	AGEND	A IT	EM EXECUTIVE SUMMARY	Agenda Item numbe	r: 4a
Recommendation to Approve a Proposal for a Parking Closure, Amplification Permit, and Class E4 Liquor Lie for the Pollyanna Summer Soiree to be held in City Par Lot Second Court on July 18, 2020 from 3:00 pm to 11 pm					
	Presenter:	Poli	ce Chief Keegan		
Meeting: Government Operations Committee Date: March 16, 2020					
Proposed Cost: \$1,	744.00 (PD) 29.28 (PW)		Budgeted Amount: \$	Not Budgeted	. $\square$
\$329.20 (F W)			Duagetea Innount. ψ	INOL DUUGCICU	. $\square$

## \$2,273.28 (TOTAL) | Executive Summary (if not budgeted please explain):

Pollyanna Brewing Company is requesting to host the Pollyanna Summer Soiree in in City Parking Lot *Second Court* on Saturday, July 18, 2020, from 3:00 pm to 11:00 pm and obtain an E-4 License.

An amplification license for a band to perform is also being requested for this event, as well as the closure of City Parking Lot *Second Court*, located to the south and east of Pollyanna Brewing Company, to be closed for the set-up, duration of, and take down of this event: 5 a.m. Friday, July 17 – Sunday, July 19 at 2 p.m.

A \$10 entry fee to this event will include entry as well as a 14 or 16 ounce commemorative glass. Upon entry, identification will be required for all over 21 intending to consume alcoholic beverages and a wristband will be given to all those who qualify. This is a family event where families can enjoy three different music acts throughout the duration of the event.

Six of Pollyanna's beers will be showcased at this event, as well as three to four local food vendors / restaurants.

All fees for any signage, 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.

This is the first year for this event. Due to the expected number of participants, approximately 500 - 800, two police officers will be required to work this event.

Pursuant to this item being presented at the Government Operations Committee Meeting on March 16, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, the same day, to process and move it forward to this Committee. This item will then continue on to the City Council Meeting scheduled on April 6, 2020 for final approval.

### **Attachments** (please list):

E-4 Liquor Application, Special Events Application, Amplification Application

### **Recommendation/Suggested Action** (briefly explain):

Recommendation to approve a proposal for a parking closure, amplification, and a Class E4 Liquor License for the Pollyanna Summer Soiree to be held in City Parking Lot *Second Court*, St. Charles on July 18, 2020 from 3:00 pm to 11:00 pm.

### For Office Use

Received: Fee Paid: \$ Receipt #

# CITY OF ST. CHARLES

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



# CITY LIQUOR DEALER LICENSE APPLICATION CLASS E4 – CITY OWNED PROPERTY PERMIT EVENT

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	ed hereby makes applic	ation for a Li	quor Dealer License,
Commencing	JULY 18, 2020	and ending	JULY 18, 2000
Start Time:	3:00P	End Time:	U:00P
Location of Ev	ent: Proposit LOT DE	100-106 5	RINCESIOE AVE

Name of Business POLLYANNA BREWING	COMPAN-1	
Address of Business 106 3. RIVCES IDE AVE,	ST CHAPLES	Business Phone <u>630-549-7372</u>
5.08.050A1 Circle Choice to Show: Individual	Partnership	Corporation Other:
Has Applicant had a Class E4 License in the cur	rent fiscal year?	NO . If YES, on what date:

#### Requirements of a Class E4 - City Owner Property Permit Event

- 1. The Class E4 license fee is \$100.00 per day.
- 2. Class E-4 Temporary License Permits shall authorize the retail sale of beer and wine or the retail sale of alcoholic liquor for consumption on the premises
- 3. It shall be unlawful for any person holding a Class E-2 license or E-4 license issued pursuant to this chapter to sell, offer for sale or to give away, in or upon any licensed premises, any alcoholic liquor between the hours of 12:00 midnight and 10:00 a.m. on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday.
- 4. This license shall be issued only for special events or catered functions where the dispensing of food predominates.
- 5. The issuance of the Class E4 Temporary License Permit shall be at the discretion of the Local Liquor Control Commissioner, with advice and consent of City Council.
- 6. Application for a Class E4 Temporary License Permit shall be submitted 45 days in advance of a scheduled date.
- 7. There shall be no Class E-4 Temporary License permits issued during the second full week of October, beginning 12:00 a.m. Friday and ending 12:00 a.m. Monday.
- 8. 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.
- 9. Licensee must rope/fence off the licensed premises.
- 10. Each patron must wear a wristband after having identification checked for legal alcohol consumption age.
- 11. Are children/minors permitted in the licensed premises? (YN)
- 12. A sign limiting alcoholic consumption to the roped off area must be conspicuously displayed at all times.
- 13. Each server of alcohol must be BASSET certified need copy of BASSET certification.
- 14. A copy of site plan diagram to include roped area shall accompany this application.
- 15. 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, being duly sworn, that in	formation contained in this application is true to m	y/our own knowledge and that the statements set	forth are
of my/our own free will. I/We folgann	ly wear that I/we will not violate any of the lay	vs of the United States, the State of Illinois or	the City
Ordinances of the City of St. Charles	()		
Signed:	Signed:		
Sworn to before meanis 24	day of JANUARY , 2020 .	the state of the state of the state of	
Notary Public	<u>}</u>	Official Scott	
	ENDORSEMENT OF THE LIQUOR CONTROL C	OMMISSIONER Extract Of Illinois  Extract Oct 21, 2021	
Approved: Date: 2-//	-20 Chief of Police:	19	
Approved: Date:	Liquor Commissioner:	v	/2016a

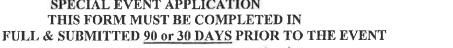


St. Charles, IL

Receipt #

CITY OF ST CHARLES

# SPECIAL EVENT APPLICATION THIS FORM MUST BE COMPLETED IN





Permit No. 2020 00 143 Date of Meeting: 2/13/20 Revised date 06/06/2018 Name of the Event: POLLYANNA SUMMER Soire Date(s) of Event: JULY 18, 2020 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 – St. Charles Police Department – Request for Police Services Section 9 – Hold Harmless Agreement Any outstanding funds owed to the City of St. Charles Application(s) for other permit(s) (See answers in Section 3) Loudspeaker/Amplifier License Application and Submittal Fee ■ \$5 per day Class E Liquor License Application and Submittal Fee S50 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. Fee Paid: \$ Received:

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  90 days  (All items due to City unless noted)	Days Due Before Event	Due Date
Date of the Special Event	- N/A -	
If event takes place in downtown St. Charles you are to complete an application through the St. Charles Downtown Partnership.	120 days	
Submit Special Event Application	90 days	
Payment of any outstanding funds due to the City of St. Charles	At time of submittal	THE PART
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	
Submit Class E Liquor License Application	90-days	
Submit Outdoor Sales Permit Application	90-days	
Submit Loudspeaker/Amplifier License Application	90-days	
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Carnival License Application	90 days	
Submit Fireworks Permit Application	60 days	
Submit Original Certificate of Insurance	21 days	
Submit copies of other required permits	At time of submittal	
Emergency Phone Tree	At time of submittal	V 2 V-
Emergency /Crisis Management Procedures	At time of submittal	
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	
Fire/EMS	Yes	No	
EMA	Yes	No	
Public Services	Yes	No	
Electric	Yes	No	
Water	Yes	No	

Other:	Yes	No			/
	be completed: 30 c	<u>lays</u>	Days Due Before Event	Due Date	
Date of the S	Special Event			- N/A -	
Submit Spec	ial Event Appli	cation		30 days	
	any outstanding		the City of St.	At time of submittal	
i.e. NFP, Par	fication of organites of the street of the submitter of t	ration A coj	At time of submittal		
Submit Raffl County)	le Permit Appli	cation (Kane	& DuPage	At time of submittal	
Submit Outd	loor Sales Perm	it Application	n /	At time of submittal	
	inal Certificate	and the state of	Will duth shown to	21 days	
Submit copie	es of other requi	red permits		At time of submittal	
Emergency I	hone Tree		At time of submittal		
Emergency /	Crisis Managen	ent Procedu	At time of submittal		
Submit Listin Merchants/A	ng of Participati pplicable Food using Pre-Defin	ng Retail Vendors to l	inance	14 days	
Notify reside	ents/business of	special even	t	14 days	

City Services Requested:		/	Comments
Police	Yes /	No	
Fire/EMS	Yes	No	
EMA	Yes	No	
Public Services	Yes	No	
Electric	Xes	No	
Water	Yes	No	
Other:	Yes	No	

/

NA				
What, if anything, are you doing	to rectify the	problem(s)?		
NIA	3.			
If the event is a recurring event, pamplification, neighborhood park			have occurred in past years, such as so	und
Is this an annual event? $\square$ YES	NO I	f yes, please provide event date(s)	for next year:	
Second contact person (emergene	cy): CONRAD	HURST Phone	:.	
Home Phone: C	Cell Phone:	E-mail: <u>Ryn</u>	NO foutannABREWING. com	
City: ST. CHARLES	State			
Organizer address: 166 S.				
Contact person from sponsoring	organization:	RYAN WEIDNER	4	
Non-Governmental/Non- Profit Entity		50%	0%	
Private/For Profit Entity		0%	0%	
Governmental Entity		100%	100%	
Type of Entity	Check Box that Applies	City Supporting - Existing Event	City Support – New Event	
(Documentation will nee	,		Charles Comment	
is to be submitted with appli	ication.			
Please list the organization's leg	al status (i.e.	NFP, Partnership, and Corporation	n): A copy of the 501(C)3 docume	nt
Name of sponsoring organization	n(s): Pour	IANNA BREWING COMPA	NY (CCORP)	
		NNA BEER W/ LOCATE FOOL		
Event Website: WWW. Poll				
34.2		Event: 3:00/to 11:00 Estimate	d Attendance: 500-800	
		ILUNOIS ANE FOR 1		
		k/Run/Bike Festival	Other	
Name of Event: POLLYANA	JA SUM	MER SOIREE		
SECTION 2 – GENERA	AL INFOI	RMATION Permit No	-202000143	
				***

SECTION 3	DEDMITC			*************	************
	g a fireworks display are	vour event?	S MNO		
If yes, you have to s	ubmit a Fireworks Permit plete the application.	Application sixty (60) day	ys prior to the event. Please	contact the St. C	harles Fire
If yes, you must sub	nclude the use of a tent? mit an <b>Outdoor Sales Pern</b> d Code Enforcement to obt	ilt Application ninety (90)	) days prior to the event. Ple it application.	ase visit www.si	charlesil.gov, or
If yes, you must sub		ier License Application n	? YES □ NO inety (90) days prior to the eaker/amplifier license applications.		it
If yes, you may have www.co.kane.il.us/0	OC, or contact the Kane (	<b>Application</b> . For the raff County Clerk's Office at 6	le permit application for Kai 330.232.5950. For the raffle doc_id=631 or contact the D	permit applicati	on for DuPage
If yes, you must subt	ohol at your event? mit Class E Liquor License Office to obtain a Class E	Application ninety (90)	days prior to the event. Plea 1.	se visit <u>www.stc</u>	harlesil.gov, or
If yes, you must subi	sement rides at the event nit Carnival License Appli o obtain a carnival license	cation ninety (90) days p	) rior to the event. Please visit	www.stcharlesi	Lgov or contact
	od at your event?  eate the number of vendo  vendors must be submitted f		your event.		
If yes, please indicat	g the use of any other city te the property that you are WENG LOT AT	requesting to use.	parking lots, etc.? Y	ES 🗆 NO	
Would you like to	request the closing of cit he following information of	ty streets?	MNO		
Will a drone be use If yes, please fill in	ed? □ YES TO NO  I the name of the pilot:				
STREET	FROM	ТО	DATES	TIMES	
Does your event re	quire the use of city side	walks?	☐ YES	M NO	
	quire temporary electric indicate location(s) elect		YES neet.	□NO	
	quire temporary water/h		☐ YES	M NO	

## **SECTION 4 - SITE PLAN AND/OR ROUTE MAP**

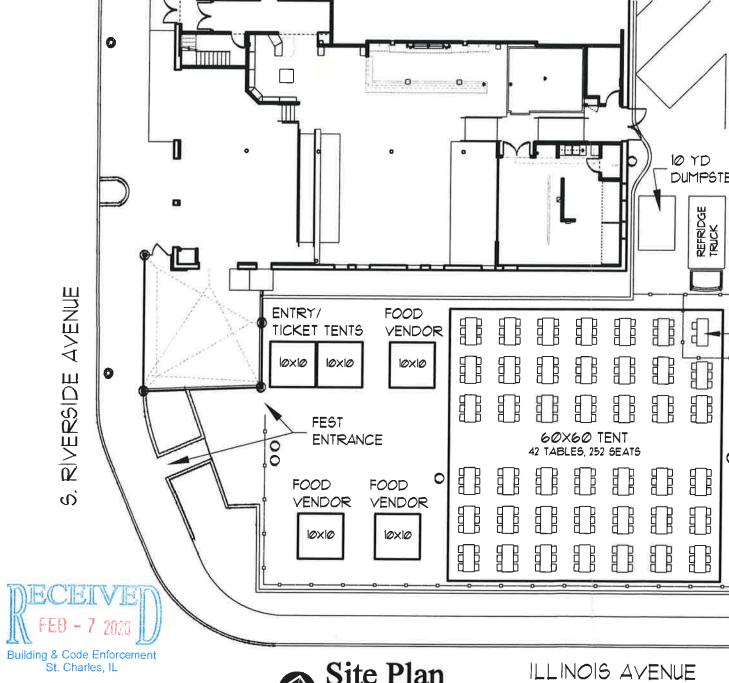
Please use the space below to illustrate the layout for your event. If you need additional space, please attach a separate sheet.

SEE SITE PLAN

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)



Site Plan NORTH

Please use the space below to illustrate the Emergency Phone Tree. If you need additional	ergency Phone Tree for your event or submit a separate form detailing you space, please attach a separate sheet.
Event Title POLLYANNA SUMMER SOIRE	€ Date(s) of Event July 18, 2020
<b>Emergency Contact Information</b>	
Primary Contact: RIAN WEIGNCE	Secondary Contact: PAUL CICIORA
Title: CFO	Title: PRESIDENT
Phone No:	Phone no.:
Tertiary Contact: CONRAD HORST	Operations Manager: ED MALMAR
Title: LANGLORS/PARTNER	Title: VP-OPERATIONS
Phone No	_ Phone no.:_
Site Managers and miscellaneous co	ontacts
Location: Pouranna	Location: Pouyanna
Date(s): JULY 18, 2020	Date(s):
Name: NICK MILLSE	Name: BRIAN PAWOLA
Phone #_	Phone #:_
Location: PollyAMM	_ Location:
Date(s): July 18, 2020	_Date(s):
Name: CURT HURST	_Name:
Phone #	Phone #
Location:	Location:
Date(s):	_Date(s):
Name:	Name:
Phone #:	Phone #
Section 6- Emergency or Crisis Ma	nagement 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.

Section 5 – Emergency Phone Tree

### **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). Pour many Besure Co has designated Pyan WE LDNEE with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of Pour many Besure Co, 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 follows the staff will be instructed to:
  - a. Act as quickly and professionally as possible;
  - b. To contact their immediate supervisor and/or the on-site Powia 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 & 1<sup>st</sup> Street), (East Side, Walnut Avenue & 3<sup>rd</sup> 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 **Proparate Because** 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 **Politarial Brewise Co.**

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 four annual German German to discuss alternatives.

6. An official statement will be written and given to the CM as soon as it can be formulated by found because of a 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 fourthest speculate with anyone; personnel;
  - c. Direct any and all media questions to CM, and only read official statements prepared by four ANNA BELLING do. 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:			
	 	44	

ECTION 7 -	RETAIL	MER	CHANTS
------------	--------	-----	--------

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 yo	ur	event	inc	lude:
---------	----	-------	-----	-------

	Merchants selling retail merchandise?	YES:	XNO:	
**	Food and/or beverages for immediate consumption?	YES:	XNO:	

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.

Signature:	Date: 34N 24, 2020	_
Name: RYAN M. WEIONGE	Title: CFO	_

# SECTION 8 – St. Charles Police Department – Request for Police Services



# ST. CHARLES POLICE DEPARTMENT

## REQUEST FOR POLICE SERVICES

	IDNEE	NA				
Individual Reques	BLEWING COMPANY	Home Telephone 630-549-7372				
Person/Organizati	on to be Billed	Business Telephone				
106 S. RIV	IERSIAC AVE.					
ST. CHARLE	s, 12 60174	Classic	Ille	<i>\oldot</i> .		
City/State/Zip Cod	le	Signature				
hereb agree to	as the authority to determine the number of St. Charles for all son Agreeing to Pay	compensation paid to its office	ers for the se	rvices and at the	ions of the event. I rates described above.	
TYPE OF EVENT:	BECR, MUSIC, & FOOD F					
LOCATION: Pas	WING LOT OF 100-106 S. A					
DATE(S)	TIME(S)	NUMBER OF OFFICERS RE	QUESTED	HOURLY RATE	TTX4TC 0.173	
7-18-2020	3:00P 10 11:00P	AS NECOLD			TED TO ATTEND 500-80	
ta						
	to			ľ		
	to	OT BUDGE DELON THE SDACK ***				
APPROVED: _		DATE:			**************************************	
APPROVED: _	to  ***********************************	DATE:				
APPROVED:	to  ***********************************	DATE:				
APPROVED: Comments: Approved By:	to  ***********************************	DATE:				
APPROVED: Comments: Approved By: OFFICER SIGN	to  ***********************************	TIME &1/2  OFFICERS				
APPROVED: Comments: Approved By: OFFICER SIGN	DISAPPROVED:  UP SECTION HOURLY RATE —  TIME  to  to	TIME &1/2  OFFICERS				
APPROVED: Comments: Approved By: OFFICER SIGN	DISAPPROVED:  UP SECTION HOURLY RATE —  TIME  to	TIME &1/2  OFFICERS				
APPROVED: Comments: Approved By: OFFICER SIGN	UP SECTION HOURLY RATE —  TIME  to  to  to	TIME &1/2  OFFICERS				
APPROVED: Comments: Approved By: OFFICER SIGN	TIME  to  to  to  to  to  to  to  to  to  t	TIME &1/2  OFFICERS				
APPROVED: Comments: Approved By: OFFICER SIGN	UP SECTION HOURLY RATE —  TIME  to  to  to	TIME &1/2  OFFICERS				

STCPD 145 REVISED 06.06.2018

### SECTION 9 - INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the POLLYANNA BREWING CO
(name of organization)

("Organization") to conduct Pourlanna Source Source ("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.

POLLYANNA BREWING COMPANY

(Name of Organization)

rized Signatory

Signed and sworn to before me this 24 day of JANUARY, 2010.

Notary Public

All applications must be signed and notarized.

EILEEN KACZMAREK Official Seal Notary Public – State of Illinois My Commission Expires Oct 21, 2021

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



# Pollyanna Summer Soiree

Proposed Date: Saturday July 18, 2020, 3:00P-11:00P

Proposed Site: South portion of parking lot at 100-106 S. Riverside Ave.

Pollyanna looks to host a summer beer and music event at its St. Charles location. We have hosted a total of 12 public events similar to the proposed event in years past at the other locations and have refined the event to provide an enjoyable, safe experience to those attending. Attendance is expected to be 500-800 attendees based on similar events held in years past, many that are expected to be traveling from outside the immediate area. Despite having a focus around beer, this event has proven to be suitable for families with children of all ages.

#### **Proposal:**

Attendees will pay a \$10 admission fee at the gate which will gain them access to all music acts for the afternoon/evening, access to the local food vendors that will be on site serving, and will gain them a 16oz souvenir cup that they can fill throughout the event. Attendees will enter and exit through one designated gate on the southwest end of the parking lot. At the entrance, all attendees will present ID to prove age. Those over 21 years of age will be provided with a wrist band to allow for alcohol purchase and consumption at the event. Those under 21 will not be provided a wrist band. All staff members working the fest will have BASSETT certification.

The Pollyanna Taproom will remain open to the public and will not be part of the fest.

Pets will be prohibited given the large anticipated crowd.

Attendees will purchase drink tickets at 2 designated areas within the event for \$5 (per ticket) that will allow them a single fill of their souvenir cup at the beer tent. Several Pollyanna beer options will be available for purchase.

Food can be purchased directly from the food vendors within the event.

The event will host a series of music acts on a stage, sound system, and stage lighting contracted out by Pollyanna. The music acts will include three local musicians/bands playing for two hours each and will mostly play cover songs covering all genres and age groups. Pollyanna will contract out all acts. All music will be concluded by 10:30P.

Restroom facilities will be contracted by Pollyanna to accompany the crowd (10-20 portapotties including ADA) and hand washing stations.

We anticipate that attendees will park in the various public parking lots throughout downtown. We have had discussions with the Downtown Business Alliance, the Chamber of Commerce, Arcada Theater, Flagship on the Fox, and The House Pub to confirm that no other major events are happening downtown during the proposed day and time of the fest.

Tenting will be rented by Pollyanna to accommodate attendees for either hot temperatures or rain; a total of 3,600 sq. ft. of tenting with tables and seating for 250-300 is planned.

Generator power, rented by Pollyanna, is planned for the stage and other stations requiring power.

Pollyanna will seek City services, if available, for the following: security officers for crowd control and trash receptacles. We can also seek these needed services from private, third party companies if needed.

**TCHASE** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/26/2020

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).

Cincinnati Insurance Company Cincinnati Customer Care Center P.O. Box 145496 CONTACT Teri Chase PHONE (A/C, No, Ext): (877) 687-1291

FAX (A/C, No): (513) 881-8114

E-MAIL ADDRESS: CincinnatiCerts@cinfin.com

INSURER(S) AFFORDING COVERAGE

NAIC #

Cincinnati, OH 45250-5496

INSURER A: Cincinnati Casualty Company

28665

INSURED

Pollyanna Brewing Company **431 TALCOTT AVE** LEMONT, IL 60439-3744

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 SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	ETD 0395732	1/1/2020	1/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
						MED EXP (Any one person)	S	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	5	2,000,000
	X POLICY X PRO: X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						S	
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000
	ANY AUTO OWNED SCHEDULED	-	ETD 0395732	1/1/2020	1/1/2021	BODILY INJURY (Per person)	s	
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	S	
	X HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	S	
	SECOND SECOND						ŝ	
A	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s	1,000,000
	EXCESS LIAB CLAIMS-MADE	ı	ETD 0395732	1/1/2020	1/1/2021	AGGREGATE	S	1,000,000
	DED RETENTION \$						S	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		EWC 0395730	1/1/2020	1/1/2021	E.L. EACH ACCIDENT	S	1,000,000
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N / A				E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
	Liquor Liability	E	ETD 0395732	1/1/2020	1/1/2021	Each Common Cause	2	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation and Employers' Liability Coverage Excluded Individual(s):

Paul Ciciora, President Ryan Weidner, Secretary Donald Ciciora, Treasurer Ed Malnar, Vice President Brian Pawola, Vice President

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

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

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

LOC #: 0



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Cincinnati Insurance Company		NAMED INSURED POllyanna Brewing Company 431 TALCOTT AVE	
POLICY NUMBER SEE PAGE 1		COOK COUNTY	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Liquor Liability: Each Common Cause Limit-\$1,000,000; Aggregate Limit-\$1,000,000

Event:

Pollyanna Summer Soiree Parking lot of 100-106 S. Riverside Ave. St. Charles, IL

Event Date: July 18, 2020

Policy forms available upon request.

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 July 18,	2020	_ <sub>TO</sub> July 18, 2	020	Number of Day	s
Applicant is:	<b>⊙</b> Corporation	O Partnership	O Individua	al		
Applicant's Na	ame Pollyanna E	Brewing Compa	anyTele	ephone #630	0-402-8212	
D/B/A			Em	ail addressry	an@pollyanna	brewing.cc
Address 106 S	S. Riverside Ave	Э.	City/State/Zip	Bensenvil	le, IL	
Device Owner	's Name Liquitt S	Solutions, Tom	Chmielew Tele	ephon		
Address 1070	Bryn Mawr Ave	enue	City/State/Zip	Bensenvi	lle, IL	
Device(s) to be	e used, specific to	power amplifica	ation (wattage) a	and output:		
Stage speake	ers and sound s	system for live i	music in the pa	arking lot	6.400W	
	vice(s) is/are to be					
✓ Music ☐ Public	system will be use Speaking (describe)	ed for:				
If used for mus	ic, what type (inc	clude name of art	tist/band if appli	cable):		
Rock and Jaz	z cover bands.	Bands tbd.		Control on the control of the contro		

9.	Time of day device(s) is/are to be used:	3:00P-11:00P
	8	
	signing this application, the applicant agrees nicipal Code.	s to all the provisions of Chapter 9.24 of the City of St. Charles
	Applic	Signature
city's		payable when the application is submitted for review. The w the application, and in conjunction with the Public Health and cense request.
Арр	proved:	
Deni	ied:	by:Chief of Police
		Chief of Folice
		Date



ILLINOIS AVENUE

S. 2ND AVENUE