

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4c

Title:

Recommendation to Approve a Proposal for a New Class E-4 Temporary Liquor License, Partial Street Closure, and a Loudspeaker Application for a Special Event, *Unwind Wednesdays*, to be held on the First Street Plazas

Presenter:

Police Chief Keegan

Meeting: Government Operations Committee Date: March 16, 2020

Proposed Cost: \$3,468.96 (PW)

Budgeted Amount: \$

Not Budgeted: ☒**Executive Summary** (if not budgeted please explain):

This is an application request for a Class E-4 Temporary License, authorizing consumption of beer, wine or alcoholic liquors on City property, specifically both First Street Plazas. This temporary license request is for a series of fourteen (14) events to be held on Wednesday evenings from 5-8 p.m. starting June 3 through September 2, 2020.

The event, known as *Unwind Wednesdays*, would be held on Wednesday evenings for these listed dates from 5:00 p.m. – 8:00 p.m. The businesses participating in this event include McNally's Traditional Irish Pub, Gia Mia, Alter Brewing, and La Mesa.

As in past years, those 21 and over who wish to consume alcohol on the plaza will be required to provide proper identification and will receive a wristband once their credentials are verified. All participants are responsible for purchasing their alcohol inside the establishment of their choice from the listing of restaurants above. The St. Charles Business Alliance will coordinate four security guards to be stationed throughout the event footprint and set up barricades and stanchions around the perimeter.

New this year, the St. Charles Business Alliance is requesting First Street be closed from Main Street to the opening of the parking garage. This will allow safer access across the street for participants to enjoy both plazas. The performers will be stationed closer to the street in an effort to be visible from Main Street.

This is the fourth year for this request. No problems were reported last year during any of the events.

This event will coincide with the Wednesdays (not the Fridays) of the St. Charles Live events scheduled for Wednesday and Friday evenings in and around the First Street Plazas beginning Wednesday, June 3 through Friday, September 4, 2020.

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*):

Site Plan

Hold Harmless Form

Special Events Application

Recommendation/Suggested Action (*briefly explain*):

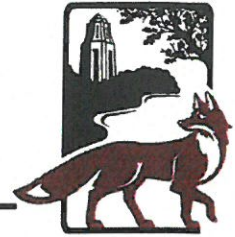
Recommendation to approve at proposal for a new Class E-4 temporary liquor license, partial street closure, and a loudspeaker application for a special event, *Unwind Wednesdays*, to be held on the First Street Plazas on Wednesdays from June 3 – September 2, 2020.

For Office Use

Received:
 Fee Paid: \$
 Receipt #

CITY OF ST. CHARLES

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

NON-REFUNDABLE

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 hereby makes application for a Liquor Dealer License,

Commencing 06/03/20 and ending 09/22/20
 Start Time: 5pm End Time: 8pm
 Location of Event: 1ST PLAZA

Name of Business MC NALLY'S TRADITIONAL IRISH PUB
 Address of Business 109 W. MAIN ST. Business Phone (630) 513 6300
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: LLC
 Has Applicant had a Class E4 License in the current fiscal year? YES If YES, on what date: 03/14/20

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? **Y/N**
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)

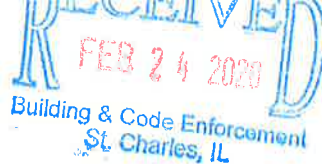
I/We, being duly sworn, that information contained in this application is true to my/our own knowledge and that the statements set forth are of my/our own free will. I/We solemnly swear that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed: _____ Signed: _____
 Sworn to before me this 28th day of February, 2020
 Notary Public Karen Muehlfelt

**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Approved: [Signature] Date: 2-28-20 Chief of Police: [Signature]
 Approved: _____ Date: _____ Liquor Commissioner: _____

V2016a



CITY OF ST CHARLES
SPECIAL EVENT APPLICATION
THIS FORM MUST BE COMPLETED IN
FULL & SUBMITTED 90 or 30 DAYS PRIOR TO THE EVENT



Permit No. 202000205 Date of Meeting: 3/10/20 Revised date 06/06/2018

Name of the Event: Unwind Wednesday Date(s) of Event: 5/27-9/2/2020

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
 - ☐ \$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. N/A

Received: _____

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 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	
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	
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	
Task to be completed for Events that require <u>30 days</u> (All items due to City unless noted)		Days Due Before Event	Due Date
Date of the Special Event		- N/A -	
Submit Special Event Application		30 days	
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 document is to be submitted with application		At time of submittal	
Submit Raffle Permit Application (Kane & DuPage County)		At time of submittal	
Submit Outdoor Sales Permit Application		At time of submittal	
Submit Original Certificate of Insurance		21 days	
Submit copies of other required permits		At time of submittal	
Emergency Phone Tree		At time of submittal	
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/business 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	

SECTION 2 – GENERAL INFORMATION

Permit No. 202006205

Name of Event: Unwind Wednesday

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

Location of Event: 1st Street / 1st Street Plaza

Date(s) of Event: Every Wednesday 5/27-9/2/2020 Hours of Event: 5pm to 8pm Estimated Attendance: 100

Event Website: www.stc Alliance.org

Purpose of the event: To bring people downtown + into local businesses

Name of sponsoring organization(s): McNallys Pub, La Mesa, Gin Mtn, Alter Brewing

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: Amy Curione

Organizer address: 2 E Main St.

City: St. Charles State: IL Zip: 60174

Home Phone: 630-443-3952 Cell Phone: [REDACTED] E-mail: acurione@stc Alliance.org

Second contact person (emergency): Laura Purdy Phone: 630-443-3962

Is this an annual event? ☒ YES ☐ NO If yes, please provide event date(s) for next year: May-Sept 2021

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. N/A

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.

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:

Will a drone be used? ☐ YES ☒ NO

If yes, please fill in the name of the pilot: _____

STREET

1st Street

FROM

Main St.

TO

Parking Garage

DATES

Weds. 5/27-9/2/2020

TIMES

4:45-8:30 pm

5/27, 6/3, 6/10, 6/17, 6/24,

7/1, 7/18, 7/15, 7/22, 7/29,

8/5, 8/12, 8/19, 8/26, 9/2

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.

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

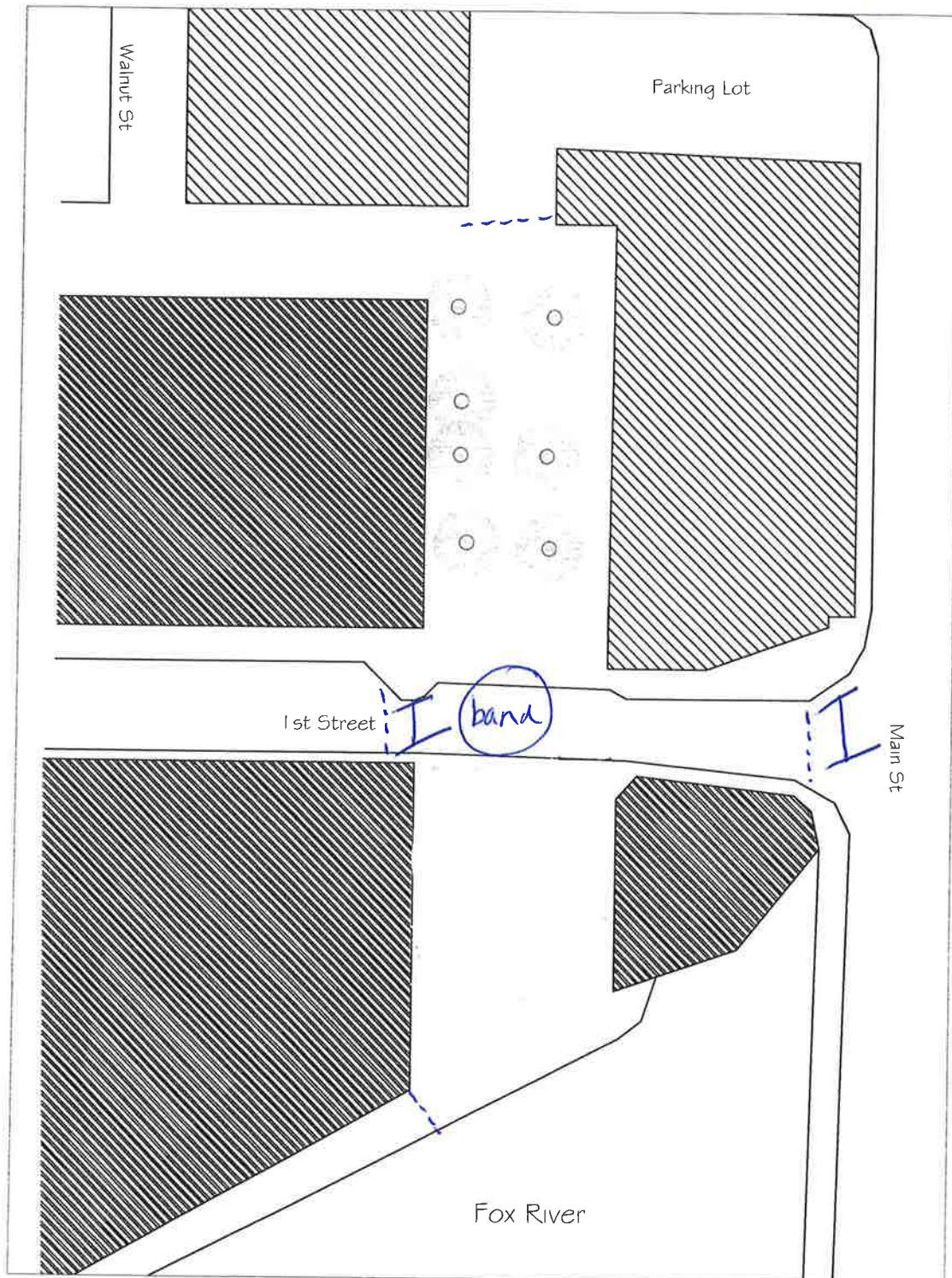
If applicable, the following must be included:

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)

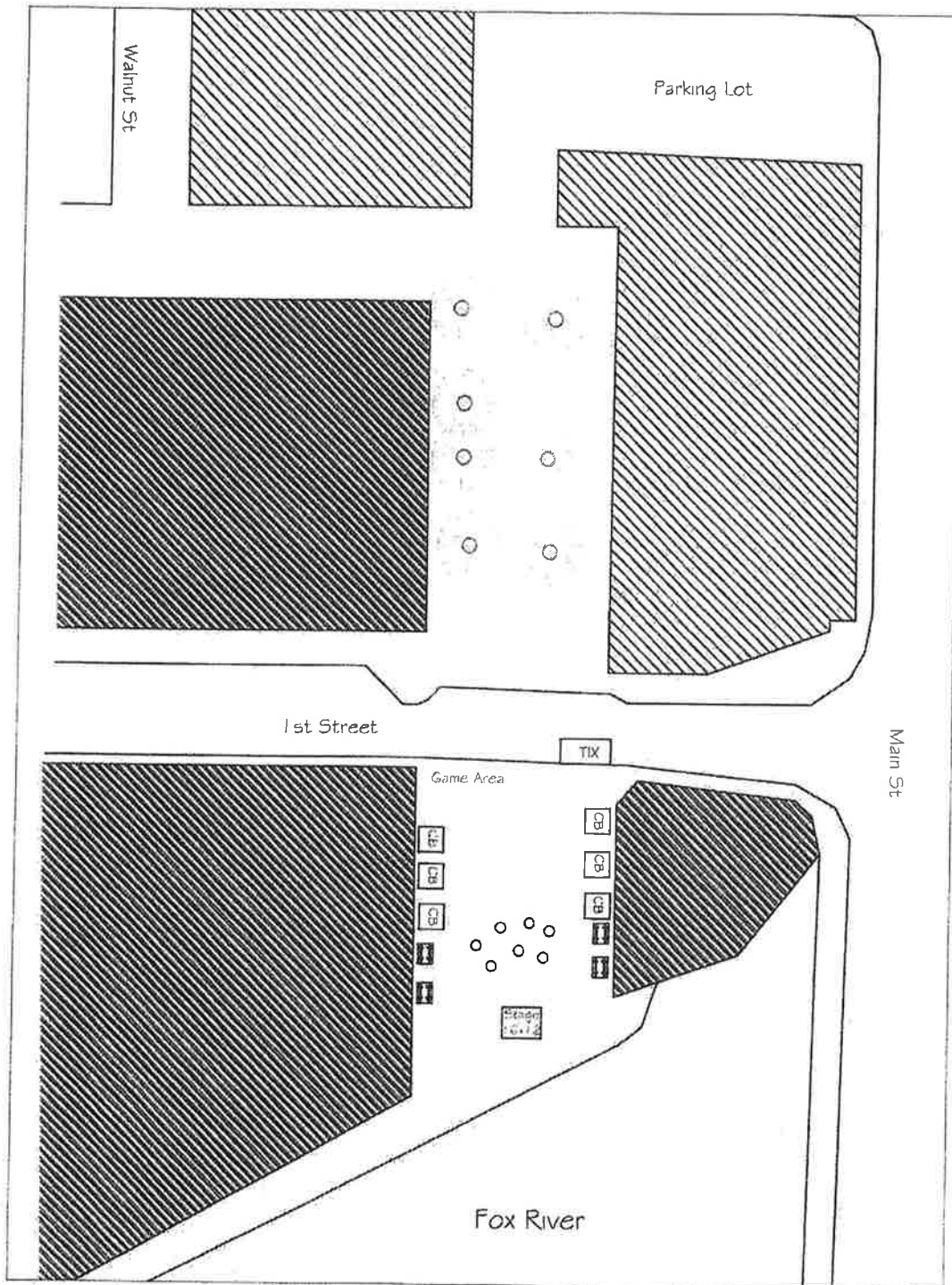
Location and number of barricades (B)
Location of fire lane (FL)
Location of fire extinguishers (FE)
Public entrances and exits (PE)
Location of sound stages and amplified sound (S)
Location of residential streets surrounding events
Electric (E)
(Hydrant Meter (H20)

Unwind Wednesday

I = Road closure
----- = Security (4 points)



New!



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 Unwind Wednesday Date(s) of Event 5/27-9/2/2020 ^{Wednesdays}

Emergency Contact Information

Primary Contact: Colm Hendley Secondary Contact: Michelle Dang

Title: Manager Title: Bar Manager

Phone No: [REDACTED] Phone no.: [REDACTED]

Tertiary Contact: _____ Operations Manager: _____

Title: _____ Title: _____

Phone No: _____ Phone no.: _____

Site Managers and miscellaneous contacts

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). McNallys Pub has designated Colm Hendley with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of McNallys Pub 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 McNallys, Gramma, Alter & La Mesa staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site Colm Hendley 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 Colm Hendley 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 McNallys, Gramma, Alter & La Mesa 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 McNallys, Gramma, Alter & La Mesa to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by McNallys 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 McNally's personnel;
- c. Direct any and all media questions to CM, and only read official statements prepared by McNally's 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: X
- Food and/or beverages for immediate consumption? YES: X 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.

Signature: _____

Date: _____

Name: _____

Title: _____

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



ST. CHARLES POLICE DEPARTMENT

REQUEST FOR POLICE SERVICES

DATE SUBMITTED: _____

Individual Requesting Services _____

Home Telephone _____

Person/Organization to be Billed _____

Business Telephone _____

Address _____

Cell Phone _____

City/State/Zip Code _____

Signature _____

St. Charles PD has the authority to determine the number of officers needed based on the circumstances and conditions of the event. I hereby agree to reimburse the city of St. Charles for all compensation paid to its officers for the services and at the rates described above.

Signature of Person Agreeing to Pay _____

TYPE OF EVENT: _____

LOCATION: _____

DATE(S)	TIME(S)	NUMBER OF OFFICERS REQUESTED
	to	
	to	
	to	
	to	

HOURLY RATE – TIME & 1/2

NUMBER EXPECTED TO ATTEND _____

***** DO NOT WRITE BELOW THIS SPACE *****

APPROVED: _____ DISAPPROVED: _____ DATE: _____

Comments: _____

Approved By: _____

OFFICER SIGNUP SECTION

HOURLY RATE – TIME & 1/2

DATE	TIME	OFFICERS REQUESTED	NAME	NAME
	to			
	to			
	to			
	to			
	to			
	to			
	to			

☐ Billing to City of St. Charles

Verified by: _____ Date: _____

STCPD 145
 REVISED 06.06.2018

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the McNally's Pub
(“Organization”) to conduct Unwind Wednesday (“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.

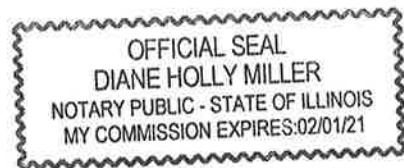
Laura Murphy
(Name of Organization)

2-24-2020
(Date)

by _____
Authorized Signatory

Signed and sworn to before me this 24th day of February, 2020.

Diane Holly Miller
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 5/27/2020 TO 9/2/2020 Number of Days 15
2. Applicant is: ☒ Corporation ☐ Partnership ☐ Individual
3. Applicant's Name McNally's Pub Telephone # 630-513-6300
D/B/A McNally's Pub Email address _____
Address 109 W. Main St. City/State/Zip St. Charles IL 60174
4. Device Owner's Name As Above Telephone # _____
Address _____ City/State/Zip _____
5. Device(s) to be used, specific to power amplification (wattage) and output:
TBD
6. Area where device(s) is/are to be used:
1st St.
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):
General cover bands

9. Time of day device(s) is/are to be used: 5pm - 8pm

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

Applicant _____
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

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/9/2019

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008		CONTACT NAME: PHONE (A/C, No, Ext): 630-773-3800 FAX (A/C, No): 630-587-8406 E-MAIL ADDRESS:	
INSURED St. Charles Business Alliance 2 E. Main Street St. Charles, IL 60185		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Insurance Company INSURER B: Accident Fund Insurance Company of America INSURER C: INSURER D: INSURER E: INSURER F:	
DOWNSTC-01		NAIC # 15350 10166	

COVERAGES

CERTIFICATE NUMBER: 1709596767

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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		A040446	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV6090683	5/1/2019	5/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of St. Charles is Additional Insured with respects to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

City of St. Charles
2 E. Main Street
St. 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2019

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
Joseph M Wiedemann & Sons Inc
505 E. Golf Road, Suite A
Arlington Heights IL 60005

CONTACT NAME:

PHONE (A/C, No, Ext): 847-228-8400

FAX (A/C, No): 847-228-8505

E-MAIL ADDRESS: cdecaro@jmwsons.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Society Insurance

15261

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
McNally Group LLC
c/o Alexander X Kuhn & Co
123 W Front St Suite 200
Wheaton IL 60187

MCNAGRO-01

COVERAGES

CERTIFICATE NUMBER: 1830169155

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP15037699	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA15037700	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED RETENTION \$			UM15037702	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A			WC15037701	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			CY17037648	12/31/2019	12/31/2020	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: March 17th 2020

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

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Internal Revenue Service

Date: July 8, 2004

Downtown St Charles Partnership, Inc.
213 Walnut St
St Charles, IL 60174-2835

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Mrs. E. Eckert ID 31-07436
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

36-3818867

Dear Sir or Madam:

This is in response to your request of July 8, 2004, regarding your organization's tax-exempt status.

In October 1993 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Downtown St Charles Partnership, Inc.
36-3818867

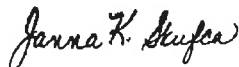
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services