

For Office Use
Received:
Fee Paid: \$
Receipt #

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



CITY LIQUOR DEALER LICENSE APPLICATION
CLASS E1 - NOT-FOR-PROFIT LICENSE
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 September 9 and ending September 9
Time Starting 10:00 AM and ending 10:00 PM
Location of Event ST MARYS PARK

Name of Business RAM RESTAURANT GROUP
Address of Business 11 N 3rd Street Business Phone 630-377-0797
Is the Applicant a Not-For-Profit Organization? RANDOM ACTS MATTER
Authorized Agent Rob Mondt Title PRESIDENT
Has Applicant had a Class E1 License in the previous 365 days? YES If YES, on what date: Spring 2015
Does Applicant have Dram Shop Insurance? yes If YES, attach evidence of insurance. COUNTRY INSURANCE

Requirements of a Class E1 / E3 - Not-For-Profit License

1. The Class E1 license fee is \$50.00 per day.
2. A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. **Please provide a list of all supervisors with this application.**
3. Liquor supervisors shall be members of the organization holding the license.
4. Beer and/or Wine are the only alcoholic beverages to be sold.
5. Hours are restricted to 12 noon to 11:00 p.m.
6. Licensee must rope/fence off the licensed premises.
7. Are children/minors permitted in the licensed premises? Y/N
8. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
9. A sign limited beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
10. **Each server of alcohol must be BASSET certified - need copy of BASSET certification.**
11. A copy of site plan diagram to include roped area shall accompany this application.
12. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

Affidavit

State of Illinois)
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to issue the Liquor Dealer License, Class E1 to me/us for the location hereinbefore indicated; that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed: [Signature] Signed: [Signature]
Sworn to before me this 9 day of May, 2018.
Notary Public Tracey R. Conti



ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: [Signature] Date: 5-9-18 Chief of Police: [Signature]
Approved: _____ Date: _____ Liquor Commissioner: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/26/2018

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 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 DONNA A TONOVITZ (16137) 1118 E MAIN ST SUITE 1A ST CHARLES, IL 60174-0000	CONTACT NAME: DONNA A TONOVITZ
	PHONE (A/C, No, Ext): 630-549-7694 FAX (A/C, No): 630-549-7698 E-MAIL ADDRESS: DONNA.TONOVITZ@COUNTRYFINANCIAL.COM
INSURED 4351408 RAM RESTAURANT GROUP INC 11 N 3RD ST ST CHARLES, IL 60174	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : COUNTRY Mutual Insurance Company 20990 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			AM9236877	3/5/2018	3/5/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS Covered on Businessowners			AM9236877	3/5/2018	3/5/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			AU9236471	3/5/2018	3/5/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	LIQUOR LIABILITY			AM9236877	3/5/2018	3/5/2019	Each Person BI Limit \$ 0 AGGREGATE \$ 2,000,000

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

POLICY INFORMATION:

Each Person Property Damage Limit and Loss Of Means of Support or Loss of Society Limit are included in Liquor Liability Coverage and subject to Illinois Statute

HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE \$100,000 EACH OCCURRENCE SUBJECT TO A \$100,000 AGGREGATE LIMIT (CONTINUED)

CERTIFICATE HOLDER**CANCELLATION**

STATE OF ILLINOIS
 100 WEST RANDOLPH ST
 SUITE 7-801
 CHICAGO, IL 60601

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

RECEIVED
APR 18 2018

CITY OF ST CHARLES
SPECIAL EVENT APPLICATION
THIS FORM MUST BE COMPLETED IN



Building & Code Enforcement
St. Charles, IL

FILED & SUBMITTED 90 or 30 DAYS PRIOR TO THE EVENT

Permit No. 1827547

Date of Meeting: 120 DMG 4/24 9:30AM

Revised date 06/07/2017

Name of the Event: An Evening of Random Acts

Date(s) of Event: 9/9/18

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 Event Submittal Check List

- **Special 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 Map
- Section 5 – Emergency Phone Tree and Contact
- Section 6 – Emergency Crisis Management Procedures
- Section 7 – Retail Merchants
- Section 8 – Hold Harmless Agreement
- Any outstanding funds owed to the City of St. Charles

Application(s) for other permit(s) (See answers in Section 3)

- Outdoor Sales/Event Permit Application and Submittal Fee
 - \$65
- Loudspeaker/Amplifier License Application and Submittal Fee
 - \$5 per day pd - 4-18-18
- Class E Liquor License Application and Submittal Fee
 - \$50 per day – E-1 (Not-for-Profit)
 - \$100 per day – E-2 (Special Civic Event)
- Carnival License Application and Submittal Fee
 - \$30 each – Rides
 - \$20 each – Amusement Stands, Food Stands, Entertainment Shows, Other

If your event takes place in downtown St. Charles you are to complete an application through the St. Charles Downtown Partnership.

Would you like to be contacted by the Convention and Visitor's Bureau to help with your event? (Finding event space, restaurants, caterers, suppliers, etc.)

Please mark Yes No

If you marked yes please let the Convention and Visitor's Bureau know the best way to contact you:

Phone: _____ Email: _____

Received: 4-18-2018

Fee Paid: \$ _____

Receipt # _____

Check # _____

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 <u>90 days</u> (All items due to City unless noted)	Days Due Before Event	Due Date
Date of the Special Event	- N/A -	9/9/18
If event takes place in downtown St. Charles you are to complete an application through the St. Charles Downtown Partnership.	120 days	N/A
Submit Special Event Application	90 days	4-18-18
Payment of any outstanding funds due to the City of St. Charles	At time of submittal	4-18-18
Provide verification of organization legal status, i.e. NFP, Partnership, Corporation A copy of 501(C)3 document is to be submitted with application.	At time of submittal	4-18-18
Submit Class E Liquor License Application	90-days	
Submit Outdoor Sales Permit Application	90-days	N/A
Submit Loudspeaker/Amplifier License Application	90-days	4-18-18
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Carnival License Application	90 days	N/A
Submit Fireworks Permit Application	60 days	N/A
Submit Original Certificate of Insurance	21 days	4-19-18
Submit copies of other required permits	At time of submittal	
Emergency Phone Tree	At time of submittal	4-18-18
Emergency /Crisis Management Procedures	At time of submittal	4-18-18
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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Security
Fire/EMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Public Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electric	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION 2 – GENERAL INFORMATION

Permit No. 18-27547

Name of Event: An Evening of Random Acts

Type of Event: Parade Walk/Run/Bike Festival Other

Location of Event: Mt. St. Marys Park

Date(s) of Event: 9/9/18 Hours of Event: 3 to 7 Estimated Attendance: 450

Event Website: www.randomactsmatter.com

Purpose of the event: Fundraiser for Random Acts Matters

Name of sponsoring organization(s): Random Acts Matter (RAM)

Please list the organization's legal status (i.e. NFP, Partnership, and Corporation) : **A copy of the 501(C)3 document is to be submitted with application.**

(Documentation will need to be submitted providing status)

Type of Entity	Check Box that Applies	City Supporting - Existing Event	City Support – New Event
Governmental Entity		100%	100%
Private/For Profit Entity	<input checked="" type="checkbox"/>	0%	0%
Non-Governmental/Non-Profit Entity		50%	0%

Contact person from sponsoring organization: Lori Georgeson

Organizer address: RAM 7 E. Main Street, Suite 101, St Charles IL 60174

City: St. Charles State: IL Zip: [Redacted]

Home Phone: _____ Cell Phone: [Redacted] Email: [Redacted]

Second contact person (emergency): Sherri Smith P: [Redacted]

Is this an annual event? YES NO If yes, please provide event date(s) for next year: Unknown

If the event is a recurring event, please state any problems and/or incidents that have occurred in past years, such as sound amplification, neighborhood parking complaints, etc.

What, if anything, are you doing to rectify the problem(s)?

SECTION 3 - PERMITS

Will you be having a fireworks display are your event? YES NO

If yes, you have to submit a **Fireworks Permit Application** sixty (60) days prior to the event. Please contact the St. Charles Fire Department to complete the application.

Does your event include the use of a tent? YES NO

If yes, you must submit an **Outdoor Sales Permit Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact Building and Code Enforcement to obtain an outdoor sale permit application.

Will you be using speakers and/or sound equipment at your event? YES NO

If yes, you must submit a **Loudspeaker/Amplifier License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a loudspeaker/amplifier license application.

Are you holding a raffle at your event? YES NO

If yes, you may have to submit a **Raffle Permit Application**. For the raffle permit application for Kane County, please visit www.co.kane.il.us/COC, or contact the Kane County Clerk's Office at 630.232.5950. For the raffle permit application for DuPage County, please visit http://www.dupageco.org/countyclerk/generic.cfm?doc_id=631 or contact the DuPage County Clerk's Office at 630-407-5500.

Will you serve alcohol at your event? YES NO

If yes, you must submit **Class E Liquor License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a Class E liquor license application.

Will there be amusement rides at the event? YES NO

If yes, you must submit **Carnival License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov or contact the Mayor's Office to obtain a carnival license application.

Will you serve food at your event? YES NO

If yes, please indicate the number of vendors _____

Note: A list of food vendors must be submitted prior to the inspection of your event.

Are you requesting the use of any other city-owned property, i.e. parking lots, etc.? YES NO

If yes, please indicate the property that you are requesting to use.

Adjacent public streets, parking near St Mary's, downtown garages

Would you like to request the closing of city streets? YES NO

If yes, please fill in the following information or submit a route map along with this application:

STREET	FROM	TO	DATES	TIMES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your event require the use of city sidewalks? YES NO

Does your event require temporary electric service? YES NO

- If yes, please indicate location(s) electric is needed on next sheet.

Does your event require temporary water/hydrant meter? YES NO

- If yes, please indicate locations(s) for hydrant meter(s) on next sheet.

as provided at park - by gazette

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.

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))

THE CITY OF ST. CHARLES

Trail Map




Trail Start
Informational Kiosk
 Parking
 Drinking Fountain
 Restroom
 Secondary Trails
Overall Trail
0.73 mile

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 An Evening of Random Act
Date(s) of Event 9/9/18

Emergency Contact Information

Primary Contact: Jim Di Ciavola Secondary Contact: Lori Georgeson

Title: President - RAM Title: Event Co-chair

Phone n  Phone no.: 

Tertiary Contact: Sherri Smith Operations manager: _____

Title: Event Co-chair Title: _____

Phone no  Phone no.: _____

Site Managers and miscellaneous contacts

Location: _____ Location: _____

Date(s): _____ Date(s): _____

Name: _____ Name: _____

Phone no.: _____ Phone no.: _____

Location: _____ Location: _____

Date(s): _____ Date(s): _____

Name: _____ Name: _____

Phone no.: _____ Phone no.: _____

Location: _____ Location: _____

Date(s): _____ Date(s): _____

Name: _____ Name: _____

Phone no.: _____ Phone no.: _____

EX
a
m
p
e

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).
RAM Jim DiCiala has designated Jim DiCiala with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of An Evening of Landon at 51 Park, coordinate 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 RAM staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site Co-chairs - Loni Georjesson + Sherri Smith
 - 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 RAM 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

RAM 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 RAM 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 RAM personnel;
 - c. Direct any and all media questions to CM, and only read official statements prepared by RAM Management;
 - d. Use common sense. Think before you act, and always be professional;
 - e. Fill out a Festival Incident Report as accurately as possible;
 - f. Get a copy of the Incident Report from the police and a report from the hospital (if applicable).

Additional 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: _____ NO:
- Food and/or beverages for immediate consumption? YES: NO:

If no, no further action is necessary.

All food being brought in by guests

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.

Signature: Lori Georgeson

Date: 4/18/18

Name: Lori Georgeson

Title: RAM, Vice-President
Event Co-Chair

SECTION 8 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the Random Acts MATTER
 (“Organization”) to conduct An Evening of Random Acts (“Event”), the Organization
 (name of 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.

Random Acts Matter
(Name of Organization)

4/18/18
(Date)

by Sam Jones
Authorized Signatory

Signed and sworn to before me this 18 day of April, 2018.

Adrienne L. Sivert
Notary Public



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.**

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

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.

1. License term: FROM 9/9/18 TO 9/9/18 Number of Days 1

2. Applicant is: Corporation Partnership Individual

3. Applicant's Name RANDOM ACTS MATTHEW Telephone #

D/B/A _____
Address 7E Main St Suite 101 City/State/Zip St Charles IL 60174

4. Device Owner's Name _____ Telephone # _____

Address _____ City/State/Zip _____

5. Device(s) to be used, specific to power amplification (wattage) and output:
TBD Donated

6. Area where device(s) is/are to be used:
Near gazebo - in Mt St Mary's Park

7. Amplification system will be used for:
 Music
 Public Speaking
 Other (describe) _____

8. If used for music, what type (include name of artist/band if applicable):
* Local High Schools
* True Life
* Other music groups - TBD

9. Time of day device(s) is/are to be used: 2:30 - 9 p m

By signing this application, the applicant agrees to all the provisions of Chapter 9.24 of the City of St. Charles Municipal Code.

Applicant *Jim Gray*
Signature

The fee for such a license will be \$5.00 per day, payable when the application is submitted for review. The city's police chief will reserve the right to review the application, and in conjunction with the Public Health and Safety Committee, either approve or deny the license request.

Approved: _____

Denied: _____

by: _____
Chief of Police

For Office Use

Date Received _____ Fee Paid _____ Receipt No. _____ Permit No. _____



RAN-DO-1

OP ID: TOM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2018

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 TGM Insurance Agency 314 W. Walnut Street St. Charles, IL 60174 Thomas G. Mollenhauer		CONTACT NAME: Thomas G. Mollenhauer PHONE (A/C, No, Ext): 630-315-5472 FAX (A/C, No): 630-315-5477 E-MAIL ADDRESS: sammnm@comcast.net	
INSURED Random Acts Matter Jim Di Ciaula 7 E. Main Street, Suite 101 St Charles, IL 60174		INSURER(S) AFFORDING COVERAGE INSURER A: Acuity NAIC # 14184 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Z70489	04/30/2018	04/30/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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	Misc Equipmnet			Z70489	04/30/2017	04/30/2018	Concert Eq	2,300

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

Proof of Insurance**CERTIFICATE HOLDER****CITYSTC**

City of St Charles
2 E. Main Street
St Charles, IL 60174

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
Thomas G. Mollenhauer