



**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4d

**Title:** Recommendation to Approve a Proposal for a New Class E-1 Temporary Liquor License for a “Special Event” – “Hops for Hope 5K” to be held at Mt. Saint Mary Park – May 20, 2017

**Presenter:** Police Chief James Keegan

Meeting: Government Operations Committee

Date: February 21, 2017

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

**Executive Summary** (if not budgeted please explain):

This is an application request for a Class E-1 Temporary Liquor License, authorizing dispensing and consumption of craft beer on Park District property, as indicated on a proposed 5K road race route. This temporary license is requested for a single, one-day event to be held on Saturday, May 20<sup>th</sup>, 2017. The event, known as “Hops for Hope 5K,” will be held on Saturday, May 20<sup>th</sup> between 9:00 am and 3:00 pm. Event registration begins at 9:00 am, with the race starting at 11:00 am. The event is currently expected to bring approximately 100 runners to the City of St. Charles.

The event is being promoted by “Project Mobility”, a Non-for-Profit organization in partnership with the Bike Rack of St. Charles, with the goal of raising funds to provide adaptive cycling for subjects with physical disabilities. This will involve a 5K running event that starts and ends in Mt. Saint Mary Park. It will traverse through the park; then south along Rt. 31 to Wheeler Park in Geneva; and back. The St. Charles Police Department will provide staff to facilitate traffic control for runners crossing Rt. 31 and will not require any road closures. The event will incorporate (5) five individual Basset supervised Craft Beer “Sampling” stops. Runners will have the opportunity to “sample” a 3 ounce Craft Beer provided by local craft brewers, for a total of 15 ounces during the course of the run.

All participants must be 21 or older and each will receive an event specific wristband confirming their identification and age were verified. Each “beer stop” will be fenced with a single point of ingress and egress. The sample will be issued in a plastic cup which would be disposed of at the stop prior to egress. The event will have a fenced in area in Mt. Saint Mary Park and would incorporate a tent, awards stand, and a dispensing area for craft beer. Event participants will be issued (2) two tickets to exchange for a total of (2) two pints of craft beer following the race, after which they will receive no additional beer service. In the event that event spectators desire to enter the fenced area they would pay an entry fee, be provided a different color wristband, and would also be issued (2) two tickets to exchange for a total of (2) two pints, after which they would receive no other service.

A sound amplification permit has been applied for to accommodate a public address system and a band for event entertainment.

The promoter has advised that they are not conducting a broad advertisement campaign and predict that the anticipated attendance should not exceed 200.

This event is still pending final review and approval by the St. Charles Park District Board.

This item will be presented to the Liquor Control Commission on Tuesday, February 21, 2017 for review and recommendation to move forward to the Governments Operations Committee.

**Attachments** (please list):

E-1 Liquor License Application; Site plan; Amplification Application; Special Events Application

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

Recommendation to approve a proposal for a new Class E-1 Temporary Liquor License for a Special Event, “Hops for Hope 5K,” to be held at Mt. Saint Mary Park – May 20, 2017.

For Office Use  
Received: 2/13/2017  
Fee Paid: \$ 50  
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 5/20/17 and ending 5/20/17  
Time Starting 10 am and ending 3 pm  
Location of Event Mount Saint Mary Park

Name of Business Project Mobility  
Address of Business 2930 Campton Hills Rd. Business Phone 630-464-2991  
Is the Applicant a Not-For-Profit Organization? Yes ~ 30-0143832  
Authorized Agent Hal Hoveyman Title Founder of Project Mobility  
Has Applicant had a Class E1 License in the previous 365 days? NO If YES, on what date:  
Does Applicant have Dram Show Insurance? NO If YES, attach evidence of 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]  
Sworn to before me this 13th day of February, 2017.  
Notary Public [Signature]



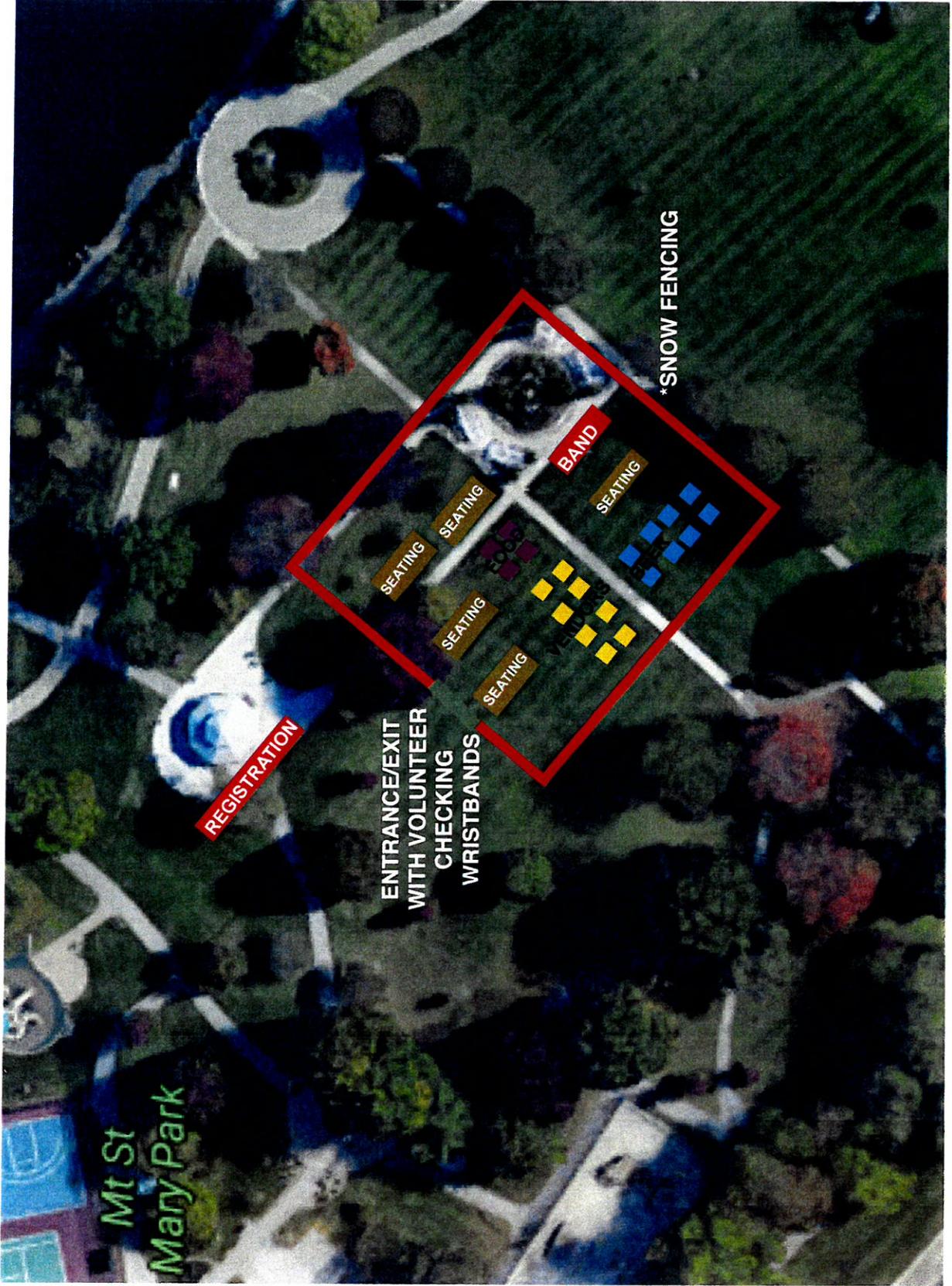
ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Chief of Police: \_\_\_\_\_  
Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Liquor Commissioner: \_\_\_\_\_



# AWARDS CEREMONY

1 PM - 3 PM



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 11:00 am TO 3:00 pm Number of Days 1
2. Applicant is:  Corporation  Partnership  Individual  
(nonprofit)
3. Applicant's Name Project Mobility (Catherine Simmons) Telephone # 630-464-2991  
D/B/A \_\_\_\_\_  
Address 2930 Compton Hills Rd City/State/Zip St. Charles, IL 60175
4. Device Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
5. Device(s) to be used, specific to power amplification (wattage) and output:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Area where device(s) is/are to be used:  
MOUNT SAINT MARY PARK  
\_\_\_\_\_  
\_\_\_\_\_
7. Amplification system will be used for:  
 Music ~ BAND  
 Public Speaking ~ Awards ceremony for SK  
 Other (describe) \_\_\_\_\_
8. If used for music, what type (include name of artist/band if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIVED**  
**JAN 17 2017**

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



Building & Code Enforcement  
 St. Charles, IL

Permit No. 1721830 Date of Meeting: 1/26/2017 Revised date 01/28/2015

Name of the Event: Hops for Hope 5K Date(s) of Event: 9:00 AM 5/20/17

**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**
  - 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**

Received: 1-17-2017 Fee Paid: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Copies of application distributed to:  
 Police: \_\_\_\_\_ Fire: \_\_\_\_\_ PW: \_\_\_\_\_  
 Electric: \_\_\_\_\_

## 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 -	5/20/17
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	2/20/17 11/7/15
Payment of any outstanding funds due to the City of St. Charles	At time of submittal	1/13/17
Provide verification of organization legal status, i.e. NFP, Partnership, Corporation <b>A copy of 501(C)3 document is to be submitted with application.</b>	At time of submittal	1/13/17
Submit Class E Liquor License Application	90-days	2/20/17 ← nu
Submit Outdoor Sales Permit Application	90-days	2/20/17
Submit Loudspeaker/Amplifier License Application	90-days	N/A
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	N/A
Submit Carnival License Application	90 days	
Submit Fireworks Permit Application	60 days	
Submit <b>Original</b> Certificate of Insurance	21 days	5/1/17
Submit copies of other required permits	At time of submittal	1/13/17
Emergency Phone Tree	At time of submittal	1/13/17
Emergency /Crisis Management Procedures	At time of submittal	1/13/17
Submit Listing of Participating Retail Merchants/Applicable Food Vendors to Finance Department using Pre-Defined Form in Excel format	14 days	5/8/17
Notify residents/businesses of special event	14 days	5/8/17

City Services Requested:			Comments
Police	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Assistance crossing one street (Rt 31)
Fire/EMS	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
EMA	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Public Services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Electric	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Water	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**SECTION 2 - GENERAL INFORMATION**

Permit No. 17-24830

Name of Event: Hops for Hope 5K

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

Location of Event: Mount Saint Mary Park

Date(s) of Event: 5/20/17 Hours of Event: 9 to 3:30 Estimated Attendance: 100

Event Website: www.projectmobility.org

Purpose of the event: To bring awareness to community on adaptive cycling and raise funds towards our mission

Name of sponsoring organization(s): PROJECT MOBILITY

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. NFP  
 (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		0%	0%
Non-Governmental/Non-Profit Entity	<input checked="" type="checkbox"/>	50%	0%

Contact person from sponsoring organization: Katherine Simmons (the Bike Rack)

Organizer address: 2930 Compton Hills Rd

City: St Charles State: IL Zip: 60175

Home Phone: 630 464 2991 Cell Phone: 630 464 2991 E-mail: Katherine@projectmobility.org

Second contact person (emergency): Tommy Simmons Phone: 331 442 0179

Is this an annual event?  YES  NO If yes, please provide event date(s) for next year: around may 20, 2018

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.  
This will be an annual event, but this will be our first year.

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

N/A

**SECTION 3 - PERMITS**

Will you be having a fireworks display at 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](http://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](http://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](http://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](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](http://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](http://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 unsure right now

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.

Side walk along river in front newer town homes off Brownstone / parking garage

Parking lot off and x Illinois for extra spaces

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 location(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:

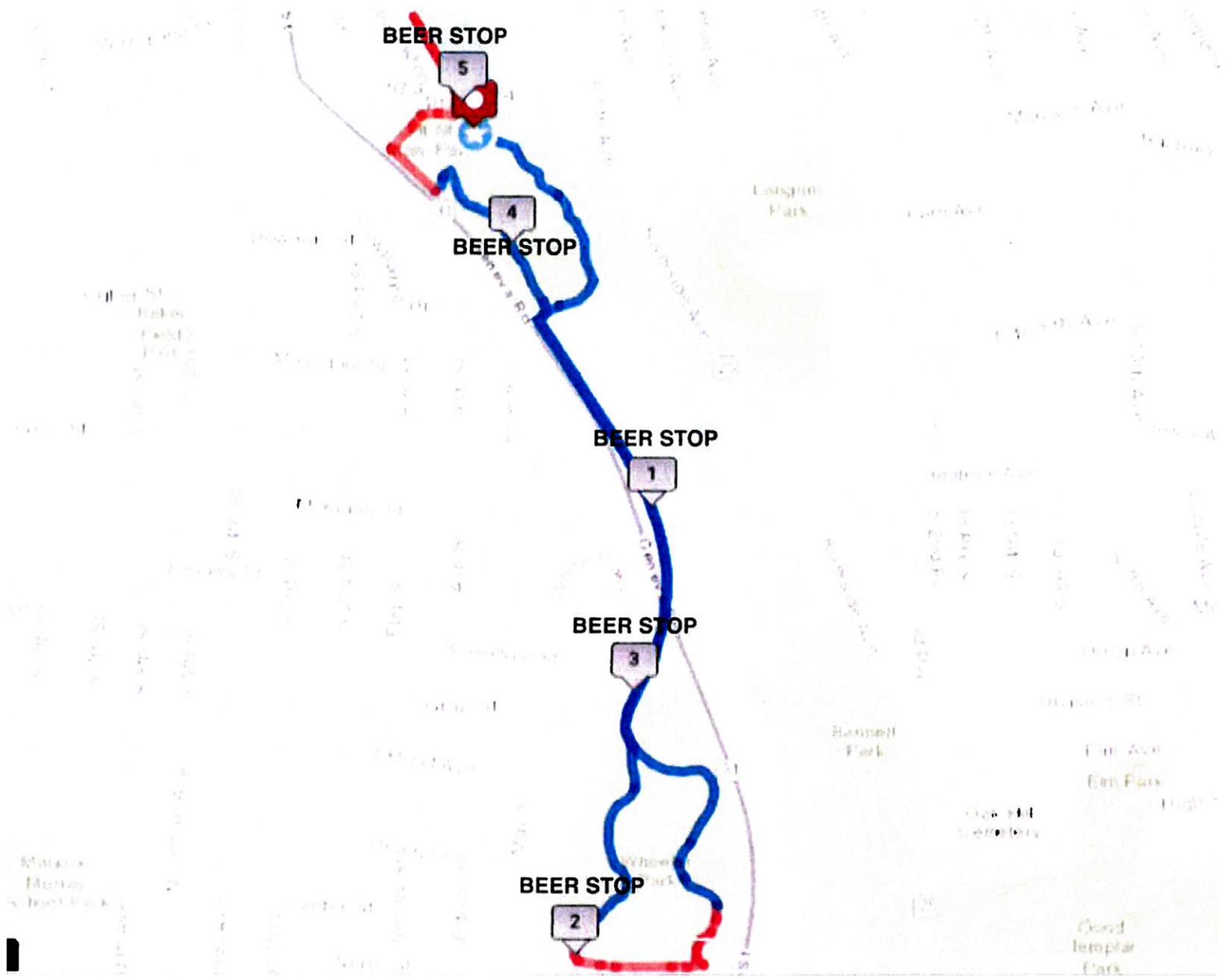
Location of food vendors (FV)  
Location of beverage vendors (BV)  
Location of garbage receptacles (G)  
Location of toilets (T)  
Location of hand washing sinks (HWS)  
Location of retail merchants (RM)  
Location of First Aid (FA)

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)



## 5K

Start at Mount Saint Mary Park Head South to Wheeler Park in Geneva



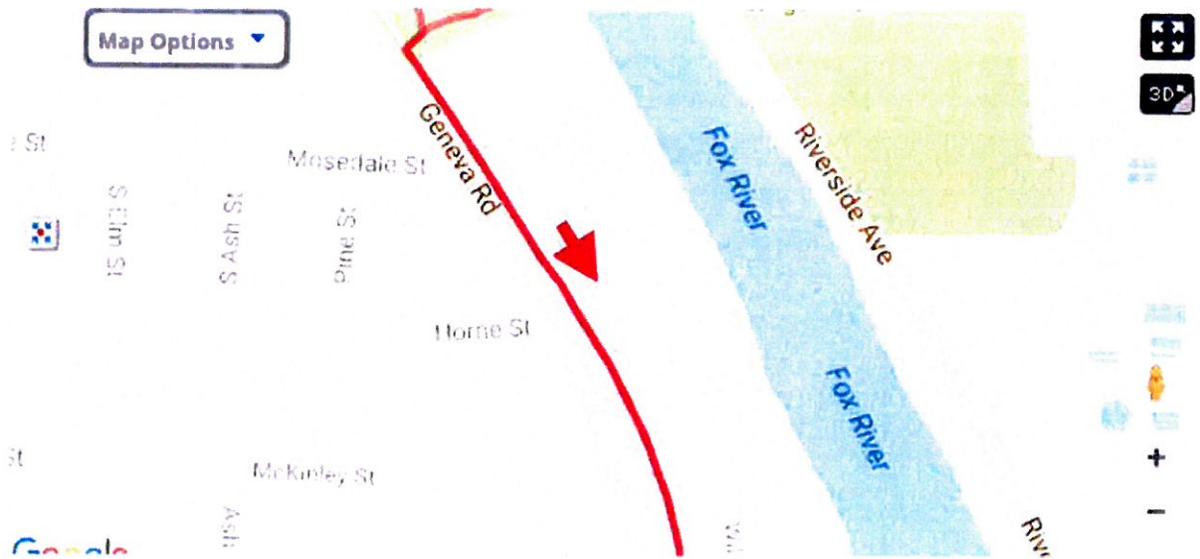
### Map #1

Start at green square (start line, directly behind red square)  
head southeast on path



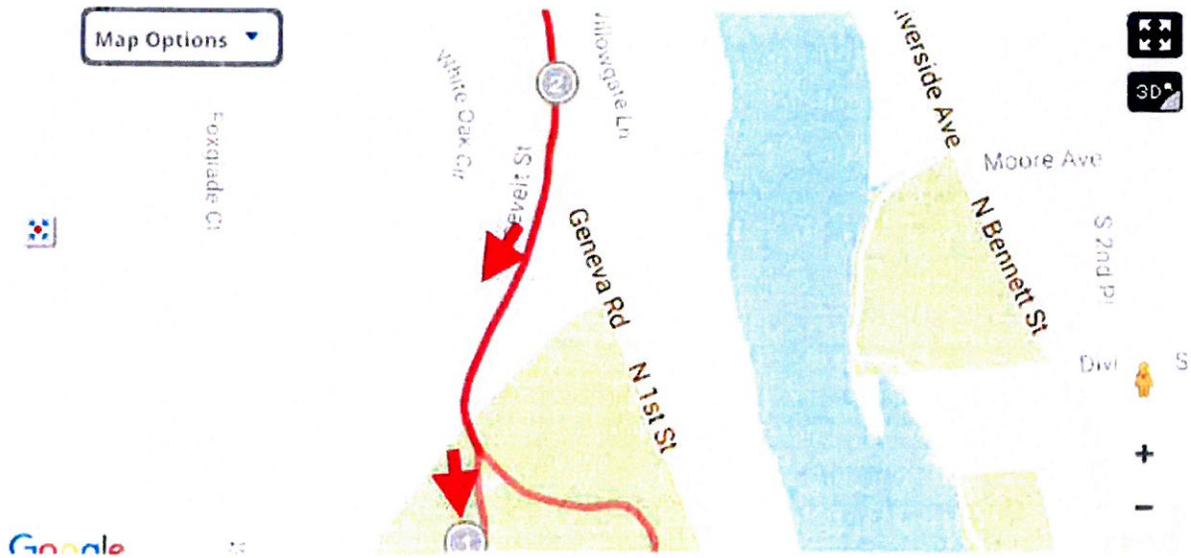
### Map #2

Continue on path heading south towards Wheeler Park



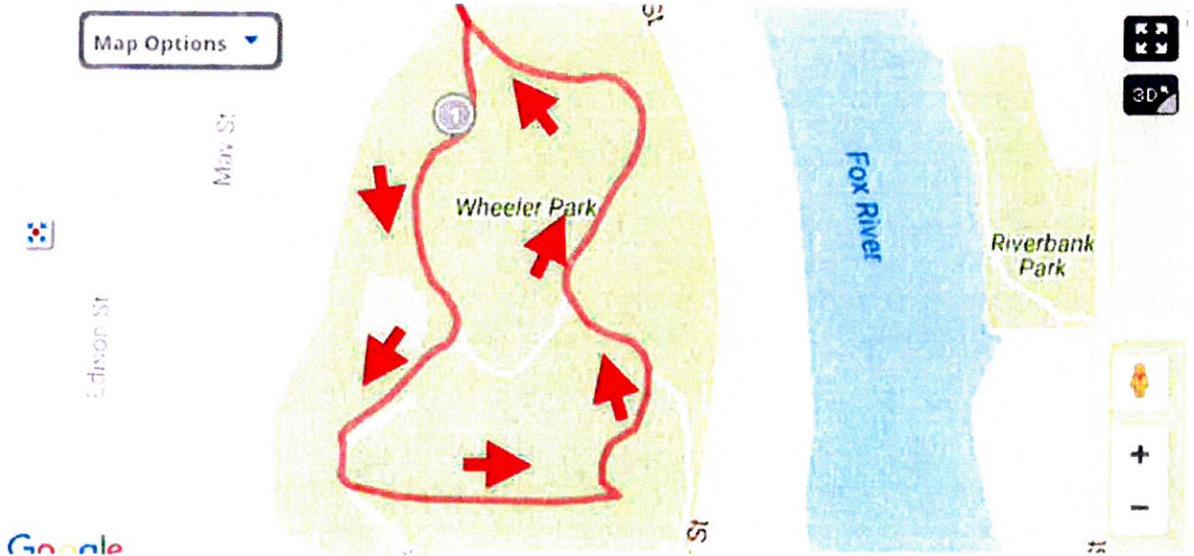
### Map #3

Continue on path heading south and veering west on path



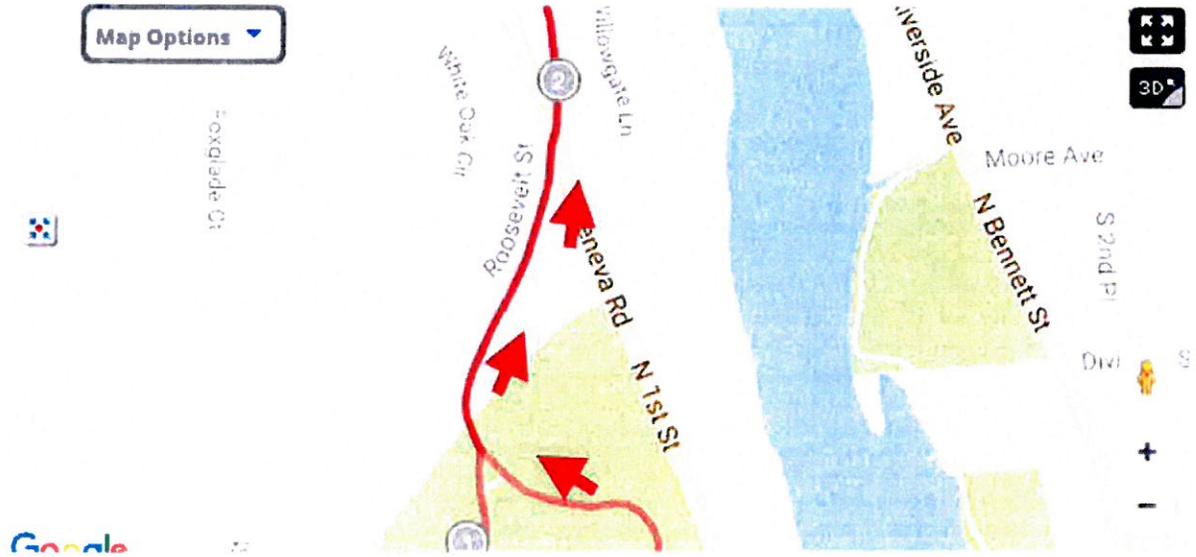
### Map #4

Continue following path



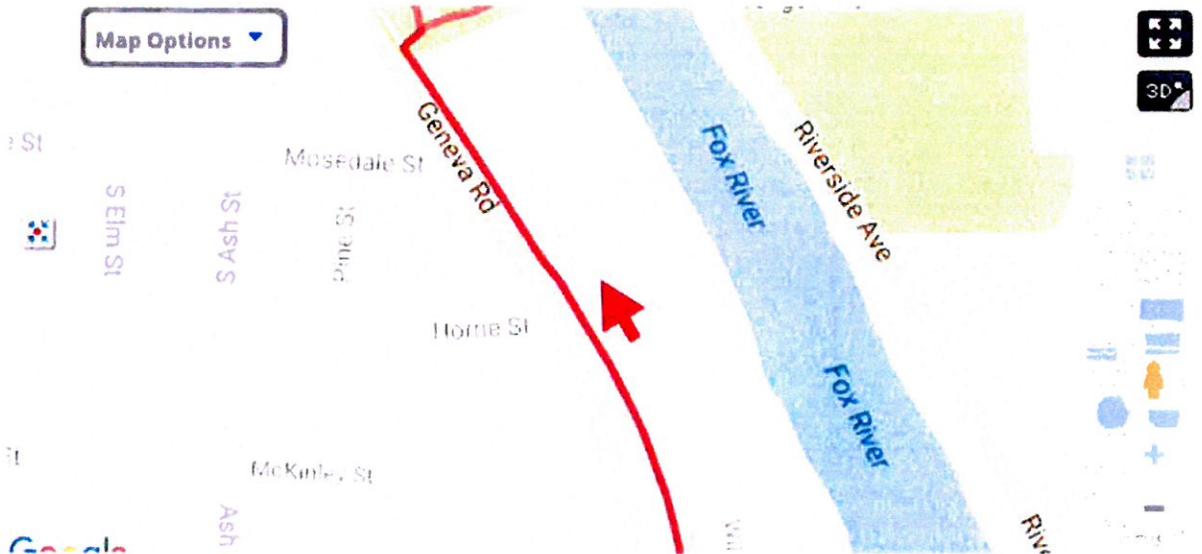
### Map #5

Continue on path heading north towards Mount Saint Mary Park



### Map #6

Continue on path heading north towards Mount Saint Mary Park



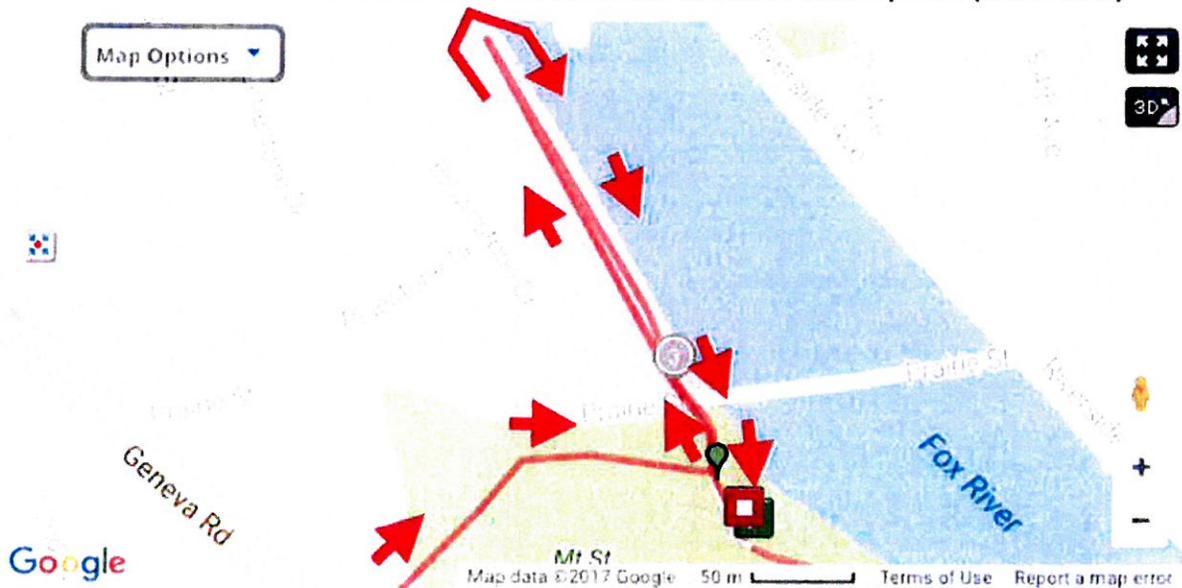
### Map #7

Continue on path heading north towards Mount Saint Mary Park then veer west on path



### Map #8

Continue on path heading east towards the river then veer north on path. **IMPORTANT** turnaround then head south towards red square (finish line)



**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 Hops for Hope 5K Date(s) of Event 5/20/17

**Emergency Contact Information**

Primary Contact: Katherine Simmons Secondary Contact: Tammy Simmons

Title: Fundraising/Event Director Title: Director of Development

Phone No: 630 464 2991 Phone no.: 331 442 0179

Tertiary Contact: Melissa Burke Operations Manager: \_\_\_\_\_

Title: Event Coordinator Title: \_\_\_\_\_

Phone No: 630 488 7313 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).  
Katherine Simmons has designated Melissa Burke with the Burke responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of Project Mobility; 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 Project Mobility staff will be instructed to:
  - a. Act as quickly and professionally as possible;
  - b. To contact their immediate supervisor and/or the on-site Melissa Burke 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 Melissa Burke 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

Melissa Burke 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 Melissa Burke.

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 Melissa Burke to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by Project Mobility 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 Project Mobility personnel;
  - c. Direct any and all media questions to CM, and only read official statements prepared by PROJECT MOBILITY 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: \_\_\_\_\_ NO: X

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 – INDEMNIFICATION/HOLD HARMLESS**

In consideration of the City of St. Charles permitting the Project Mobility  
(“Organization”) to conduct Hops for Hope 5K (“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.

Project Mobility  
(Name of Organization)

1/13/17  
(Date)

by [Signature]  
Authorized Signatory

Signed and sworn to before me this 13<sup>th</sup> day of JANUARY, 2017.

[Signature]  
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

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

DEPARTMENT OF THE TREASURY

**JAN 31 2008**

Date:

Employer Identification Number:  
30-0143832

DLN:

17053005704048

Contact Person:

SHAWNDEA KREBS

ID# 31072

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

PROJECT MOBILITY CYCLES FOR LIFE  
INC  
2930 CAMPTON HILLS RD  
ST CHARLES, IL 60175-0000

Dear Applicant:

Our letter dated April 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

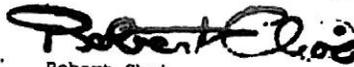
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)



## **Downtown Events Review Process & Evaluation**

- 1) Please describe the purpose of your event including proposed date(s)/time(s).**
  - a. Hops for Hope 5K will be a timed and certified 5K on Saturday, May 20<sup>th</sup> with registration beginning at 9:00 am and the 5K beginning at 11:00 am and the event concluding at 3:30 pm. Throughout the course of the 5K there will be beer stops (every kilometer) to enjoy a 3 ounce sample of beer from local breweries. All participants will be required to show a valid ID and all participants must be 21 years or older. All participants will receive a wristband confirming ID was checked. Hops for Hope 5K is a fundraiser meant to bring awareness to the community on adaptive cycling and raise funds towards Project Mobility's mission.
- 2) Explain how your event will comply with the evaluation criteria, as described in Downtown Events Evaluation summary.**
  - a. Benefit to Downtown Business – The event will create a positive image of downtown. The event is a fundraiser and will help promote a positive giving image for the downtown area.
  - b. Ease and Ability of Production – The Project Mobility event staff has the capacity and past experience with creating, planning and hosting endurance fundraisers (2017 will be our 5<sup>th</sup> year hosting a bike ride and 2<sup>nd</sup> year hosting a golf outing).
  - c. Broad Popularity – The event has a minimal admission fee and appeals to runners of all speeds while appealing to those who like to experience the local craft-brewing scene.
  - d. Coordination and Collaboration – We are going to collaborate with all parties necessary and meet all City and DSCP guidelines.
  - e. Expansion and Diversity of The Downtown Event Calendar – The event is so unique and no other events in the Fox Valley area have been similar to a beer run for charity. It will draw in people from all over!
- 3) What distances will people travel to participate in the event? Please justify.**

- a. Since there is no other event similar to Hops for Hope 5K within at least a 30 mile radius, that will be a draw to attract people to attend Hops for Hope 5K. Beer runs are a fun, new and exciting type of 5K that is becoming very popular. This will help draw in a large number of people willing to travel to this new type of event. This being our first year for this event I cannot estimate the distance traveled from the event but I can express the uniqueness and the limited number of this type of event. Plus the event being a fundraising will draw in more people with them knowing their money is going to a good cause.
- 4) **What is the estimated number of event A) Participants B) Attendees? Please justify.**
  - a. The estimated number of participants/attendees is at least 100. We just hosted a bike ride at James O. Breen Park this past September and had over 200 riders. We have yet to host a 5K but I am confident in at the very least 100 people attending.
- 5) **Safety and the impact on downtown businesses, residents and the City are major priorities. Please describe what street closures, detours and parking you would request and how you could address concerns from these stakeholders?**
  - a. We have no need to close any streets or have any detours. Our 5K will be on the bike path and part of the sidewalk along the river. This will cause no inconvenience to businesses, residents and the City. We would like to request additional parking for the parking garage off of First Street and the public parking lot off of Second Street and Illinois. We have the parking lot at Mount Saint Mary (holds approximately 50 cars) but may need additional parking spaces. We will have signs and volunteers guiding cars to reduce any congestion or issues that may arise.
- 6) **Please describe what makes this event unique to Downtown St. Charles.**
  - a. Hops for Hope 5K is unique to Downtown St. Charles because there is no other beer run held in the city or any of the neighboring towns. It encourages local small businesses (breweries), physical activity and support for a local charity.
- 7) **How will you measure success?**
  - a. We will send out a post run survey to all participants asking what things they enjoyed about the event and things they wish we could improve upon for the following year. Following up with participants is very important and we will not miss out on this valuable information. Also, the amount of money raised for Project Mobility and the number of children, adults and wounded soldiers we can give the freedom of mobility through adaptive cycling will be a huge measure of success!!
- 8) **If successes, as you have defined it, is reached. Please describe future plans for this event.**
  - a. We plan on making the event larger and reaching people from further distances to travel to St. Charles and participate in a charity run.

- 9) **Attach the business and marketing plans with expected revenue, expenses and sponsors secured.**
- a. We are currently working on this aspect of the event.
- 10) **How will your organization secure funding for any requested or required resources?**
- a. We already have established funds in place from previous fundraisers we have had.
- 11) **Provide a list of downtown businesses that will be affected?**
- a. No businesses will be affected since our 5K is going through a bike path towards Wheeler Park and the post run celebration will be held at Mount Saint Mary Park which is away from the businesses.