

1. **Roll Call - Establish a Quorum**
2. **Public Comment - Audience Participation**
   (Persons wishing to address the Commission must register with the Village Clerk prior to call to order.)
3. **Items for Consideration**
   A. Approve a Class A-1 Liquor License for Soundbite Tavern, LLC, 113 South Main Street, Algonquin
4. **Adjournment**

A Memo From…

VILLAGE OF ALGONQUIN

To: Tim Schloneger

From: Michelle Weber

Date: November 10, 2025

Re: Liquor License Applicant-Soundbite Tavern LLC

Soundbite Tavern, LLC., 113 South Main Street, Algonquin, IL has applied for a Class A-1 Liquor License. This would allow patrons to purchase alcoholic liquor for consumption on premise, packaged alcohol for off premise consumption.

Soundbite Tavern, LLC. has complied with the Village's requirements by completing the submittal of all documents as required by the Village of Algonquin for obtaining the license pertinent to their establishment. All fees have been paid and all documents are in order. This license would be effective through April 30, 2026.

Attached for your review, is a copy of their liquor license application.

FOR OFFICE USE ONLY	
APPLICATION FEE	500 10/15
LICENSE FEE	
DATE RECEIVED	
CHANGE OF OWNERSHIP	
DATE RECEIVED	
RECEIVED BY:	

VILLAGE OF ALGONQUIN
LIQUOR LICENSE APPLICATION

New Applicant

TO: **Liquor Commission**
Village of Algonquin
Algonquin, Illinois

Applicant:

The undersigned applicant, being duly sworn on oath, makes application for a **Liquor License,** **Class** Choose A-1, and **Auxiliary** (outdoor), if applicable indicate Choose NO the Village of Algonquin, Illinois, stating in support thereof;

1. **The name of the Liquor License Applicant (Corporation, Individual, or Partnership) as it is to appear on the license is:**
   SoundBite Tavern L.L.C.
   (For example, You & Me, Inc., d/b/a Our Place)
   If **individual,** Date of Birth: _____
   If **corporation, Limited Liability Corporation, or partnership** items 15, 16, or 17 must be completed
2. **The address and phone number of the Business (Algonquin street address only):**
   Address: 113 South Main Street, Algonquin, ILLINOIS 60102
   Phone: [redacted] (if business not yet open, phone number of contact person)
3. **The Applicant (if an individual) is a citizen of the United States (circle one):**
   ☐ YES ☐ NO ☒ N/A
   If naturalized, please attach a copy of the naturalization papers.
4. **The Applicant has been in business since** New Business
5. **The Renewal Applicant has applied for and been granted State Liquor License #** NOT APPLICABLE
   Said License was granted on — **Expiration Date** —.
6. **New Liquor License Applicant is to provide a copy of the State Liquor License to the Village of Algonquin Liquor Commissioner prior to the issuance of their local Liquor License. (Copy of local Liquor License is provided to initiate State Liquor License process.)**
7. **The Applicant has registered with the Illinois Department of Revenue and has been assigned State Sales Tax No** ST 1 4590 6793 **Expiration Date** _____
8. **The value of goods, wares, and merchandise (including inventory) on hand as of today's date is** $ Ø.
9. **Liquor revenues for this business are specifically for the sale of (specify which one) beer, beer and wine, or alcoholic liquor** Beer, Wine and alcoholic liquor **for consumption ON or OFF the premises** On
   (Specify on the above line if the license requested is for liquor consumption on or off premises or both.)

10. **Type of business** Tavern / MUSIC VENUE
(Tavern, Restaurant, Convenience Store, Grocery Store, Gas Station, other (if other describe)).

11. **How will employees be trained for liquor sales?** By the General Manager/BAR MANAGER

12. **The general description, and approximate square footage of the premises or place of business which is to be operated under the proposed license** 11,000 Sq. Ft.

Attach a scaled drawing of the premises showing all ingress and egress locations, windows, and location of bar. On initial applications, or whenever there has been remodeling, you must include photographs depicting the interior of the premises showing all ingress and egress locations, windows, bar, and service areas.

13. **If an Applicant, Shareholder, or Partner has applied for, held, or holds an interest in any other Liquor License, please provide the following information for all such interests. Use a separate sheet of paper if necessary.**

Name of license holder: Not Applicable

Location: _____

Dates held: _____

14. **The Applicant agrees to or answers in the affirmative to the following statements:**

A) The applicant owns said place of business or has a lease on said place of business for the period which the license is issued. (IF LEASED, A COPY OF THE LEASE SHALL BE ATTACHED HERETO.)

B) The Applicant will not allow illegal gambling or other illegal activities on the premises.

C) The Applicant has neither been convicted of a felony nor disqualified to receive a license by reason of any matter or thing contained in the Liquor Control and Liquor Licensing Ordinance for the Village of Algonquin, McHenry and Kane Counties, Illinois, passed and approved on May 4, 1965, the laws of the State of Illinois, or the United States of America, or any other Ordinance of the Village of Algonquin.

D) A liquor license held by the Applicant, a corporation of which the applicant is a shareholder, officer, or director, or a partnership of which the applicant belongs, has neither been revoked nor suspended by any licensing body.
If the license has either been revoked or suspended, the applicant shall explain, on a separate sheet of paper, the circumstances, date and location of said suspension or revocation, and attach it to and make it a part of this application.

E) The Applicant will not violate any of the laws of the State of Illinois, or the United States of America, or any Ordinance of the Village of Algonquin in the conduct of the place of business described above.

F) The Applicant hereby files with this application a Certificate of Insurance by a company authorized to do business in the State of Illinois, certifying that the applicant has in force and effect the insurance required by the Village of Algonquin and agrees to maintain said insurance for the duration of this licensing period. (Include a copy of Certificate of Insurance.)

15. CORPORATION (Strike out if not applicable.)

The Applicant is a Corporation, and the person signing the application is a duly authorized agent of said Applicant Corporation, and the following representations are made in connection with this application:

A) Objectives as stated on Corporate Charter: _____

_____

_____

_____

_____

B) Number of shares authorized_____Class: _____

Number of shares issued_____Class:_____

The Corporate Charter was issued to the Applicant:

1. By the State of _____
2. Date of incorporation _____
3. Corporate registration number_____

A copy of Applicant Corporation's last annual report is attached as a part of this application.

C) Officers and Directors (CORPORATION)

The names, complete addresses, social security numbers, phone numbers, and dates of birth of all officers and directors of the applicant corporation are (use additional paper if necessary):

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____

(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

D) **MANAGER (CORPORATION)**

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premise and shall have an actual, regular presence at the facility:

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____ Phone: (_____)_____

BASSET Training Completion Date: _____ (include a copy of certificate)

E) **STOCKHOLDER (CORPORATION)**

Names of stockholders owning 5% or more of the stock of the Applicant or agent who will conduct the business are:

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____ Number of Shares:_____

_____ Phone: (_____)_____

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____ Phone: (_____)_____

_____ Number of Shares:_____

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____ Phone: (_____)_____

_____ Number of Shares:_____

CORPORATION INFORMATION ENDS
(If more space is needed, please add an extra sheet.)

LIMITED LIABILITY CORPORATION

16. LIMITED LIABILITY CORPORATION: (Strike out if not applicable.)

A) **MEMBERS (LIMITED LIABILITY CORPORATION)**

Name: Conklin, David D. [redacted]
(Last) (First) (Initial) SS# Date of Birth

Complete Address: [redacted] Algonquin, Illinois 60102

Phone: [redacted]

Name: Walczak Coreg. A. [redacted]
(Last) (First) (Initial) SS# Date of Birth

Complete Address: [redacted] Gilberts IL. 60113

Phone: [redacted]

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

Phone: ( )

Name: _____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

Phone: ( )

B) **MANAGER (LIMITED LIABILITY CORPORATION)**

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name: CONKLIN, David D. [redacted]
(Last) (First) (Initial) SS# Date of Birth

Complete Address: [redacted] Algonquin IL. 60102

Phone: [redacted]

BASSET Training Completion Date: 9.2.2025 (include a copy of certificate)

LIMITED LIABILITY CORPORATION INFORMATION ENDS
(If more space is needed, please add an extra sheet.)

Revised 2/10/2018

PARTNERSHIP

17. PARTNERSHIP (Strike out if not applicable.)

The Applicant is a partnership and the names and addresses of those persons who are either limited or general partners or are in some other manner entitled to share in the profits are as follows (use additional paper if necessary):

A) MEMBERS (PARTNERSHIP)

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title:_____

B) MANAGER (PARTNERSHIP)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address: _____

_____Phone (_____)_____

BASSET Training Completion Date:_____(include a copy of certificate)

PARTNERSHIP INFORMATION ENDS (If more space is needed, please add an extra sheet.)

SOLE PROPRIETORSHIP (INDIVIDUAL)

18. SOLE PROPRIETORSHIPS (INDIVIDUAL (Strike out if not applicable.)

The Applicant is an individual entitled to the profits of this business and his/her name, address and other pertinent information is required as follows (use additional paper if necessary):

A) SOLE PROPRIETORSHIP (INDIVIDUAL)

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

Title: _____

B) MANAGER (SOLE PROPRIETORSHIP-INDIVIDUAL)

The full name, address, social security number, and date of birth of the manager or agent who shall have direct responsibility in the day-to-day management of the licensed premises and shall have an actual, regular presence at the facility:

Name:_____
(Last) (First) (Initial) SS# Date of Birth

Complete Address:_____

_____Phone: (_____)_____

BASSET Training Completion Date: _____ (include a copy of certificate)

SOLE PROPRIETORSHIP-INDIVIDUAL INFORMATION ENDS
(If more space is needed, please add an extra sheet.)

19. All below questions must be answered. Use N/A if question does not apply.

A)

1. Is the Applicant a resident of the Village of Algonquin? Y [X] N [ ]
2. With reference to an Applicant Partnership, are all members of said Applicant Partnership qualified to obtain a license? Y [ ] N [ ] N/A
3. With reference to an Applicant Corporation, is any officer, manager, director, stockholder, or stockholder owning in the aggregate more than five (5) percent of the stock of the Applicant Corporation excluded from obtaining a license for any reason other than citizenship and residence within the Village of Algonquin? Y [ ] N [ ] N/A

B) Is the Applicant of good character and reputation in the community? Y [X] N [ ]

C) Has the Applicant ever been convicted of a felony under any Federal or State law? Y [ ] N [X]

D) Has the Applicant ever been convicted of being a keeper, or is keeping, a house of ill fame? Y [ ] N [X]

E) Has the Applicant ever been convicted of pandering or other crimes or misdemeanor opposed to decency or morality? Y [ ] N [X]

F) Has the Applicant ever had a Liquor License revoked for any cause? Y [ ] N [X]

G) Has the Applicant either been convicted of any Federal or State law concerning manufacture, possession, or sale of alcoholic liquor, or has the Applicant ever forfeited his bond to appear in court to answer charges for a violation of said Federal or State law? Y [ ] N [X]

H) Is the Applicant eligible for a State of Illinois Liquor License? Y [X] N [ ]

I) Is the Applicant either an Algonquin law enforcing public official or does the President or any member of the Board of Trustees of the Village of Algonquin have any interest either directly or indirectly in the applicant business? Y [ ] N [X]

The APPLICANT notes by his signature below that he/she has read and understands Chapter 33. Further, it should be noted that there must be enough employees and supervision of personnel involved with the sale of liquor to satisfy the requirements within Chapter 33. Also, the Applicant must recognize that the regulations of Chapter 33 that apply to the License and Establishment also apply to any agents of the business involved with the sale of liquor.

Applicant Sound Bite Tavern
(Please Print Name of Business as stated in #1 of this application.)

SIGN IN THE PRESENCE OF A NOTARY PUBLIC!

Signature [signature]
(Must be signed in the presence of a Notary)

Title Owner/Manager

(seal)
OFFICIAL SEAL
ANNA L JONES
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires December 28, 2027

Day Phone [redacted]

Evening Phone (____) ____

SUBSCRIBED AND SWORN TO before me this 15th day of October A.D 2025.

Anna L Jones
NOTARY PUBLIC

Revised 2/1/2017

Form **LLC-5.5**	**Illinois** **Limited Liability Company Act** **Articles of Organization**	**FILE # 16172421**
Secretary of State Alexi Giannoulias Department of Business Services Limited Liability Division www.ilsos.gov	**Filing Fee:** $150 **Approved By:** SXH	**FILED** **MAY 02 2025** **Alexi Giannoulias** **Secretary of State**

1. Limited Liability Company Name: SOUNDBITE TAVERN, LLC

2. Address of Principal Place of Business where records of the company will be kept:
531 CLOVER

ALGONQUIN, IL 60102

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

RICHARD BIOSCA
12519 REGENCY PKWY STE B
HUNTLEY, IL 60142-6514

5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

CONKLIN, DAVID
531 CLOVER DRIVE
ALGONQUIN, IL 60102

CONKLIN, SETH
531 CLOVER DRIVE
ALGONQUIN, IL 60102

8. **Name and Address of Organizer**
I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: MAY 02, 2025

DAVID CONKLIN
531 CLOVER DRIVE
ALGONQUIN, IL 60102

This document was generated electronically at www.ilsos.gov

File Number 1617242-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SOUNDBITE TAVERN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 02, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* OCTOBER ***A.D.*** 2025 .

Authentication #: 2528803326 verifiable until 10/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/16/2025

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 have ADDITIONAL INSURED provisions or 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 Northwest Insurance Services 999 N. Plaza Drive, Suite 630 Schaumburg, IL 60173 License #: 100300736	CONTACT NAME: Jennifer Oznoff PHONE (A/C, No, Ext): (847)310-0400 FAX (A/C, No): (847)310-0401 E-MAIL ADDRESS: jennifer@nwinsurance.com
INSURED Soundbite Tavern, LLC 531 Clover Dr. Algonquin, IL 60102	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Nautilus Ins. Co. INSURER B : National Specialty Ins. Co. INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 00011136-109285 REVISION NUMBER: 1

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	X COMMERCIAL GENERAL LIABILITY			NN1868373	07/02/2025	12/02/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ EXCLUDED
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Liquor Liability			JFL/LIQ/249469	10/15/2025	10/15/2026	Each Occurrence	2,000,000

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

Restaurant/Bar @ 113 S. Main St., Algonquin, IL 60102

CERTIFICATE HOLDER

Village of Algonquin
2200 Harnish Dr.
Algonquin, IL 60102

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

Jennifer Oznoff (JAO)

Village of Algonquin
Police Department

Date: 10-15-2025

Business Name: SoundBite Tavern

Address: 113 S. Main St., ALGONQUIN, IL

To Whom It May Concern:

The Village of Algonquin Police Department has an active compliance team that is here to help promote a successful relationship with local businesses, that hold a liquor license, to ensure that they are familiar with current ordinances and state laws. The compliance team completes a minimum of four random compliance checks throughout the year which may include inspections of various items included on the attached "Sample" check list. Should you have any questions regarding the program please contact the Algonquin Police Department.

In addition, pursuant to Village Municipal Code, Chapter 33 Section 34, your establishment is required to verify all employees have successfully completed an approved BASSET program. You are also required to maintain copies of all employees' current BASSET certificates and provide proof of completion for inspection by any authorized member of the Police Department or the Local Liquor Control Commission. Please note, BASSET training is valid for three years following completion.

33.34 BASSET PROGRAM 06-O-69; Amended 2011-O-43, 2011-O-32

A. BASSET Training Required: Successful completion of a BASSET program, or other similar program as approved by the Chief of Police, is required for all persons who sell or serve alcoholic liquor, all management personnel working in a licensed premise, and anyone whose job description entails the checking of identification for the purchase of alcoholic liquor pursuant to the license. Any new owner, manager, employee, or agent requiring BASSET training shall, within 90 days from their first day of employment with a licensee, complete a BASSET approved program. Until successful completion of the program, such person shall work under the supervision of a person who has successfully completed BASSET training.

Failure to comply with this code may result in penalties, including, but not limited to, a $500 fine for each employee not BASSET certified, as well as being required to complete an in-person training class at the Police Department.

PRESENT THIS LETTER WHEN SUBMITTING YOUR LIQUOR LICENSE APPLICATION OR RENEWAL, SIGNED BY YOUR LOCAL MANAGER, CERTIFYING YOUR ESTABLISHMENT IS IN COMPLIANCE WITH SECTION 34.34, BASSET PROGRAM, OF THE ALGONQUIN MUNICIPAL CODE AND THAT YOU HAVE RECEIVED THE "SAMPLE" LIST OF LC13 COMPLIANCE CHECK REQUIREMENTS.

Questions regarding this program and upcoming class schedules can be directed to the Police Department (847) 658-4531.

Sincerely,

Dennis Walker
Chief of Police

MANAGER'S SIGNATURE

CERTUS

Certificate of Completion

This is to certify that

David Conklin

has diligently and with merit completed

Illinois BASSET Certification

Completion Date: 09-02-2025

This temporary certificate is valid for 30 days.
Download your official BASSET card at mytax.illinois.gov

John Comly
President, CEO and Director

Certificate # 16485123

225 East Robinson St Ste 570
Orlando, FL 32801