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MEMORANDUM

TO: Carie Anne Ergo, Village Administrator
FROM: Charles Voss, Project Assistant
THROUGH: Kurtis Pozsgay, Community Development Director
DATE: January 27th, 2026
SUBJECT: Zoning Certificates Update

RECOMMENDED MOTION: No action required. For information only.

INTRODUCTION

A New Business License application was received from the following business. Village staff have approved a Zoning Certificate for the following application.

Brella Beverage Inc., 800 Hollywood Ave

The property is zoned M Limited Manufacturing District. The property was recently purchased by Brennan Investment Group who are leasing the property to Brella Beverage Inc, who intend to begin operating in the space in Spring of 2026. The leased space is 6,000s.f. of office space and 44,337s.f. of warehouse/industrial space, with approximately 20 employees. The business activities have been described as the contract manufacturing of adult beverages. The Itasca Zoning Use Ordinance permits this use per Section 11.03.1.aa *Establishment for the manufacturing, fabricating, storing cleaning or testing of materials, goods or products, and assembly, disassembly, repairing or servicing if customarily accessory to manufacturing, fabricating, storing, cleaning or testing establishments are permitted, provided operation of such establishment and accessory operations conform with applicable regulations and performance standards set forth in this Ordinance.*



New Business Application

E-mail Completed Form To: commdev@itasca.com

Please Note: All Information is Required or Application will not be accepted.

BUSINESS INFORMATION

Business Name: Brella Beverage Inc.

Proposed Itasca Address: 800 Hollywood Ave Itasca IL

Mailing Address (if different from Proposed Itasca Address): 1913 W Addison St Chicago IL 60613

Parent Company and Address (if applicable): _____

Phone: [REDACTED] Illinois Business Tax Number: 40-0028571

Email: [REDACTED] Website: brellabeverage.com

Does your business collect retail sales tax: Does your business sell tobacco products:

Does your business have live entertainment: Does your business sell food: Does your business sell alcohol:

Select a Single Business Category Based on the Principal Business Use/Activity at the Local Location				
<input type="checkbox"/> Restaurant/ Bar	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Laboratory/ Testing Facility	<input type="checkbox"/> Warehouse	<input checked="" type="checkbox"/> Manufacturing
<input type="checkbox"/> Business Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Day Care/ School	<input type="checkbox"/> Lodging

Detailed Description of Business Activities: Contract manufacturing of adult beverages

BUSINESS OWNER / MANAGER INFORMATION

Name: James Semrick

Title: CEO

Phone: [REDACTED]

E-mail: [REDACTED]

INVOICE BILLING CONTACT INFORMATION

Name: James Semrick

Title: CEO

Phone: [REDACTED]

E-mail: [REDACTED]

SITE INFORMATION

Sq. Ft. of Retail Space: 0

Sq. Ft. of Office Space: 6,000

Sq. Ft. of Warehousing / Industrial Space: 44,337

Sq. Ft. of Other Space: 0

Total Sq. Ft. of Facility: 50,337

Number of Company Vehicles Parked On-Site: 10

Total # of Parking Spaces Assigned to Your Business: 79

Total # of Employees at Location: 20

Number of Shifts: 1

Number of Employees On-Site During Peak Shift: 20

BUILDING OWNER INFORMATION

Please provide the Name, E-mail, and Phone Number of the owner of the building.

Name Brennan Investment Group E-mail [REDACTED] Phone Number [REDACTED]

CO-TENANT INFORMATION (IF APPLICABLE)

Will you be a Co-Tenant with another company at the proposed Itasca location? Yes No

If yes, please provide the name and phone number of each company. Please attach additional sheets if necessary.

Business Name	Use	Phone Number
1. _____	_____	_____
2. _____	_____	_____

OTHER ITASCA SITES (IF APPLICABLE)

Do you occupy more than one location in Itasca? Yes No

If yes, please list the other addresses and square footage. Please attach additional sheets if necessary.

Address	Square Feet
1. _____	_____
2. _____	_____

CERTIFICATION

Under the penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete, and the proposed use(s) is/are in full compliance with Section 11.02 of the Itasca Zoning Ordinance, a copy of which is available online at www.itasca.com/comdev.

Name: James Semrick Title: CEO
 Signature: [REDACTED] Date: 1/16/25

OFFICE USE ONLY

	Date	By
Application Received		
NTI Scheduled		

Licensing Fees	Amount
Business License Fee	
Vending License Fee	
Tobacco License Fee	
Live Entertainment License Fee	
Total:	

License Number	
Business License	
Vending License	
Tobacco License	
Live Entertainment License	
Liquor License	