

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5a

Title:

Recommendation to Approve a Proposal for a Parking Lot Closure, Amplification Permit, and Class E4 Liquor License for the Pollyanna Summer Soiree to be held in City Parking Lot *Second Court* on July 18, 2020 from 3:00 pm to 11:00 pm

Presenter:

Police Chief Keegan

Meeting: Government Operations Committee

Date: April 6, 2020

Proposed Cost: \$1,744.00 (PD)

\$529.28 (PW)

**\$2,273.28 (TOTAL)**

Budgeted Amount: \$

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

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

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

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

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

All fees for any signage, barricades, City electric, or City personnel will be absorbed by the Event sponsor. The sponsor has been instructed to be in contact with all the affected businesses in the immediate area as well as area residents.

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

**PLEASE NOTE: this special event is being recommended for approval with the caveat that all approvals are contingent upon any governmental sanctions regarding public gatherings, social distancing, etc., pertaining to COVID-19.**

*Pursuant to this item being presented at the Government Operations Committee Meeting on April 6, 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 20, 2020 for final approval.*

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

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

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

Recommendation to approve a proposal for a parking closure, amplification, and a Class E4 Liquor License for the Pollyanna Summer Soiree to be held in City Parking Lot *Second Court*, St. Charles on July 18, 2020 from 3:00 pm to 11:00 pm, and subject to any governmental sanctions regarding public gatherings, social distancing, etc., pertaining to COVID-19.

**For Office Use**

Received:  
Fee Paid: \$  
Receipt #

**CITY OF ST. CHARLES**

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



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

Pursuant to the provisions of Chapter 5.08, Alcoholic Beverages, of the City of St. Charles Municipal Code regulating the sale of alcoholic liquors in the City of St. Charles, State of Illinois and all amendments thereto now in force and effect.

The undersigned hereby makes application for a Liquor Dealer License,

Commencing JULY 18, 2020 and ending JULY 18, 2020  
Start Time: 3:00P End Time: 11:00P  
Location of Event: PARKING LOT OF 100-106 S. RIVERSIDE AVE

Name of Business POLLYANNA BREWING COMPANY

Address of Business 106 S. RIVERSIDE AVE, ST CHARLES

Business Phone 630-549-7372

5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: \_\_\_\_\_

Has Applicant had a Class E4 License in the current fiscal year? NO If YES, on what date: \_\_\_\_\_

**Requirements of a Class E4 – City Owner Property Permit Event**

1. The Class E4 license fee is \$100.00 per day.
2. Class E-4 Temporary License Permits shall authorize the retail sale of beer and wine or the retail sale of alcoholic liquor for consumption on the premises
3. It shall be unlawful for any person holding a Class E-2 license or E-4 license issued pursuant to this chapter to sell, offer for sale or to give away, in or upon any licensed premises, any alcoholic liquor between the hours of 12:00 midnight and 10:00 a.m. on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday.
4. This license shall be issued only for special events or catered functions where the dispensing of food predominates.
5. The issuance of the Class E4 Temporary License Permit shall be at the discretion of the Local Liquor Control Commissioner, with advice and consent of City Council.
6. Application for a Class E4 Temporary License Permit shall be submitted 45 days in advance of a scheduled date.
7. There shall be no Class E-4 Temporary License permits issued during the second full week of October, beginning 12:00 a.m. Friday and ending 12:00 a.m. Monday.
8. A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. **Please provide a list of all supervisors with this application.**
9. Licensee must rope/fence off the licensed premises.
10. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
11. Are children/minors permitted in the licensed premises? 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 24 day of JANUARY, 2020

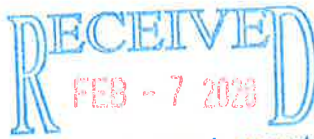
Notary Public \_\_\_\_\_

**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Approved: \_\_\_\_\_ Date: 2-11-20 Chief of Police: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Liquor Commissioner: \_\_\_\_\_

V2016a



Building & Code Enforcement  
St. Charles, IL

## 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. 202000143 Date of Meeting: 2/13/20 Revised date 06/06/2018

Name of the Event: POLLYANNA SUMMER SOIREE Date(s) of Event: JULY 18, 2020

#### Special Event Application – 90 Days

The Special Event Application is due to the City of St. Charles a minimum of ninety (90) days prior to the event if it requires closure of public streets, use of public parking lots, or the service of alcoholic beverages that requires a liquor license to be granted. The 90-day time period allows sufficient time to evaluate the request and provide a recommendation to the City Council for its consideration.

#### Special Event Application – 30 Days

The Special Event Application is due to the City of St. Charles, at a minimum, thirty (30) days prior to the event if it does not require closure of public streets, use of public parking lots, or the service of alcoholic beverages that requires a liquor license to be granted.

A copy of the Application and Funding of Special Events is attached for your information.

#### Special Event Submittal Check List

##### - Special Event Application

- ☐ Section 1 – Task List and Due Dates –90 day or 30 day submittal
- ☐ Section 2 – General Information
- ☐ Section 3 – Permits
- ☐ Section 4 – Site Plan and/or Route Map
- ☐ Section 5 – Emergency Phone Tree and Contact
- ☐ Section 6 – Emergency Crisis Management Procedures
- ☐ Section 7 – Retail Merchants
- ☐ Section 8 – St. Charles Police Department – Request for Police Services
- ☐ Section 9 – Hold Harmless Agreement
- ☐ Any outstanding funds owed to the City of St. Charles

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

- ☐ Loudspeaker/Amplifier License Application and Submittal Fee
  - ☒ \$5 per day
- ☐ Class E Liquor License Application and Submittal Fee
  - ☐ \$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.

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 <u>90 days</u> (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 <b>A copy of 501(C)3 document is to be submitted with application.</b>	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 <b>Original</b> 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 <b>30 days</b> (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 <b>A copy of 501(C)3 document is to be submitted with application</b>		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 <b>Original</b> 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. 202000143Name of Event: POLLYANNA SUMMER SOIREEType of Event: ☐ Parade ☐ Walk/Run/Bike ☒ Festival ☐ OtherLocation of Event: PARKING LOT ALONG ILLINOIS AVE FOR 106 S. RIVERSIDEDate(s) of Event: 7/18/2020 Hours of Event: 3:00P to 11:00P Estimated Attendance: 500-800Event Website: WWW.POLLYANNA BREWING.COMPurpose of the event: SHOWCASE POLLYANNA BEER W/ LOCAL FOOD & MUSIC.Name of sponsoring organization(s): POLLYANNA BREWING COMPANY (C CORP)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: RYAN WEIDANCEOrganizer address: 106 S. RIVERSIDE AVE.City: ST. CHARLES State: IL Zip: 60174Home Phone: N/A Cell Phone: [REDACTED] E-mail: RYAN@POLLYANNA BREWING.COMSecond contact person (emergency): CONRAD HURST Phone: [REDACTED]Is this an annual event? ☐ YES ☒ NO If yes, please provide event date(s) for next year: \_\_\_\_\_

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)?

N/A

### 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](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 3

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.

PARTION OF PARKING LOT AT 100-106 RIVERSIDE AVE

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

FROM

TO

DATES

TIMES

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your event require the use of city sidewalks?

☐ YES

☒ NO

Does your event require temporary electric service?

☒ YES

☐ NO

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

Does your event require temporary water/hydrant meter? ?

☐ YES

☒ NO

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



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

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

See Site Plan

If applicable, the following must be included:

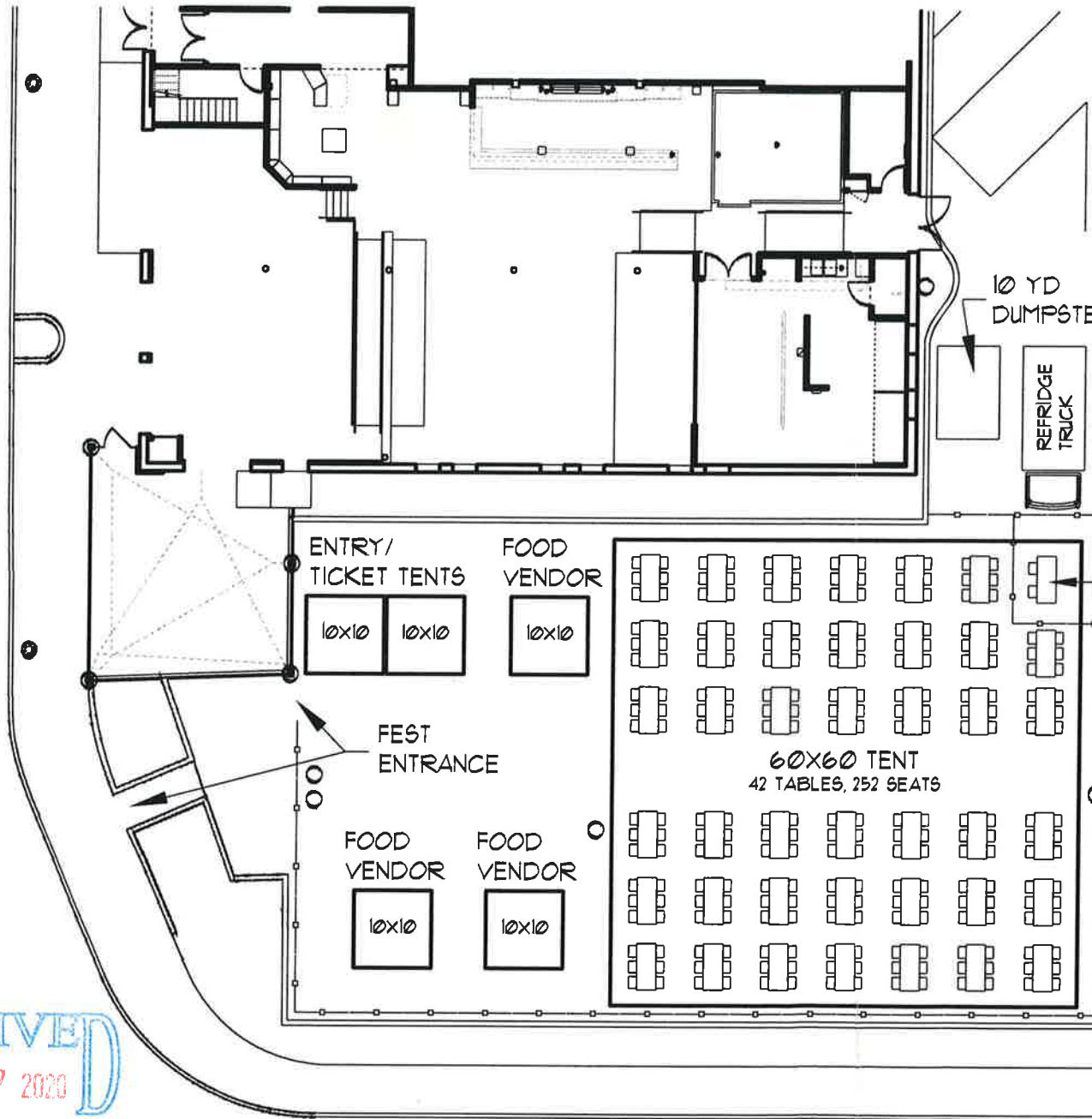
Location of food vendors (FV)  
Location of beverage vendors (BV)  
Location of garbage receptacles (G)  
Location of toilets (T)  
Location of hand washing sinks (HWS)  
Location of retail merchants (RM)  
Location of First Aid (FA)

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

S. RIVERSIDE AVENUE

RECEIVED  
FEB - 7 2020

Building & Code Enforcement  
St. Charles, IL



## Site Plan

SCALE - 1" = 20'-0"

ILLINOIS AVENUE

## 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 POLYANNA SUMMER SOURCE Date(s) of Event JULY 18, 2020

### Emergency Contact Information

Primary Contact: RYAN WEIDNER Secondary Contact: PAUL CICIORA

Title: CFO Title: PRESIDENT

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

Tertiary Contact: CONRAD HURST Operations Manager: ED MALKINAR

Title: LANDLORD / PARTNER Title: VP-OPERATIONS

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

### Site Managers and miscellaneous contacts

Location: POLYANNA Location: POLYANNA

Date(s): JULY 18, 2020 Date(s): JULY 18, 2020

Name: NICK MILLER Name: BRIAN PAWOLA

Phone # [REDACTED] Phone #: [REDACTED]

Location: POLYANNA Location: \_\_\_\_\_

Date(s): JULY 18, 2020 Date(s): \_\_\_\_\_

Name: CURT HURST Name: \_\_\_\_\_

Phone # [REDACTED] 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). POLYANNA BREWING CO has designated RYAN WEIDNER with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of POLYANNA BREWING CO, coordinate with local authorities for an action plan and to make any statements to the press (if applicable).
2. In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential affects on patrons, property and/or equipment) ALL POLYANNA BREWING CO. staff will be instructed to:
  - a. Act as quickly and professionally as possible;
  - b. To contact their immediate supervisor and/or the on-site POLYANNA BREWING 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 POLYANNA BREWING CO. 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 POLYANNA BREWING CO. 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 POLYANNA BREWING CO.
5. The CM will consult with the local authorities. If it is determined conditions are so extreme the festival cannot continue, the CM will consult with POLYANNA BREWING CO. to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by POLYANNA BREWING CO. 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 POLLYANNA BREWING CO. personnel;
- c. Direct any and all media questions to CM, and only read official statements prepared by POLLYANNA BREWING CO. 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:

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## 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: X NO: \_\_\_\_\_
- 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: JAN 24, 2020

Name: RYAN M. WEIDNER

Title: CFO

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



## ST. CHARLES POLICE DEPARTMENT

### REQUEST FOR POLICE SERVICES

DATE SUBMITTED: \_\_\_\_\_

RYAN WEIDNER  
Individual Requesting Services

POLYANNA BREWING COMPANY

Person/Organization to be Billed

106 S. RIVERSIDE AVE.

Address

ST. CHARLES, IL 60174

City/State/Zip Code

n/a

Home Telephone

630-549-7372

Business Telephone

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: BEER, MUSIC, & FOOD FESTIVAL

LOCATION: PARKING LOT OF 100-106 S. RIVERSIDE AVE.

DATE(S)	TIME(S)	NUMBER OF OFFICERS REQUESTED
<u>7-18-2020</u>	<u>3:00P</u> to <u>11:00P</u>	<u>AS NEEDED</u>
	to	
	to	
	to	

HOURLY RATE – TIME & 1/2

NUMBER EXPECTED TO ATTEND 500-800

\*\*\*\*\* 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

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## SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

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In consideration of the City of St. Charles permitting the POLLYANNA BREWING CO  
(name of organization)  
("Organization") to conduct POLLYANNA SUMMER SOIREE ("Event"), the Organization  
(name of event)  
recognizes, acknowledges and assumes any and all risks arising from or in any way  
related to the Event.

To the fullest extent permitted by law, the Organization hereby agrees to defend, indemnify and hold harmless the City of St. Charles, its officers, officials, employees and agents from and against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, cost, and expenses (including all attorney's fees and costs), arising from, or resulting from or in any way related, directly and/or indirectly to the Event, except that arising out of the sole legal cause of the City of St. Charles, its officers, officials, employees and agents.

The Organization shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and, if any judgment shall be rendered against the City of St. Charles, its officers, officials, employees and/or agents, in any such action, the Organization at its own expense shall satisfy and discharge same.

The invalidity of any provision(s) of this INDEMNIFICATION/HOLD HARMLESS or unenforceability of any of its provisions shall not affect the validity or enforceability of the remainder of this INDEMNIFICATION/HOLD HARMLESS.

The Organization and the authorized signatory below warrant and represent that the authorized signatory below has full authority to execute and submit this application, including, but not by way of limitation, the INDEMNIFICATION/HOLD HARMLESS



provisions contained herein.

The Organization and the authorized signatory below agree to inform the City of St. Charles of any changes in the application at least thirty (30) days prior to the event.

POLLYANNA BREWING COMPANY  
(Name of Organization)

JAN 24, 2020  
(Date)

by [Signature]  
Authorized Signatory

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

[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



## Pollyanna Summer Soiree

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

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

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

### **Proposal:**

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

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

Pets will be prohibited given the large anticipated crowd.

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

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

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

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

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

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

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

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



POLLBRE-01

TCHASE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cincinnati Insurance Company Cincinnati Customer Care Center P.O. Box 145496 Cincinnati, OH 45250-5496	<b>CONTACT NAME:</b> Teri Chase <b>PHONE (A/C, No, Ext):</b> (877) 687-1291 <b>E-MAIL ADDRESS:</b> CincinnatiCerts@cinfin.com <b>FAX (A/C, No):</b> (513) 881-8114 <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 28665
<b>INSURED</b>  Pollyanna Brewing Company 431 TALCOTT AVE LEMONT, IL 60439-3744		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE X OCCUR	X	ETD 0395732	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						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
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	X POLICY	X PRO-JECT	X LOC			
	OTHER:					
A	AUTOMOBILE LIABILITY		ETD 0395732	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	X HIRED AUTOS ONLY	X NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
A X	UMBRELLA LIAB	X OCCUR				EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB	CLAIMS-MADE	ETD 0395732	1/1/2020	1/1/2021	AGGREGATE \$ 1,000,000
	DED	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	EWC 0395730	1/1/2020	1/1/2021	X PER STATUTE OTH-ER \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability		ETD 0395732	1/1/2020	1/1/2021	Each Common Cause 1,000,000

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

Workers Compensation and Employers' Liability Coverage Excluded Individual(s):

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

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Teri S Chase





AGENCY CUSTOMER ID: POLLBRE-01

TCHASE

LOC #: 0

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY <b>Cincinnati Insurance Company</b>		NAMED INSURED <b>Pollyanna Brewing Company</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		431 TALCOTT AVE LEMONT, IL 60439-3744 COOK COUNTY	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

Liquor Liability: Each Common Cause Limit- \$1,000,000; Aggregate Limit-\$1,000,000

**Event:**

Pollyanna Summer Soiree

Parking lot of 100-106 S. Riverside Ave.

St. Charles, IL

Event Date: July 18, 2020

Policy forms available upon request.

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 July 18, 2020 TO July 18, 2020 Number of Days 1
2. Applicant is: ☒ Corporation ☐ Partnership ☐ Individual
3. Applicant's Name Pollyanna Brewing Company Telephone # 630-402-8212  
D/B/A \_\_\_\_\_ Email address ryan@pollyannabrewing.cc  
Address 106 S. Riverside Ave. City/State/Zip Bensenville, IL
4. Device Owner's Name Liquitt Solutions, Tom Chmielew Telephone [REDACTED]  
Address 1070 Bryn Mawr Avenue City/State/Zip Bensenville, IL
5. Device(s) to be used, specific to power amplification (wattage) and output:  
Stage speakers and sound system for live music in the parking lot . 6.400W
6. Area where device(s) is/are to be used:  
Parking lot of 100-106 S. Riverside Avenue
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):  
Rock and Jazz cover bands. Bands tbd.

9. Time of day device(s) is/are to be used: 3:00P-11:00P

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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

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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: \_\_\_\_\_

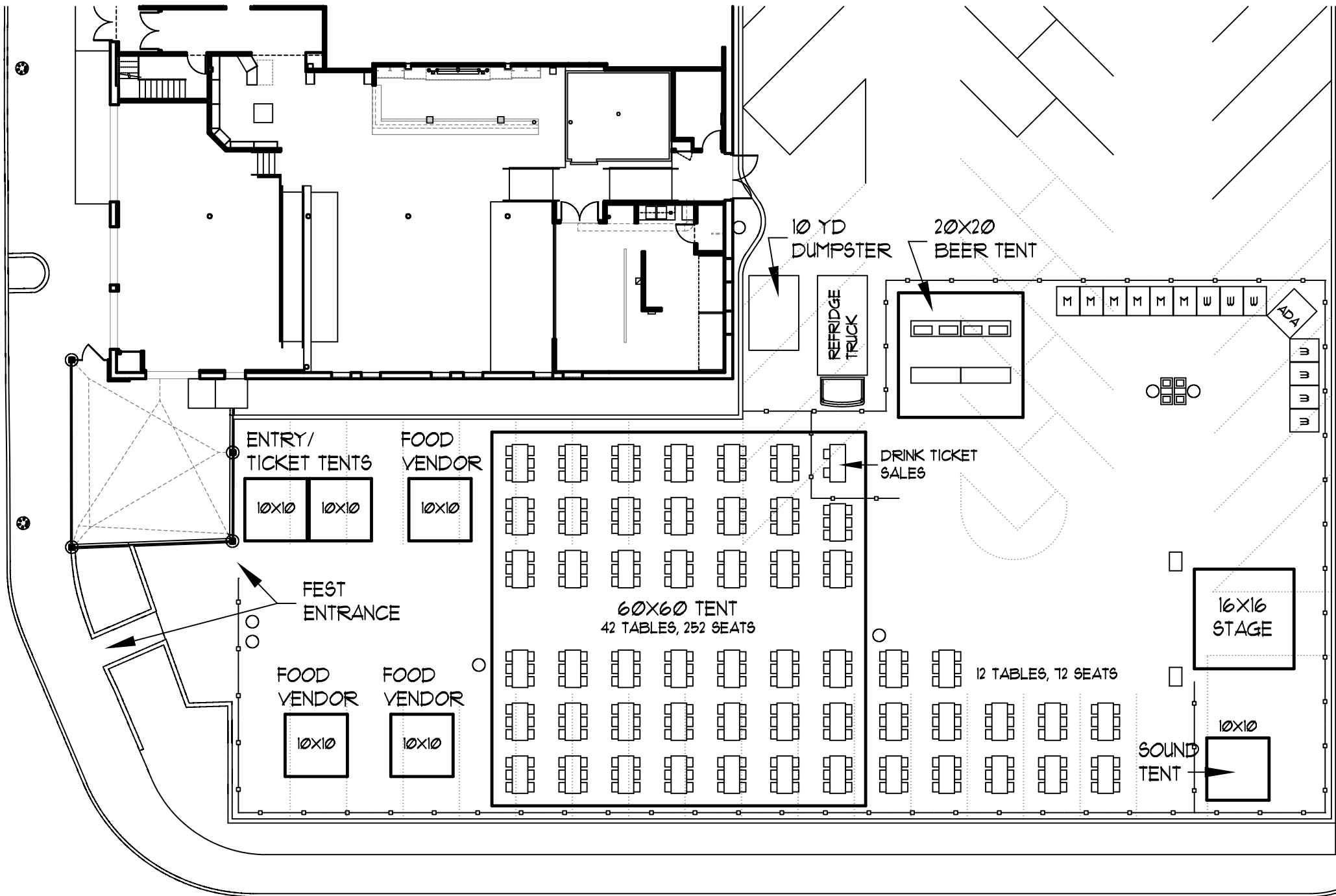
Denied: \_\_\_\_\_

by: \_\_\_\_\_  
Chief of Police

Date: \_\_\_\_\_

S. RIVERSIDE AVENUE

S. 2ND AVENUE



# Site Plan

SCALE - 1" = 20'-0"

NORTH

ILLINOIS AVENUE