

MEMORANDUM

TO: The Honorable Mayor and City Council

FROM: James P. Kozik, AICP Director of Planning and Economic Development

DATE: January 20, 2026

SUBJECT: Application for a Class M Liquor License – Stonehouse Market LLC d/b/a Stonehouse on Hale – 126 N. Hale Street

Request

Consideration of a Class M liquor license.

Proposal

Stonehouse Market LLC d/b/a Stonehouse on Hale has submitted an application for a Class M liquor license to the City so they may offer wine for sale by the bottle to complement their houseware/entertaining/etc. offerings that they plan to sell in their new store at 126 N. Hale Street (their second location). The applicant also has a Class M license for their store at 111 Town Square.

Background

The Class M liquor license authorizes the retail sale, on the premises specified in the license, of beer, ale and wine or wine only, in its original package or when sold in gift boxes or in gift baskets. The retail sale of beer, ale and wine, or wine only for consumption on the premises shall also be authorized by a Class M license. Premises issued or granted a Class M liquor license shall be subject to all of the following conditions:

- a. No such license shall be granted or retained for premises not located in the C-2 or C-4 retail core business district or in a shopping center of at least 150,000 gross above grade square feet.
- b. The licensed premises shall not exceed a maximum of 2,500 gross above grade square feet.
- c. At least 20 percent of the retail space shall be devoted to the sale of specialty foods and merchandise.
- d. Private beer, ale and wine tasting seminars shall be permitted at premises with a Class M liquor license.
- e. No such license shall be granted to or retained by any establishment whose primary business is that of a convenience store.
- f. No more than one Class M liquor license shall be granted or issued for any one shopping center.

Local Liquor Commission Review

At its January 8th meeting, the Local Liquor Commission met to review the applicant's license application and unanimously recommended that a Class M liquor license be issued to Stonehouse Market LLC d/b/a Stonehouse on Hale at 126 N. Hale Street.

Attachment

c: Fran Rouse



WHEATON MAYOR PHILIP J. SUESS

CITY MANAGER MICHAEL DZUGAN



CITY MANAGER'S OFFICE
303 W WESLEY STREET, WHEATON, IL, 60187
630.260.2012 | www.wheaton.il.us

RETAIL LIQUOR LICENSE APPLICATION

Pursuant to provisions of Chapter 6, Sections 6-81 and 82 of the Wheaton City Code, 1996, as amended, regulating the sale of Alcoholic Liquor in the City of Wheaton, County of DuPage, Illinois, and all amendments thereto now in force and effect, the undersigned hereby makes application for a Retail Liquor License.

1. Date: 12/22/25 License Class: _____

Applicant Name (Legal Entity that will hold license): Stonehouse Market LLC

Mailing Address: 27W312 Lennox St

Business Name d/b/a: STONEHOUSE ON HALE

Business Address: 126 N Hale St Wheaton IL 60187

Local Contact: Frances Rouse

Contact Phone: _____ Email: Fran@stonehousemarket.shop

Tax Identification Number: 83-0859730

A. The filing date, location, and name for the "Assumed Name" of the business with the County Clerk:

; or

B. If an Illinois corporation/LLC, the date for said incorporation/organization:

attached

; or

C. If a foreign corporation, the date of qualification under the Illinois Business Corporation Act:

; or

D. The object for which the corporation/LLC is organized:

2. Check the appropriate category:

- i. I am the sole proprietor of this business.
- ii. This business is a partnership and a general partner will attach his signature.
- iii. This business is a Corporation/Club and the President and the Secretary will attach its signatures. (Attach copy of Article of Incorporation)
- iv. This business is a Limited Liability Company and the Managers will attach its signatures. (Attach copy of Articles of Organization)

3. The character of the current business of the applicant is:

- A. Indicate the length of time applicant has been in current business: 7 years
and at the current address: new location

B. The amount of goods, wares, and merchandise on hand in current business at the time of application for liquor license (attach Balance Sheet):
attached

C. Provide description of premises to be operated:

Retail. Home and gift shop

D. Provide zoning classification of premises: C-5

E. Total square footage of the facility: 2150

F. Total square footage of the area to be used for the sale of liquor/lounge area, if any:

150

G. Total seating capacity: _____ Lounge seating capacity, if any: _____

4. Do you have a similar application for a liquor license for any other location? Yes No

If yes, provide location and status of other liquor license application(s):

Currently licensed at 111 TownSquare Wheaton IL 60189 Class M since 2024

5. Has a previous liquor license been issued to the applicant? Yes No

A. If yes, by what authority: Wheaton Liquor Commission

B. By which state: IL

C. Date of issuance: 11-24-25

6. Has any previous liquor license issued to the applicant been revoked?

Yes No

If yes, provide particulars:

7. What is the applicant's Retailer's Occupation Tax (ROT) registration no.?

4537-0060

8. Is the applicant presently delinquent in the payment of the Retailer's Occupation Tax (sales tax)?

Yes No

If yes, give reasons for delinquency:

9. Does the applicant or any individual identified in this application possess a current federal wagering and gaming device stamp?

Yes No

If yes, provide the reasons therefor:

10. Is the applicant, any individual identified in the application, or any other person, directly or indirectly interested in the place of business, a public official?

Yes No

If yes, provide particulars:

11. The full name, date of birth (DOB), place of birth (POB), citizenship, naturalization date and place (if applicable), address, phone number and driver's license number of all officers, directors, managers, members, and shareholders with an aggregate of more than twenty percent (20%) of the capital stocks of the corporation or interest in a limited liability company or any persons receiving a direct or indirect benefit from the profits of the sale of alcoholic liquor in Wheaton.

Rouse Frances A
Last Name First M.I.

D.O.B.: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Personal Phone: _____

D.L. No.: _____

Last Name First M.I.
First M.I.

D.O.B.: _____ P.O.B.: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Personal Phone: _____

D.L. No.: _____

Last Name First M.I.
Last Name First M.I.

D.O.B.: _____ P.O.B.: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Personal Phone: _____

D.L. No.: _____

Last Name First M.I.
Last Name First M.I.

D.O.B.: _____ P.O.B.: _____

U.S. Citizen: Yes No

Naturalization date (if applicable): _____

Place: _____

Home Address: _____

City/State/Zip: _____

Personal Phone: _____

D.L. No.: _____

12. Are premises leased? Yes No

A. If yes, attach a copy of the lease.

B. Does the lease encompass the term of the license sought? Yes No

C. Name and address of owner(s) of premises:

Name: 124 N HALE ST WHEATON LLC

Name: _____

Address: 126 N HALE ST

Address: _____

WHEATON IL 60187

Name: _____

Name: _____

Address: _____

Address: _____

13. If the premises are held in trust, provide names and addresses of all the owners of beneficial interest of such trust: (attach additional sheet if necessary)

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

14. Identify the person who will manage this business: (Managers Must be at least 21 years of age.)

New Managers must provide to the City, within 30 days of start date, documentation of having completed an Alcohol Training Course.

Name: France Rouse

Home Address: _____

Phone No.: _____ D.O.B.: _____

Email Address: fran@stonehousemarket.shop

15. New applicants shall not be licensed until such new applicants, managers, and assistant managers, if any, have been fingerprinted and photographed by the city police department. Any investigation of the potential applicants and managers, if any, shall be conducted by the city police department which shall report its findings to the local liquor commissioner. A copy of the fingerprints and photographs shall be retained in the files of the chief of police. Arrange for fingerprinting at the city police department by calling 630-260-4867. A one hundred-dollar (\$100) fee, payable to the City of Wheaton, is due at the time of fingerprinting for state and federal charges associated with processing the fingerprints.

16. The applicant, or the person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license, and thereafter the applicant acquires, hires, or appoints a new manager, not listed as a manager in this retail liquor license application, that within thirty (30) days of the date the new manager commences his duties, the applicant shall notify the City Clerk and request a "New Manager Application Form;" said form shall be completed and returned to the City Clerk for further processing and approval by the appropriate authorities.

17. Applicant has provided, in conjunction with the submittal of this application, the following:

- A.** A cashier's check representing a non-refundable application fee of Five Hundred Dollars (\$500.00).
- B.** A copy of a manual outlining the training procedures the applicant will set forth for its employees in the proper handling and sale of alcoholic liquor.
- C.** A copy of the floor plan for the subject premises, designating the square footage of the facility and the area where liquor will be sold. Restaurants should indicate seating capacity and lounge area, if any.
- D.** If the application includes a courtyard area, please provide a copy of the site plan, including a detail of the wall construction.
- E.** A copy of the Certificate of Good Standing from the Secretary of State's Office (Corporation or LLC).

18. A court reporter may be required to attend the public hearing on a liquor application, and, in this event, the applicant agrees to pay all costs associated with the court reporter and transcripts of the proceedings.

19. By attachment of its signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

20. By attachment of its signature, the applicant affirms that its and all individuals required to be identified in this application, have not in the past and will not in the future, violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City, controlling the retail sale of alcoholic liquor in the conduct of its place of business.

21. By attachment of its signature, the applicant affirms that its, and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any state law, or City ordinance, to a person under the minimum age required to purchase or possess liquor.

22. By attachment of its signature, the applicant, or the person signing on behalf of the applicant, and all individuals required to be identified in this application, affirm that they have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the City of Wheaton.

23. The applicant and all individuals required to be identified in this application acknowledge that the granting of a liquor license is a matter of privilege and not a right; that citizens of the City of Wheaton 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 Ordinance of the City of Wheaton.

24. The applicant and all individuals required to be identified in this application acknowledge that they have read, understand, and will obey the provisions of the Liquor Control Ordinance of the City of Wheaton.

The applicant hereby certifies that the information provided in this application is true and correct to the best of its knowledge and belief. The applicant understands and agrees that any false information, misrepresentation, or omission of facts in this application and the application process may be justification for denial of a liquor license.

CORPORATION SIGNATURES:

President _____

Corporate Seal _____

Secretary _____

LIMITED LIABILITY COMPANY SIGNATURES:

X *Frances Rouse*

INDIVIDUAL OR PARTNERSHIP SIGNATURES:

STATE OF Illinois)

COUNTY OF DuPage)

Sworn to (or affirmed) and subscribed before me this

22nd day of December, 20 25

Michelle E. Mayer

Notary Public



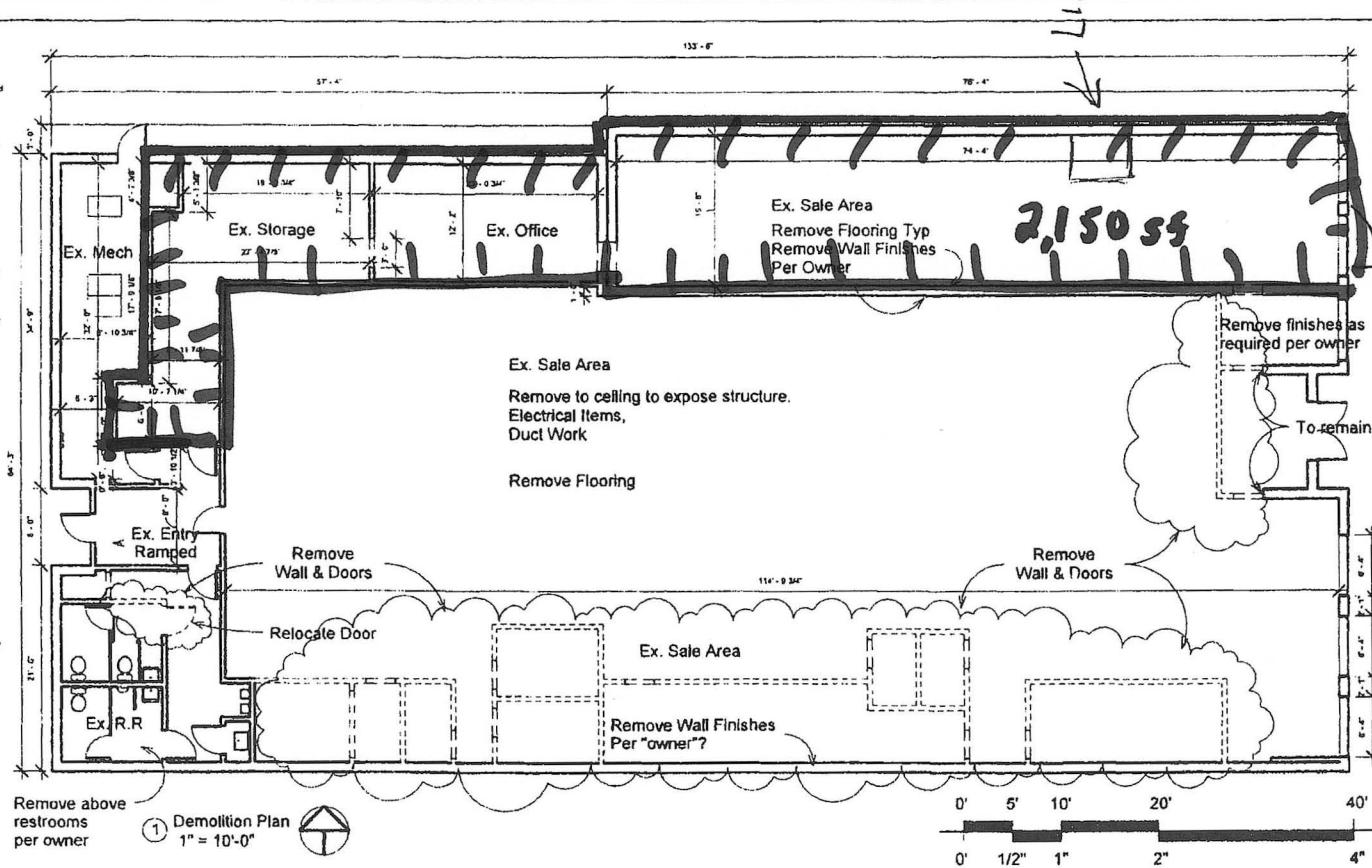
(Notary Stamp/Seal)

Liquor Guidelines

In our employee handbook, we emphasize the critical importance of training employees in the responsible service of alcohol, which includes highlighting the procedures for checking IDs and effectively communicating to handle challenging situations, such as declining service to an overserved customer. Employees are trained to prioritize the safety and well-being of both patrons and staff by rigorously adhering to state and local laws regarding age verification and alcohol consumption limits. This involves thorough instruction on the proper techniques for checking IDs to ensure compliance with legal drinking age requirements. Moreover, employees are equipped with communication strategies to diplomatically address instances where service must be declined to prevent overconsumption and maintain a safe environment. By providing comprehensive training and guidance in these areas, we empower our team to uphold our commitment to responsible alcohol service while promoting a culture of safety and accountability within our establishment.

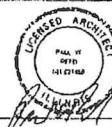
GENERAL DEMOLITION INC

1. If owner wants any existing construction moved to Abingdon demolition or new construction.
2. The Owner will retain all salvaged items that are of value as designated by the Owner's representative. Demolition salvaged items will be stored and kept by Owner's representative.
3. Where personal or local ordinances and/or state and/or local regulations require removal of debris, removal, hauling, storing, etc., and required remaining surfaces will be prepared for new construction or made to receive new construction.
4. Patch all walls to match original surfaces.
5. Demolition shall be completed to be removed from floor to floor. Removal of partitions, drywall, plaster, etc. shall be limited to removal of debris areas for new construction.
6. Removal of reusable/reuseable equipment (including tables, desks, chairs or ceiling such as trackbeams, trackboards, shelving, custom built, etc. partitions) $\geq 10'$.
7. Removal of existing HVAC is to be done by Owner. Remodeling of existing HVAC is to be done by Owner. Remodeling of existing HVAC is to be done by Owner.
8. Removal of existing electrical work shall include: conductors, boxes, wire, supports, wiring, fixtures, safety switch, etc. All electric equipment, including lighting fixtures, receptacles, etc. shall be removed and disposed of and first and second payment over to Owner (removable surface delivery, branch circuit removed) shall be back to demolished as first remaining above previous box.
9. All existing wiring, conductors, etc. or portions thereof shall be removed from demolition unless owner directs that not be reused.
10. Contractor is to take precautions so as not to damage the majority of the building.
11. Coordinate removal of telephones, P.A. systems, intercom, etc. with Owner's representative.
12. Noise during demolition and construction shall be kept to a minimum.
13. Existing access, equipment, plumbing fixtures, etc. are to remain in place should be preserved from dirt and damage during demolition and new construction.
14. All stairs are to be demolished or disturbed by any contractor are to be repaired and patched (or prepared for new construction) as required. Any damaged stairs which does not require repair is to be removed/eliminated of total.
15. All openings and waste lots by the removal of heating/cooling equipment, piping ducts, etc. shall be properly patched and closed off to maintain proper fire rating. Pipe sections are to remain in new firewalls as required.
16. Where a room has been given up for a "stacking" area, all partitions (existing or new) must be stripped completely.



Paul W. Reed Architect LLC

706 Monroe St. Phone: 219-689-6057
Valparaiso, IN 46383 Email: pwreed@comcast.net



Miroballi Shoes

124 N. Hale St.
Wheaton, IL 60187

No.	Description	Date
1	Revision 1	Date 1

Demolition Plan

Project number	Miro0115	D1
Date	3/30/2015	
Drawn by	GPR	
Checked by	PWR	

110

A vertical column of 20 numbered lines, each containing a short, dark, horizontal mark. The lines are arranged in a grid-like pattern, with each line having a small number at its top left corner. The numbers range from 1 to 20. The marks are small and dark, possibly ink or charcoal, and are positioned at the end of each line.

Premium Summary Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No. JFL/LIQ/242627.01/002
Policy Number:
Assured Name (Licensee): STONEHOUSE MARKET LLC
Insurer: National Specialty Insurance Company
Effective Date: 15 December 2025

In consideration of the additional/(return) premium shown below, it is hereby understood and agreed that the attached endorsements apply:

Total Additional/(Return) Due: \$0.00

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Date of Issue: 18 December
2025

By:

Endorsement /002 – Change to Location TWO Details
Attached to and forming part of Certificate No.
NATIONAL SPECIALTY INSURANCE COMPANY

Effective Date

With effect from 15 December 2025 to 01 June 2026 both days at 12:01 a.m. Central Standard Time the following Statements have been changed: Statement 1. (A)

And location details are restated as below.

Changes apply to the Schedule of Warranties and all other Policy endorsements applicable to the location.

Statement 1. (A) Name and Address of Assured (Licensee)

STONEHOUSE MARKET LLC

STONEHOUSE ON HALE

126 NORTH HALE STREET

WHEATON

Illinois

60187

(B) Name and Address of Assured (Owner)

124 N HALE ST WHEATON LLC

C/O MIROBALLI SHOES

14360 SOUTH LAGRANGE ROAD

ORLAND PARK

Illinois

60462

Statement 2. This Insurance is limited to sales or gifts of alcoholic liquor made by the Licensee(s) named in Statement 1(A) at the following premises:

126 NORTH HALE STREET

WHEATON

Illinois

60187

which are **inside** the corporate limits of such city, town or village

Statement 3. The insured premises will close **before 2am** which time represents the latest closing time of the insured premises on any day of the week during the Insurance period.

Statement 4. The classification of risk, amount of gross annual receipts from sales of alcoholic liquor, and the premium for the Insurance period are as stated below:

Classification of Risk	Amount of Gross Annual Receipts	Premium
PACKAGE STORE	\$7500	See Premium Summary LII M (04/21)

Statement 5. No company nor NATIONAL SPECIALTY INSURANCE COMPANY has cancelled or refused to issue or renew Liquor Liability Insurance on the risk herein described during the past five years, except as follows:

No Reason: N/A

LIMIT OF LIABILITY

Combined Single Limit **\$1,000,000**

Guild Insurance Inc

THE ASSURED WARRANTS THAT THE FOREGOING WARRANTY STATEMENTS ARE FULL, TRUE AND COMPLETE AND THAT THE BREACH OF ANY OF SAID WARRANTIES SHALL RENDER THIS INSURANCE NULL AND VOID.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2025

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 FNIC 11000 E Route 34 Ste 1 Plano IL 60545		CONTACT NAME: Lori Dobbs PHONE (A/C, No. Ext): 630-552-3447 E-MAIL ADDRESS: lori.dobbs@fnicgroup.com	FAX (A/C, No): 630-552-3850
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Stonehouse Market LLC dba Stonehouse on Hale 126 N Hale St Wheaton IL 60187		INSURER A: Grinnell Mutual Reinsurance Company	14117
		INSURER B: National Specialty Insurance Company	22608
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 1820735115		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/SUBR INSPD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		0000882953	5/2/2025	5/2/2026	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 OTHER: \$		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							
	EXCESS LIAB <input checked="" type="checkbox"/> OCCUR							
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		0001139213	10/20/2025	5/2/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 OTHER: \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	0001058837			5/2/2025	5/2/2026	X PER STATUTE OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	124 N Hale St Wheaton LLC C/O Miroballi Shoes 14360 S Lagrange Rd Orland Park IL 60462							
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
	Additional Insured: 124 N Hale St Wheaton LLC C/O Miroballi Shoes 14360 S Lagrange Rd Orland Park IL 60462							

CERTIFICATE HOLDER		CANCELLATION	
124 N Hale St Wheaton LLC C/O Miroballi Shoes 14360 S Lagrange Rd Orland Park IL 60462		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 	

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Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the address listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

