

Community Development  
22 South First Street  
Geneva, Illinois 60134



Phone: (630) 845-9654  
Fax: (630) 232-1494

## ***EXHIBIT A***

### **APPLICATION FOR A SPECIAL USE PERMIT City of Geneva**

#### **Applicant Information**

Name Brent Copstead Phone (360) 259-4093

Address 541 Dempsey Pl, Geneva, IL 60134

Fax \_\_\_\_\_ Email copstead@gmail.com

Applicant Proprietary Interest in Property (Documentation Required)

Owner  Lessee  
 Contract Purchaser  Other (explain) \_\_\_\_\_

#### **Property Owner Information (if different from the applicant)**

Name Enlightened Wellness Enterprises, LLC Phone (630) 232-9090

Address 426 S, 3rd St, Geneva, IL 60134

Fax (630) 232-9094 Email haddle@haddlemd.com

#### **Professional Engineer Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

#### **Attorney Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Property Information**

Common Address or General Location 426 S. 3rd St, Geneva, IL 60134

Property Index Number (PIN) 1210202009

Current Zoning Retail/Office Current Use Vacant

Proposed Use (Special Use Being Requested) Micro-winery, tasting, and wine store. reTail

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**Applicant Certification**

I certify that I have received a copy of the submittal requirements, review procedures, and meeting dates as they relate to this special use request. I have reviewed the Geneva City Code requirements which relate to this petition and I certify that this application submittal is in conformance with such ordinance(s). I further certify that all the information provided above and the information contained in any documents submitted herewith is true and accurate.

I consent to the entry in or upon the property described in this application by any authorized official of the City of Geneva for the purposes of inspection or review of the site in order to provide information for the formal determination of the special use request.

In addition to the application fee of five hundred dollars (\$500.00) and five hundred dollar (\$500.00) deposit, I agree to reimburse the City of Geneva for any professional services or costs, including but not limited to, attorneys, engineers, planners, architects, surveyors, or other consultant fees that are incurred by the City which are associated with the City of Geneva providing a formal determination on the special use request.

[Signature]  
Signature of Applicant

5-20-19  
Date

[Signature]  
Signature of Owner, if different from the applicant

5.20.19  
Date