Village of Algonquin
Liquor Commission
June 9, 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 B-2 Liquor License for 2390 Business, Inc. located at 2390 E. Algonquin Road, Algonquin IL
4. **Adjournment**

A Memo From…

VILLAGE OF ALGONQUIN

To: Tim Schloneger

From: Michelle Weber

Date: June 2, 2026

Re: Liquor License Change of Ownership

2390 Business, Inc. has taken ownership of Mack Oil, located at 2390 E. Algonquin Rd., Algonquin and has applied for a Class B-2 Liquor License allowing for purchase alcoholic liquor for off premise consumption.

2390 Business, Inc. 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.

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

FOR OFFICE USE ONLY
APPLICATION FEE $500 5/12/26
LICENSE FEE
DATE RECEIVED MB
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 ~~A~~ B-2, and Auxiliary (outdoor), if applicable indicate 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:**
   2390 BUSINESS INC
   (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: 2390 E ALGONQUIN RD, ALGONQUIN, IL 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** 06/01/2026
5. **The Renewal Applicant has applied for and been granted State Liquor License #** _____.
   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** 4624-1817 **Expiration Date** 03/23/2027
8. **The value of goods, wares, and merchandise (including inventory) on hand as of today's date is** $ 50,000.00.
9. **Liquor revenues for this business are specifically for the sale of (specify which one) beer, beer and wine, or alcoholic liquor** _____
   for consumption ON or OFF the premises OFF PREMISES
   (Specify on the above line if the license requested is for liquor consumption on or off premises or both.)

10. Type of business GAS STATION
(Tavern, Restaurant, Convenience Store, Grocery Store, Gas Station, other (if other describe)).

11. How will employees be trained for liquor sales? Employees will take Basset Training and will provide operational training.

12. The general description, and approximate square footage of the premises or place of business which is to be operated under the proposed license GAS STATION WITH MINI MART. TOTAL SQFT IS 1800. 400 SQFT used to display LIQUOR AND BEER PRODUCTS.
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: _____

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.)

CORPORATION

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

B) Number of shares authorized 1000 Class: COMMON

Number of shares issued 1000 Class: COMMON

The Corporate Charter was issued to the Applicant:

1. By the State of ILLINOIS
2. Date of incorporation 03/18/2026
3. Corporate registration number 75497393

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: JOHN JINU [redacted]

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

Complete Address: 4060 LINDENWOOD LN

NORTHBROOK, IL 60062 Phone: ([redacted]

Title: PRESIDENT

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: JOHN JINU [redacted]

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

Complete Address: 4060 LINDENWOOD LN

NORTHBROOK, IL 60062 Phone: [redacted]

BASSET Training Completion Date: 05/06/2025 (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: JOHN JINU [redacted]

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

Complete Address: 4060 LINDENWOOD LN

NORTHBROOK, IL 60062 Number of Shares: 1000

Phone: [redacted]

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

Complete Address: _____

_____ Phone: (_____) _____

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

Complete Address: _____

_____ Phone: (_____) _____

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

Complete Address: _____

_____ Phone: (_____) _____

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: JOHN JINU [redacted]
(Last) (First) (Initial) SS# Date of Birth

Complete Address: 4060 LINDENWOOD LANE, NORTHBROOK

IL 60062 Phone: [redacted]

BASSET Training Completion Date: 5/6/2025 (include a copy of certificate)

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

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 ☐ N ☒ N/A

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 ☑

B) Is the Applicant of good character and reputation in the community? Y ☑ N ☐

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

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

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

F) Has the Applicant ever had a Liquor License revoked for any cause? Y ☐ N ☑

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 ☑

H) Is the Applicant eligible for a State of Illinois Liquor License? Y ☑ 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 ☑

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 2390 BUSINESS INC
(Please Print Name of Business as stated in #1 of this application.)

SIGN IN THE PRESENCE OF A NOTARY PUBLIC!

Signature _____
(Must be signed in the presence of a Notary)

Title PRESIDENT / OWNER

(seal)

OFFICIAL SEAL
TIJI VETTIKATTIL
Notary Public, State of Illinois
Commission No. 975373
My Commission Expires
July 21, 2027

Day Phone [redacted]

Evening Phone (____) _____

SUBSCRIBED AND SWORN TO before me this 10th day of May A.D 2026.

Tij Vettikattil
NOTARY PUBLIC

Revised 2/1/2017

File Number 7549-739-3

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*

2390 BUSINESS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 18, 2026, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 30TH *day of* APRIL *A.D.* 2026 .

Authentication #: 2612003340 verifiable until 04/30/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

IRS Notice CP575A

Department Of the Treasury
Internal Revenue Service
Philadelphia, PA 19255-0023
Important Information - Please Read

2390 BUSINESS INC
2390 E ALGONQUIN RD
ALGONQUIN, IL 60102

March 18, 2026

We assigned you an employer identification number (EIN)

Your EIN is **41-4959719**. The name control associated with this EIN is **2390**.

What you need to do

- If you did **not** apply for this EIN, visit IRS.gov/EINNotRequested.
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- You must file the following forms by the dates shown.

Form	Due Date
1120	04/15/2027
940	01/31/2027
941	07/31/2026

What you need to know

If you need to pay certain types of taxes, like employment or corporate income taxes, we'll send you a package with instructions. The package will tell you how to pay your taxes online using the Electronic Federal Tax Payment System (EFTPS). We'llll also send you a personal identification number (PIN) separately. Be sure to activate your PIN when you receive it, so you can start using the EFTPS. To learn more about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes.

Your Form 11C and/or 730 becomes due the month after your wagering starts.
If you qualify as a small business corporation and plan to file Form 1120-S, U.S. Income Tax Return for an S Corporation, you must first file Form 2553, Election by a Small Business Corporation, to elect to be treated as an S corporation. Refer to the instructions for the Form 2553 for more information.

Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting IRS.gov/Forms or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.

FORM **BCA 2.10**
ARTICLES OF INCORPORATION
Business Corporation Act

Filing Fee: $150

File #: **75497393**

Approved By: EEC

FILED
MAR 18 2026
Alexi Giannoulias
Secretary of State

1. Corporate Name: 2390 BUSINESS INC.

2. Initial Registered Agent: JINU JOHN
(First Name / Middle Initial / Last Name)

Initial Registered Office: 4060 LINDENWOOD LN
(Number / Street / Suite No.)

NORTHBROOK (City) IL 60062-1124 (ZIP Code) COOK (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 MARCH 18 (Month & Day) , 2026 (Year)

JINU JOHN
Name

4060 LINDERNWOOD LN
Street

NORTHBROOK (City/Town) IL (State) 60062 (ZIP Code)

This document was generated electronically at www.ilsos.gov

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/8/2026

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	CONTACT NAME: MAI VO	
Kelstar Insurance Agency 3277 S White Rd 403 San Jose CA 95148	PHONE (A/C, No, Ext): (307) 316-8242	FAX (A/C, No):
	E-MAIL ADDRESS: mai@kelstarinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : NORTHFIELD INSURANCE COMPANY	27987J
INSURED 2390 Business Inc 2390 E ALGONQUIN RD ALGONQUIN IL 60102-9604	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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			APP97508273	05/08/2026	05/08/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			APP97508273	05/08/2026	05/08/2027	Limit	$ 1,000,000

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

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

Mai Vo

Village Of Algonquin
Police Department

~MEMORANDUM~

DATE	June 1, 2026
TO	Tim Schloneger - Village Manager
FROM	Dennis Walker - Chief of Police
SUBJECT	Background - Mobil East

John, Jinu ~ Mobil Gas Station ~ 2390 E. Algonquin Road

A background check has been conducted by the Algonquin Police Department on the above individual(s).

We have received and reviewed the results of the criminal history information:

No information was found regarding this individual(s) that would disqualify them from becoming a manager for this establishment.

Village of Algonquin
Police Department

Date: 4/30/2026

Business Name: 2390 BUSINESS INC

Address: 2390 E ALGONQUIN RD, 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

ILLINOIS BASSET ALCOHOL TRAINING

THIS CARD CERTIFIES SUCCESSFUL COMPLETION OF A BASSET TRAINING

Instructor Name: Carlos Morales

Illinois Trainer Certification: 5A-93674 ID: MELE1

Date Completed: 5/6/2025

Date of Expiration: 5/6/2028

Card Holder: JINU JOHN

Address: 9660 W. Golf Rd. Des Plaines, IL 60016

This card is not transferrable