

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5a

Title:

Recommendation to approve a Proposal for an E7 Special Event Liquor License for Blue Goose Super Market, Inc., Located at 300 S 2<sup>nd</sup> Street, St. Charles for one day only, September 16, 2018. (Fox Valley Marathon – Blue Goose Beer Tent)

Presenter:

Jim Keegan, Police Chief

Meeting: Government Operations Committee

Date: August 20, 2018

Proposed Cost:

Budgeted Amount:

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

This is an application request for a Class E-7 Temporary License, authorizing for consumption of beer and wine for the Fox Valley Marathon being held on the east side of Blue Goose (between Blue Goose and 1st Street). This temporary license request is for one day (9-16-18).

The event will be from 7:00 am – 7:00 pm

This Class E-7 Temporary License was an add-on requested after the Special Events Permit was submitted.

*Pursuant to this item being presented at the Government Operations Committee meeting for approval; it will be brought before the Liquor Control Commission at a meeting scheduled at 4:30 p.m., the same day, August 20, 2018, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on September 4, 2018 for final approval.*

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

Application, Site Plan, COI, BASSET

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

Recommendation to approve a Proposal for an E7 Special Event Liquor License for Blue Goose Super Market, Inc., Located at 300 S 2<sup>nd</sup> Street, St. Charles for one day only, September 16, 2018. (Fox Valley Marathon – Blue Goose Beer Tent)

**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 E7 - SPECIAL EVENTS

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 E7  
 Commencing 9/16/18 and ending same  
 Time Starting Before 9am and ending 9p  
 Location of Event East of B 500 S 2nd St

Name of Business Blue Horse Super Market, Inc  
 Address of Business 300 S 2nd St Business Phone 630-584-0700  
 Has Applicant had a Class E7 License in the previous 365 days? No If YES, on what date: \_\_\_\_\_  
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: \_\_\_\_\_

### Requirements of a Class E7 - Special Event License for A2 (Package Sales) Liquor License Holders

- Class E7 licenses are restricted to A2 and A2(B) license holders.
- The Class E7 license fee is \$100.00 per day.
- 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.**
- Beer and/or Wine are the only alcoholic beverages to be sold.
- Hours are restricted to 12 noon to 9:00 p.m.
- Licensee must rope/fence off the licensed premises.
- Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
- Are children/minors permitted in the licensed premises? IN wristbands for 21+ - per Paul
- A sign limiting beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
- Each server of alcohol must be BASSET certified - need copy of BASSET certification.** certificates 8-14-18 - forth coming.
- A copy of site plan diagram to include roped area shall accompany this application.
- All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

- Is license to be used in conjunction with a special event approved by the City Council? yes  
 If yes, provide name of event: Fox Valley Marathon
- Is license to be used in conjunction with a picnic, bazaar, fair or similar assembly with food dispensing and/or sale the predominate purpose of the event? yes
- Location/address of event. Important: Attached drawing of location to this application. open lot east and contiguous to
- Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency. 300 S 2nd St

### 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: [Signature] Signed: \_\_\_\_\_  
 Sworn to before me this 23rd day of July, 2018.

Notary Public [Signature]



### ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: [Signature] Date: 8-14-18 Chief of Police: [Signature]  
 Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Liquor Commissioner: \_\_\_\_\_



- A – Step-and-repeat photo area
- B – Community/ entertainment display and demo area
- C – Cookout food sales area
- D – Beer sales area
- E – table seating area
- F – Picnic seating area
- G – Entry/ Exit area control point



# BASSET Card



March 24, 2017



Letter ID: L1482750352

HEATHER ROONEY  
1010 SOUTH SECOND ST.  
ST. CHARLES IL 60174

License No.: 5A-0110606  
Expiration Date: 3/7/2020  
License Type: Basset Card

Your "Student ID number" is: 10787426

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

**DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.**

### IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at [ILCC.illinois.gov](http://ILCC.illinois.gov)  
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

**ILLINOIS LIQUOR CONTROL COMMISSION**  
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS  
EDUCATION AND TRAINING [BASSET] CARD**

**Date of Certification: 3/7/2017 Expires: 3/7/2020**  
Trainer's IL Liquor License Number: 5A-0110606

HEATHER ROONEY  
1010 SOUTH SECOND ST.  
ST. CHARLES IL 60174

**\*\*Card is not transferrable - OFF-PREMISE ONLY\*\***

# BASSET Card



March 24, 2017



Letter ID: L0409008528

**HEATHER ROONEY**  
1010 SOUTH SECOND ST.  
ST. CHARLES IL 60174

**License No.:** 5A-0110606  
**Expiration Date:** 3/5/2020  
**License Type:** Basset Card

**Your "Student ID number" is: 10787426**

**Your "Trainer's ID number" is: 5A-0110606**

**Your BASSET Card is located BELOW**

**DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.**

### IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at [ILCC.illinois.gov](http://ILCC.illinois.gov)  
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**ILLINOIS LIQUOR CONTROL COMMISSION**  
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601  
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EDUCATION AND TRAINING [BASSET] CARD**

**Date of Certification: 3/5/2017 Expires: 3/5/2020**  
Trainer's IL Liquor License Number: 5A-0110606  
**HEATHER ROONEY**  
1010 SOUTH SECOND ST.  
ST. CHARLES IL 60174

**\*\*Card is not transferrable\*\***

The seal of the State of Illinois is visible in the background of the card information box.

# Certificate of Completion

**American  
Safety Council**

BROOKE HERMANN

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Has diligently and with merit completed the  
Off-Premise BASSET Alcohol Certification on 7/5/2018

from the American Safety Council.



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Jeff Pairan



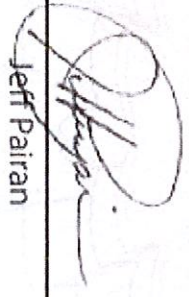
# Certificate of Completion



TAMMY FAUST

Has diligently and with merit completed the  
Off-Premise BASSSET Alcohol Certification on 5/21/2018

from the American Safety Council.

  
Jeff Pairan



**Illinois BASSET Training**

This card certifies that:

**TAMMY FAUST**

has completed the  
**Off-Premise BASSET Alcohol Certification**

A handwritten signature in blue ink, appearing to read "Jeff Parran".  

Jeff Parran

**6/20/2018**

Exp. Date:



# BASSET Card



November 30, 2016



Letter ID: L1501355920

BARBARA ROWE  
1804 CUMBERLAND GREEN DRIVE  
ST.CHARLES IL 60174

License No.: 5A-0110606  
Expiration Date: 11/22/2019  
License Type: Basset Card

Your "Student ID number" is: 10457139

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

**DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.**

### IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at [LCC.illinois.gov](http://LCC.illinois.gov)  
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p><b>ILLINOIS LIQUOR CONTROL COMMISSION</b> 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 <b>BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</b> Date of Certification: 11/22/2016 Expires: 11/22/2019 Trainer's IL Liquor License Number: 5A-0110606 BARBARA ROWE 1804 CUMBERLAND GREEN DRIVE ST.CHARLES IL 60174</p> <p><b>**Card is not transferrable - OFF-PREMISE ONLY**</b></p>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2017

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).

<b>PRODUCER</b> All-Security Insurance Agency 1000 E. Warrenville Road Suite 101 Naperville IL 60563	<b>CONTACT NAME:</b> Amanda Niemiec <b>PHONE (A/C, No, Ext):</b> 847-699-4040 <b>E-MAIL ADDRESS:</b> amanda@allsecurity.com	<b>FAX (A/C, No):</b> 847-297-1124	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Blue Goose Super Market Inc. dba Blue Goose Market 300 S 2nd St. St Charles IL 60174	<b>INSURER A:</b> West Bend Mutual Insurance Company		15350
	<b>INSURER B:</b> United States Liability Insurance Company		25895
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

### COVERAGES

CERTIFICATE NUMBER: 1639885439

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A337511	10/1/2017	10/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A337511	10/1/2017	10/1/2018	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ WAIVED			A337511	10/1/2017	10/1/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	A337517	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A B	Employment Prof. Liquor Liability Property Coverage			A337511 EPL1553173C	10/1/2017 10/1/2017	10/1/2018 10/1/2018	Occ./Agg. \$500k/\$500K Aggregate \$1,000,000 Building Limit 5,660,306

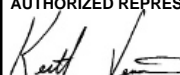
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Liquor Liability Coverage - Property Damage, Means of Support & Bodily Injury - \$1,000,000 CSL

Additional Insured: City of St. Charles

### 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 
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