A	AGEND	A ITEM EXECUTIVE SUMMARY	Agenda Item number: 4		
Title: Liquor License for St.		Liquor License for St. Charles Branch at Lincoln Park, St. Charles	Approve a Proposal for a Class E1 St. Charles Breakfast Rotary Club to be c, St. Charles on June 24 12:00 noon to		
	Presenter:	Chief Keegan, Police Chief			
Meeting: Liquor Control Commission Date: February 6, 2017					
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted:		

Executive Summary (if not budgeted please explain):

The St. Charles Breakfast Rotary Club is requesting to host their second annual Tri-Cities Craft Brew Fest in Lincoln Park on June 24th, 2016, from 12:00 to 5:00 p.m. and obtain an E-1 License (Non-for profit). The event sponsor is currently working with a 3rd party event company to facilitate this event and has experience in dealing with non-for-profit organizations in the western suburbs. Brew Avenue Events managed this event last year. An amplification license is also being requested for this event.

In addition to the aforementioned liquor license request, the event sponsor has been in contact with the Park District and secured the date in question for the event. The Park District is holding off on permitting the applicants request until the City issues the appropriate liquor license. Any street closures, the use of barricades, City electric or City personnel will be absorbed by the Event sponsor. The sponsor has been instructed to be in contact with all the affected businesses in the immediate area as well as area residents. No street closures are being requested for this event.

The Police Department conducted a background investigation and site visit of the event sponsor/event company. Pending City Council approval, the police department found no evidence of derogatory behavior.

Sale of a "punch pass", credentialing the service of alcohol using a regulator (18 3-oz portions are allowed per punch pass) will be employed again this year. A small souvenir type cup will be distributed with the sale of the "punch pass." This is an over age-21 event, expected to draw an adult crowd which should be dispersed well in advance of our evening dinner rush within the downtown area.

Attachments (please list):

E-1 Liquor Application Special Events Application Amplification Application

Recommendation/Suggested Action (briefly explain):

Recommendation to approve a proposal for a Class E1 Liquor License for St. Charles Breakfast Rotary Club to be held at Lincoln Park, St. Charles on June 24 12:00 noon to 5:00 p.m.

For Office Use Received: 1-17-017 Fee Paid: \$500

Receipt #

NON-REFUNDABLE

CITY OF ST. CHARLES

TWO EAST MAIN STREET ST. CHARLES, ILLINOIS 60174-1984



CLASS E3 – KANE COUNTY FAIR

Pursuant to the provisions of Chapter 5.08, Alcoholic Beverages, of the City of St. Charles Municipal Code regulating the sale of alcoholic liquors in the City of St. Charles, State of Illinois and all amendments thereto now in force and effect.

The undersigned hereby makes application for a Liquor Dealer License, Class E1 – Not-For-Profit License or E3 – Kane County Fair Commencing SAT, JUNE 24 and ending SAT, JUNE 24

Time Starting NOON and ending S. 100 PM

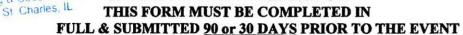
Location of Event LINCOLN PARK Livo WMAINSHOOL.

Name of Business _ ST. CHAR	LES BREAKFAST ROTARY CLUB	
Address of Business 218 IL	INOU AVE, STC (BARRETT ADDRESS) Business Pho	one (630) 330 - 2260
Is the Applicant a Not-For-Profit	Organization: YES REGNTERED SOI (1) 3	
Authorized Agent CURT BA	RRETT Title EVEN	T COORDINATOR
Has Applicant had a Class El Lic	tense in the previous 365 days? YES. If YES,	on what date: 6/25/16
Does Applicant have Dram Show	Insurance? YES . If YES, attach evidence of i	insurance.
	Requirements of a Class E1 / E3 – Not-For-Profit	t License
1. The Class E1 license fee is \$.	50.00 per day.	
2. A minimum of three (3) lique	or supervisors shall monitor liquor service during all tim	nes of operation. Please provide a list of all
supervisors with this applic		CUAT BARRET
	nembers of the organization holding the license. y alcoholic beverages to be sold.	ANGELO BRAVA
5. Hours are restricted to 12 noo		ANNA KOEHLE
6. Licensee must rope/fence off		ANNA NUEHLE
	d in the licensed premises? Y(N)	h-1
	istband after having identification checked for legal alone consumption to the roped off area must be conspicuous	
	t be BASSET certified – need copy of BASSET certifi	
11. A copy of site plan diagram t	o include roped area shall accompany this application.	
	needed shall be attached to this application with approv	al of the Chief of Police before final
issuance by Liquor Commiss	ioner.	
350000 21000	Affidavit	
State of Illinois)	Amuavit	
County of Kane)		
	being first duly sworn, say that I/we have read the fo	
	orrect and are upon my/our personal knowledge and in its issue the Liquor Dealer License, Class E1 to me/us for	
will not violate any of the laws of	the United States, the State of Illinois or the City Ordin	nances of the City of St. Charles.
Signed: Custra & Banete	Signed:	
Sworn to before me this 174	day of January, 2017.	OFFICIAL SEAL"
Notary Public No	The raine Control	DEBORAH L. GRAFFAGNA
riotary Fublic	1 miles y al	NOTARY PUBLIC, STATE OF ILLINOIS &
	ENDORSEMENT OF THE LIQUOR CONTROL COMMIS	MY COMMISSION EXPIRES 10/2/2019
Approved: Date:	Chief of Police:	

Approved: _____ Date: _____Liquor Commissioner: _____

CITY OF ST CHARLES Building & Code Enforcement SPECIAL EVENT APPLICATION

THIS FORM MUST BE COMPLETED IN





Date of Meeting: Revised date 01/28/2015 Permit No.

Name of the Event: TRI-CITY, CRAFT BREW FEST Date(s) of Event: JUNE 24 2017

Special Event Application – 90 Days

The Special Event Application is due to the City of St. Charles a minimum of ninety (90) days prior to the event if it requires closure of public streets, use of public parking lots, or the service of alcoholic beverages that requires a liquor license to be granted. The 90-day time period allows sufficient time to evaluate the request and provide a recommendation to the City Council for its consideration.

Special Event Application – 30 Days

The Special Event Application is due to the City of St. Charles, at a minimum, thirty (30) days prior to the event if it does not require closure of public streets, use of public parking lots, or the service of alcoholic beverages that requires a liquor license to be granted.

A copy of the Application and Funding of Special Events is attached for your information.

Special Eve	ent Submittal Check List					
- Spec	ecial Event Application					
	Section 1 - Task List and Due Dates -90 day or 30 day submittal					
	Section 2 - General Information					
	Section 3 – Permits					
	Section 4 - Site Plan and/or Route	Мар				
	Section 5- Emergency Phone Tree	and Contact				
	Section 6 - Emergency Crisis Mar	nagement Procedures				
	Section 7 - Retail Merchants					
	Section 8- Hold Harmless Agreem					
	Any outstanding funds owed to t					
Application	(s) for other permit(s) (See answer					
Ø	Outdoor Sales/Event Permit Applic	cation and Submittal Fee				
,	(8) \$65					
Ø	Loudspeaker/Amplifier License A	pplication and Submittal Fee				
,	☑ \$5 per day					
Ą	Class E Liquor License Applicatio					
	 ∅ \$50 per day – E-1 (Not-for-P					
	□ \$100 per day - E-2 (Special of					
	Carnival License Application and	Submittal Fee				
	□ \$30 each – Rides					
	S20 each – Amusement Stand	ds, Food Stands, Entertainment Shows, Other				
Received:	1-17-0017	Fee Paid: \$ 55				
Receipt #	275001	Check #				
Copies of application distributed to:						
Police:	Fire:	PW:				
Electric:	THE THE PRODUCTION OF T					

SECTION 1 - TASK LIST AND DUE DATES

Use this form to determine the date each of these tasks needs to be completed. For tasks that do not apply, please mark "N/A" in the Due Date column. If the Due Date falls on a weekend or holiday, the Due Date becomes the next normal business day. However, this does not affect the other Due Dates, as they are only dependent on the date of the special event.

Task to be completed for Events that require	Days Due Before Event		
<u>90 days</u>			
(All items due to City unless noted)		Due Date	
Date of the Special Event	- N/A -	aeb4117	
If event takes place in downtown St. Charles you are to		CCDITION	
complete an application through the St. Charles			
Downtown Partnership.	120 days		
Submit Special Event Application	90 days	01/17/17	
Payment of any outstanding funds due to the City of St. Charles	At time of submittal		
Provide verification of organization legal status, i.e. NFP, Partnership, Corporation A copy of 501(C)3		allahan	
document is to be submitted with application.	At time of submittal	01/17/2017	
Submit Class E Liquor License Application	90-days	01/17/2017	
Submit Outdoor Sales Permit Application	90-days		
Submit Loudspeaker/Amplifier License Application	90-days	01/17/2017	
Submit Raffle Permit Application (Kane & DuPage	30-days	-11 10017	
County)	At time of submittal	7	
Submit Carnival License Application	90 days	N-A	
Submit Fireworks Permit Application	60 days	W-A	
Submit Original Certificate of Insurance	21 days		nex
Submit copies of other required permits	At time of submittal		
Emergency Phone Tree	At time of submittal	D1-17-2617	
Emergency /Crisis Management Procedures	At time of submittal	01-17-2017	
Submit Listing of Participating Retail			
Merchants/Applicable Food Vendors to Finance			
Department using Pre-Defined Form in Excel format	14 days		
Notify residents/businesses of special event	14 days		

City Services Requested:			Comments		
Police (Yes) No		No	10 Ficer was assigned texturement must		
Fire/EMS	Yes	No			
EMA	Yes	No			
Public Services	Yes	No			
Electric	Yes	No			
Water	Yes	No			
Other:	Yes	No			

SECTION 2 – GENERA	AL INFO	RMATION Permit No	17-24831
Name of Event:TRI - C	ITIES CR	AFT BREW FESTIVAL	
Type of Event: Parade	Wal	k/Run/Bike Festival	Other
Location of Event:LINCO	LN PARK		
Date(s) of Event: JUNE 24,	017 Hours of	Event: NooN to 5:00 A Estimated	Attendance: 1,500
Event Website: TO BE E	STABLISHED	THIS WINTER	
Purpose of the event:Ro7	ARY CL	UB FUNDRAISER	
Name of sponsoring organization	n(s): <i>ST</i> .	CHARLES BREAK FAST RO	TARY CLUB
	al status (i.e. ubmitted wi	NFP, Partnership, and Corporation the application.	
Type of Entity	Check Box that Applies	City Supporting - Existing Event	City Support – New Event
Governmental Entity	,	100%	100%
Private/For Profit Entity		0%	0%
Non-Governmental/Non- Profit Entity	✓	50%	0%
Contact person from sponsoring Organizer address: 218 2	FLLINOIS	AVE.	
City:ST. CHARLES	State:	TL Zip: 6017	CBTWOOD GMAIL. COM
Home Phone: (600) 587 - 0748 C	ell Phone: <u>(6</u>	20) 330 - 2260 E-mail: CD	MACTO WHALE CONTINUES C
Second contact person (emergence	y): _ANGE	O BRAVOS Phone	(313) 810 - 2004
Is this an annual event? YES	□ NO If	yes, please provide event date(s)	for next year: JUNE 23, 2018
If the event is a recurring event, prears, such as sound amplification		by problems and/or incidents that he pod parking complaints, etc.	nave occurred in past
What, if anything, are you doing	to rectify the	problem(s)?	

. .

SECTION 3 - I	PERMITS		,			
Will you be having	a fireworks display ar	e your event?	S ⊠NO			
If yes, you have to sub	If yes, you have to submit a Fireworks Permit Application sixty (60) days prior to the event. Please contact the St.					
Charles Fire Departm	ent to complete the app	lication.				
Does your event inc	lude the use of a tent?	YES NO				
)) days prior to the event. Ple	ease visit		
			ain an outdoor sale permit a			
	•	7	2			
Will you be using sp	eakers and/or sound	equipment at your even	t? ▼ YES □ NO			
If yes, you must submi	t a <mark>Loudspeaker/Ampli</mark> j	fier License Application	ninety (90) days prior to the	event. Please		
visit www.stcharlesil.g	ov, or contact the May	or's Office to obtain a lou	dspeaker/amplifier license a	pplication.		
1 11		Juma = 200				
Are you holding a ra	iffle at your event?	YES NO	71islisi Con V-	wa Caumbi		
			fle permit application for Ka 's Office at 630.232.5950. F			
			co.org/countyclerk/generic.cl			
	County Clerk's Office		o.o.g. country of other gentlements.	,		
		,				
Will you serve alcoh	ol at your event?	YES NO				
If yes, you must submit	Class E Liquor Licens	se Application ninety (90)	days prior to the event. Plea	ise visit		
www.stcharlesil.gov, o	or contact the Mayor's (Office to obtain a Class E	liquor license application.			
	214	t? YES N	•			
	nent rides at the even			1		
			prior to the event. Please visi	t		
www.stcnariesii.gov oi	r contact the Mayor's C	Office to obtain a carnival	license application.			
Will you serve food	ot wave awant?	YES □ NO				
If yes, please indicate	at your event?	TES LINU				
		prior to the inspection of	vour event			
Trover in the of Joou ven	aoro masi de saominea	prior to the inspection of	your even.			
Are you requesting the	ne use of any other ci	ty-owned property, i.e.	parking lots, etc.? TY	ES 🗆 NO		
If yes, please indicate t			-			
						
Would you like to rec			NO			
If yes, please fill in the	following information of	or submit a route map alo	ng with this application:	*		
STREET	FROM	то	DATES	TIMES		
STREET .	TROM	10	DALES	TIME		
	-			-		
, , , , , , , , , , , , , , , , , , ,						
n		11 0	VEC	die		
Does your event requ	ire the use of city sid	ewalks?	YES	MINO		
Dans wour aroust same	! *		YES	-TANO		
Does your event requ				AN INC		
- 11 yes, please ind	icate location(s) elec	tric is needed on next s	neet.			
Does your event requ	ire temporary water/	ovdrant meter? ?	YES	NO		
		hydrant meter(s) on ne		Va No		
- II VOS. DICASC IIIU	AND THE PROPERTY OF THE PARTY O					

SECTION 4 - SITE PLAN AND/OR ROUTE MAP

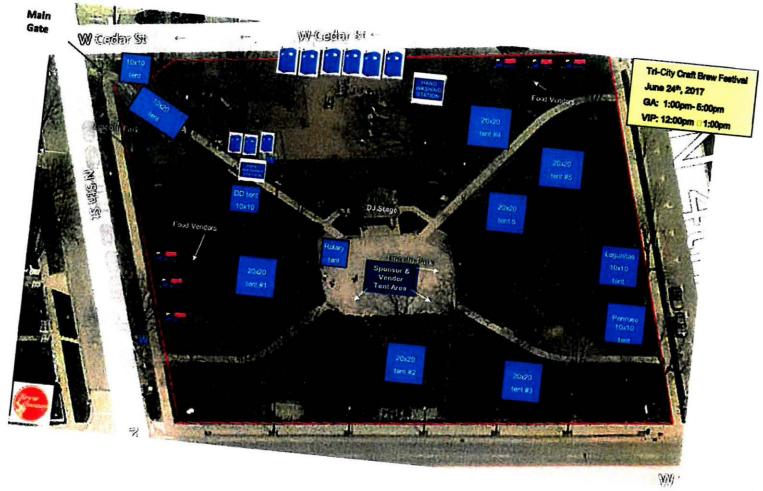
Please use the space below to illustrate the layout for your event. If you need additional space, please attach a separate sheet.

- PLEASE SEE ATTACHED

If applicable, the following must be included:

Location of food vendors (FV)
Location of beverage vendors (BV)
Location of garbage receptacles (G)
Location of toilets (T)
Location of hand washing sinks (HWS)
Location of retail merchants (RM)
Location of First Aid (FA)

Location and number of barricades (B)
Location of fire lane (FL)
Location of fire extinguishers (FE)
Public entrances and exits (PE)
Location of sound stages and amplified sound (S)
Location of residential streets surrounding events
Electric (E)
(Hydrant Meter (H20)



Section 5 – Emergency Phone Tree					
Please use the space below to illustrate the Emergency Phone Tree for your event or submit a separate form detailing your Emergency Phone Tree. If you need additional space, please attach a separate sheet.					
Event Title TRI-CITIES CRAFT BREW	Date(s) of Event JUNE 24, 2017				
Emergency Contact Information					
Primary Contact: CURT BARRETT	Secondary Contact: ANGELO BANVOS				
Title: EVENT COORDINATOR	Title: ROTARY CLUB PRESIDENT				
Phone No: (630) 330 - 2260	Phone no.: (312) 810 - 2004				
Tertiary Contact:	_ Operations Manager:				
Title:	Title:				
Phone No:	Phone no.:				
Site Managers and miscellaneous c	ontacts				
Location:	_ Location:				
Date(s):	Date(s):				
Name:	_ Name:				
Phone #	Phone #:				
Location:	Location:				
Date(s):	_Date(s):				
Name:	Name:				
Phone #	_ Phone #				
Location:	Location:				
Date(s):	_Date(s):				
Name:	Name:				
Phone #:	Phone #				

Section 6- Emergency or Crisis Management Procedures

Please submit your Emergency or Crisis Management Procedures for your event or use the provided example. If you need additional space, please attach a separate sheet.

Emergency/Crisis Management Procedures

- 1. In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential affects on patrons, property and/or equipment).
- responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of THE BREW RETCOORdinate with local authorities for an action plan and to make any statements to the press (if applicable).
 - 2. In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential affects on patrons, property and/or equipment) ALL staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site MANAGER management representative;
 - c. Have as much factual information available as possible not to speculate as to the cause of the incident, accident, etc., unless requested by the CM;
 - d. Follow the directions of the immediate supervisor and/or the on-site management representative explicitly;
 - e. Recommend that people leave the area first, or at the very least go to their vehicles. If unable to evacuate (staff, disabled, families, etc.) use the lower levels of the parking decks. (West Side, Walnut Street & 1st Street), (East Side, Walnut Avenue & 3rd Avenue). In the event of Tornado Warnings on Saturday and Sunday, Park District staff will open the Pottawatomie Park Community Center so people can seek shelter there, if desired;

If at a location with food, vendors and/or ride operators: turn off all power, gas and grills so unattended energy sources do not catch on fire.

- 3. These steps should be taken immediately following any incident/accident:
 - a. Get medical help to the parties involved (if applicable);
 - b. Work with sound/announcer, lighting, etc. to inform the patrons of necessary information and/or divert the patron's attention;
 - c. Resume scheduled activity as soon as possible (subject to #5 below);
 - d. Call the police or other authorities and report any accident;
 - e. Identify witnesses to the incident to obtain statements if necessary;
 - f. Contact a Site Manager for an Incident Report.
- 4. The CM will communicate to all staff, volunteers, and other personnel that all communication with the press, police, or any other authority will be handled solely by the CM. Police may request information from event personnel and everyone associated with

	will cooperate with the police department. We will not interfere with police investigations and/or action plans and we will provide the police with materials available upon their request. Any and all materials requested should not be given out until copies of all information can be reproduced for
5.	The CM will consult with the local authorities. If it is determined conditions are so extreme the festival cannot continue, the CM will consult with to discuss alternatives.
6.	An official statement will be written and given to the CM as soon as it can be formulated by management. No personnel or staff should offer any information to any media other than the provided statement. No media questions should be answered unless otherwise instructed.
7.	 Always remember to follow these guidelines: a. Keep as cool and calm as possible; b. Cooperate fully with the authorities. Be as accurate as possible, don't speculate with anyone, including
Additio	onal Notes:

SECTION 7 – RETAIL MERCHANTS
It is the responsibility of the event organizer to ensure that all participating retail merchants are properly collecting, reporting and filing City sales taxes from sales generated at the event, in accordance with State Statutes. The City's current sales tax rate is 8%. Sales tax collections and forms are to be submitted to the State and not the City. For further information on how and where tax payments are to be submitted, please contact the Illinois Department of Revenue Registration Office at 1-800-732-8866.
Please answer the following question regarding the use of retail merchants in conjunction with your event:
Will your event include:
- Merchants selling retail merchandise? YES: VNO: NO: NO: NO: NO: NO: NO: NO: NO: NO:
If no, no further action is necessary.
If yes to either, you must provide a list of all participating vendors, including business name, address and State IBT number to the City's Finance Department within 14 days of the event. A sample form in Excel format will be emailed to the event organizer's email address. In addition, you must read and sign the following certification:
I understand that it is my responsibility to ensure that all retail merchants and/or food and beverage vendors participating in this event are aware of the rules and requirements for properly collecting and remitting any City sales taxes generated from sales at this event. I will provide the City with a complete listing of all merchants, including their name, address and State IBT number, within 14 days of the event.

Name: CUATH J. BARRETT

1/11/17

Title: EVENT COORDINATOR

SECTION 8 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the STC. BREAKFALT ROTARY CLUB (name of organization)

("Organization") to conduct RI-CITICL CRAFT BREW ("Event"), the Organization

(name of event)

recognizes, acknowledges and assumes any and all risks arising from or in any way

related to the Event.

To the fullest extent permitted by law, the Organization hereby agrees to defend, indemnify and hold harmless the City of St. Charles, its officers, officials, employees and agents from and against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, cost, and expenses (including all attorney's fees and costs), arising from, or resulting from or in any way related, directly and/or indirectly to the Event, except that arising out of the sole legal cause of the City of St. Charles, its officers, officials, employees and agents.

The Organization shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and, if any judgment shall be rendered against the City of St. Charles, its officers, officials, employees and/or agents, in any such action, the Organization at its own expense shall satisfy and discharge same.

The invalidity of any provision(s) of this INDEMNIFICATION/HOLD

HARMLESS or unenforceability of any of its provisions shall not affect the validity or enforceability of the remainder of this INDEMNIFICATION/HOLD HARMLESS.

The Organization and the authorized signatory below warrant and represent that the authorized signatory below has full authority to execute and submit this application, including, but not by way of limitation, the INDEMNIFICATION/HOLD HARMLESS

provisions contained herein.

The Organization and the authorized signatory below agree to inform the City of St. Charles of any changes in the application at least thirty (30) days prior to the event.

STC BREAKFAST ROTARY //17/17
(Name of Organization) (Date)

by Curtis J. Banth
Authorized Signatory

Signed and sworn to before me this 17th day of anuary, 2017.

All applications must be signed and notarized.

After submitting all forms, your application will be reviewed by City staff. All departments that will be involved in providing services or permits for the event will be notified. Please do not assume that all aspects of the event will be approved. You may be asked to make some changes to your plan based on the availability of services and scheduling of other events.

"OFFICIAL SEAL" DEBORAH L. GRAFFAGNA

The City of St. Charles reserves the right to cancel any event at any time for reasons deemed necessary by the City Council and/or City Administrator.

Deliver All Completed Items to:

City of St. Charles
Attn: Building & Code Enforcement
2 E. Main Street
St. Charles, IL 60174

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

JUN 30 2014

ST CHARLES BREAKFAST ROTARY FOUNDATION C/O TASSIE BRAUTIGAM 3N677 HERMAN MELVILLE LN ST CHARLES, IL 60175

DEPARTMENT OF THE TREASURY

Employer Identification Number:

26-3859562

DLN:

17053092322003

Contact Person:

ID# 31954

CUSTOMER SERVICE Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

509(a)(2)

Form 990 Required:

Effective Date of Exemption:

November 15, 2011

Contribution Deductibility:

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221 PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947

Sincerely,

Tamera Kippenda

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947

ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the date of revocation.

Letter 947

CITY OF ST. CHARLES TWO EAST MAIN STREET ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: BUILDING & CODE ENFORCEMENT

PHONE: 630.377.4406

FAX: 630.443.4638

LOUDSPEAKER/AMPLIFIER LICENSE APPLICATION

	Important: this application must be fully and accurately complete.
	License term: FROM Number of Days 1
	Applicant is: Corporation
	Applicant's Name CVRT BARRETT Telephone # (630) 330 - 2260
	D/B/A ROTARY EVENT COORDINATOR
	Address 218 ILLINOU AVE. City/State/Zip ST. CHARLES, ZL 60174
	Device Owner's NameTelephone #
	AddressCity/State/Zip
	Device(s) to be used, specific to power amplification (wattage) and output:
	Area where device(s) is/are to be used: LINCOLN PARK
	Amplification system will be used for: Music Public Speaking Other (describe)
1	
,	If used for music, what type (include name of artist/band if applicable):

9.	Time of day device(s) is/are to l	be used:	NOON - 5:00 A.M.	
	ning this application, the application of the application of the code.	nt agrees to all the	he provisions of Chapte	r 9.24 of the City of St. Charles
			Sign	nature
city's p	e for such a license will be \$5.00 police chief will reserve the right Committee, either approve or der	to review the ap	plication, and in conju	is submitted for review. The notion with the Public Health and
Approv	ved:			
Denied	•		by:	Chief of Police
		For Of	fice Use	
Date R	eceived 177 Fee Paid_	5 <u>%</u>	Receipt No	Permit No. 17-24831

. .