	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 5b
	Title:	Recommendation to Approve a Proposal for a New Class E-4 Temporary Liquor License and a Loudspeaker Application for a Special Event, <i>Unwind Wednesdays</i> , to be held on the First Street Plaza	
	Presenter:	Police Chief Keegan	
Meeting: Government Operations Committee		Date: April 15, 2019	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>This is an application request for a Class E-4 Temporary License, authorizing consumption of beer, wine or alcoholic liquors on City property, specifically, the First Street Plaza. This temporary license request is for a series of thirteen (13) events to be held on Wednesdays starting June 5 through August 28, 2019. The event, known as <i>Unwind Wednesdays</i>, would be held on Wednesday evenings for these listed dates from 5:00 p.m. – 9:00 p.m. The businesses participating in this event include Puebla Modern Mexican, Pizzeria Neo, and McNally's Traditional Irish Pub. The dates are June 5, 12, 19, 26; July 3, 10, 17, 24, 31; and August 7, 14, 21, 28.</p> <p>This is the third year for this request. No problems were reported last year during any of the events.</p> <p>This event will coincide with St. Charles Live events scheduled for Wednesday evenings in and around the First Street Plaza beginning Memorial Day through September 15, 2019.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 2019 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 p.m., 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 May 6, 2019 for final approval.</i></p>			
Attachments <i>(please list):</i> Site Plan, Hold Harmless Form, Special Events Application, E4 License Application			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to approve at proposal for a new Class E-4 temporary liquor license for a special event, <i>Unwind Wednesdays</i> , to be held on the First Street Plaza.			

135. 1st Street

RECEIVED
JUN 26 2018Building & Code Enforcement
St. Charles, MO

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. 19-29594Date of Meeting: 9/14/19

Revised date 06/06/2018

Name of the Event: UNWIND WEDNESDAY'SDate(s) of Event: 06/05, 06/12, 06/19, 06/26, 07/03, 07/10, 07/17, 07/24, 07/31, 08/07, 08/14, 08/21, 08/28**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.

Would you like to be contacted by the Convention and Visitor's Bureau to help with your event?
(Finding event space, restaurants, caterers, suppliers, etc.)

Please mark Yes ☐ No ☒

If you marked yes please let the Convention and Visitor's Bureau know the best way to contact you:

Phone:

Email:

Received:

Fee Paid: \$

Receipt #

Check #

SECTION 1 - TASK LIST AND DUE DATES

Use this form to determine the date each of these tasks needs to be completed. For tasks that do not apply, please mark "N/A" in the Due Date column. If the Due Date falls on a weekend or holiday, the Due Date becomes the next normal business day. However, this does not affect the other Due Dates, as they are only dependent on the date of the special event.

Task to be completed for Events that require 90 days (All items due to City unless noted)	Days Due Before Event	Due Date
Date of the Special Event	- N/A -	
If event takes place in downtown St. Charles you are to complete an application through the St. Charles Downtown Partnership.	120 days	
Submit Special Event Application	90 days	
Payment of any outstanding funds due to the City of St. Charles	At time of submittal	
Provide verification of organization legal status, i.e. NFP, Partnership, Corporation A copy of 501(C)3 document is to be submitted with application.	At time of submittal	
Submit Class E Liquor License Application	90-days	
Submit Outdoor Sales Permit Application	90-days	
Submit Loudspeaker/Amplifier License Application	90-days	
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Carnival License Application	90 days	
Submit Fireworks Permit Application	60 days	
Submit Original Certificate of Insurance	21 days	
Submit copies of other required permits	At time of submittal	
Emergency Phone Tree	At time of submittal	
Emergency /Crisis Management Procedures	At time of submittal	
Submit Listing of Participating Retail Merchants/Applicable Food Vendors to Finance Department using Pre-Defined Form in Excel format	14 days	
Notify residents/businesses of special event	14 days	

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

Task to be completed for Events that require 30 days (All items due to City unless noted)	Days Due Before Event	Due Date
Date of the Special Event	- N/A -	
Submit Special Event Application	30 days	
Payment of any outstanding funds due to the City of St. Charles	At time of submittal	
Provide verification of organization legal status, i.e. NFP, Partnership, Corporation A copy of 501(C)3 document is to be submitted with application	At time of submittal	
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Outdoor Sales Permit Application	At time of submittal	
Submit Original Certificate of Insurance	21 days	
Submit copies of other required permits	At time of submittal	
Emergency Phone Tree	At time of submittal	
Emergency /Crisis Management Procedures	At time of submittal	
Submit Listing of Participating Retail Merchants/Applicable Food Vendors to Finance Department using Pre-Defined Form in Excel format	14 days	
Notify residents/business of special event	14 days	

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

SECTION 2 – GENERAL INFORMATIONPermit No. 19-29594Name of Event: UNWIND WEDNESDAYType of Event: ☐ Parade ☐ Walk/Run/Bike ☐ Festival ☒ OtherLocation of Event: 1ST ST. PLAZADate(s) of Event: EVERY WEDNESDAY JUNE THRU AUGUST Hours of Event: 5pm to 8pm Estimated Attendance: 100Event Website: N/A.Purpose of the event: LIVE MUSIC ON WEDNESDAY EVENINGS.Name of sponsoring organization(s): MC NALLY'S PUB, NEO & PUEBLA.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: COLIN HEADLEYOrganizer address: 109. W. MAIN ST.City: ST. CHARLES State: IL Zip: 6074Home Phone: _____ Cell Phone: _____ E-mail: COLIN@MCNALLYSPUB.COMSecond contact person (emergency): MICHAEL DING Phone: _____Is this an annual event? ☒ YES ☐ NO If yes, please provide event date(s) for next year: Every Wednesday JUNE THRU AUGUST

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.

NONE

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, or contact Building and Code Enforcement to obtain an outdoor sale permit application.

Will you be using speakers and/or sound equipment at your event? ☒ YES ☐ NO

If yes, you must submit a **Loudspeaker/Amplifier License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a loudspeaker/amplifier license application.

Are you holding a raffle at your event? ☐ YES ☒ NO

If yes, you may have to submit a **Raffle Permit Application**. For the raffle permit application for Kane County, please visit www.co.kane.il.us/COC, or contact the Kane County Clerk's Office at 630.232.5950. For the raffle permit application for DuPage County, please visit http://www.dupageco.org/countyclerk/generic.cfm?doc_id=631 or contact the DuPage County Clerk's Office at 630-407-5500.

Will you serve alcohol at your event? ☒ YES ☐ NO

If yes, you must submit **Class E Liquor License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a Class E liquor license application.

Will there be amusement rides at the event? ☐ YES ☒ NO

If yes, you must submit **Carnival License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov or contact the Mayor's Office to obtain a carnival license application.

Will you serve food at your event? ☐ YES ☒ NO

If yes, please indicate the number of vendors _____

Note: A list of food vendors must be submitted prior to the inspection of your event.

Are you requesting the use of any other city-owned property, i.e. parking lots, etc.? ☐ YES ☒ NO

If yes, please indicate the property that you are requesting to use.

Would you like to request the closing of city streets? ☐ YES ☒ NO

If yes, please fill in the following information or submit a route map along with this application:

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.

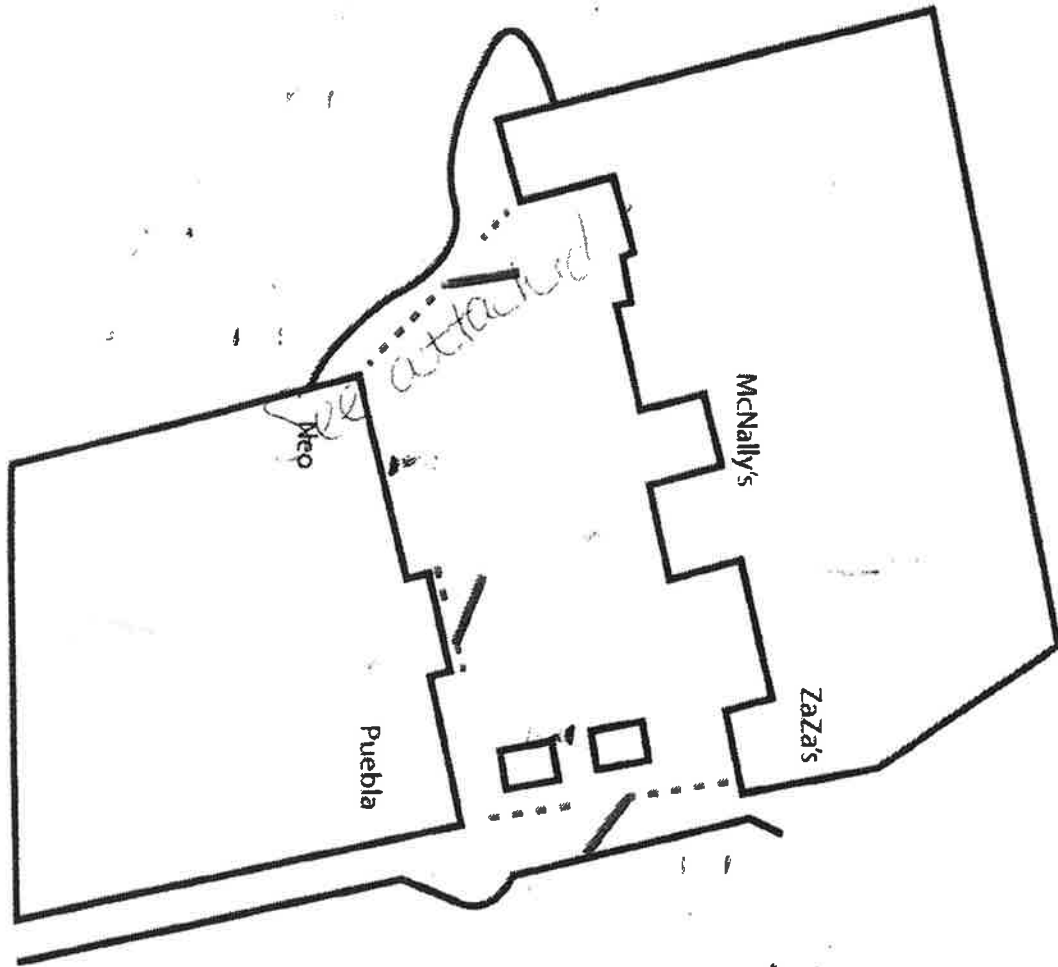
Does your event require temporary water/hydrant meter? ?

☐ YES ☒ NO

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

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.



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)

Entrance/Exit

Temporary Fencing

First Street Plaza
Wine Down Wednesday

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.

11
ENCLOSED

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)

Section 5 – Emergency Phone Tree

Please use the space below to illustrate the Emergency Phone Tree for your event or submit a separate form detailing your Emergency Phone Tree. If you need additional space, please attach a separate sheet.

Event Title UNWIND WEDNESDAY Date(s) of Event Every Wednesday June thru August

Emergency Contact Information

Primary Contact: Court Headley Secondary Contact: Michelle Dang

Title: MANAGER Title: BAR MANAGER

Phone [REDACTED] Phone no. [REDACTED]

Tertiary Contact: _____ Operations Manager: _____

Title: _____ Title: _____

Phone No: _____ Phone no.: _____

Site Managers and miscellaneous contacts

Location: _____ Location: _____

Date(s): _____ Date(s): _____

Name: _____ Name: _____

Phone # _____ .Phone #: _____

Location: _____ Location: _____

Date(s): _____ Date(s): _____

Name: _____ Name: _____

Phone # _____ Phone # _____

Location: _____ Location: _____

Date(s): _____ Date(s): _____

Name: _____ Name: _____

Phone #: _____ Phone # _____

Section 6– Emergency or Crisis Management Procedures

Please submit your Emergency or Crisis Management Procedures for your event or use the provided example. If you need additional space, please attach a separate sheet.

Emergency/Crisis Management Procedures

1. In the case of any incident, accident or anything deemed “out of the ordinary” (including inclement weather and its potential affects on patrons, property and/or equipment).
MC NALLY'S PUB has designated Carm HEADLEY with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of MC NALLY'S PUB, coordinate with local authorities for an action plan and to make any statements to the press (if applicable).
2. In the case of any incident, accident or anything deemed “out of the ordinary” (including inclement weather and its potential affects on patrons, property and/or equipment) ALL MC NALLY'S, NEO & PUBSIA. staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site Carm HEADLEY 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 Carm HEADLEY management representative explicitly;
 - e. Recommend that people leave the area first, or at the very least go to their vehicles. If unable to evacuate (staff, disabled, families, etc.) use the lower levels of the parking decks. (West Side, Walnut Street & 1st Street), (East Side, Walnut Avenue & 3rd Avenue). In the event of Tornado Warnings on Saturday and Sunday, Park District staff will open the Pottawatomie Park Community Center so people can seek shelter there, if desired;
If at a location with food, vendors and/or ride operators: turn off all power, gas and grills so unattended energy sources do not catch on fire.
3. These steps should be taken immediately following any incident/accident:
 - a. Get medical help to the parties involved (if applicable);
 - b. Work with sound/announcer, lighting, etc. to inform the patrons of necessary information and/or divert the patron's attention;
 - c. Resume scheduled activity as soon as possible (subject to #5 below);
 - d. Call the police or other authorities and report any accident;
 - e. Identify witnesses to the incident to obtain statements if necessary;
 - f. Contact a Site Manager for an Incident Report.
4. The CM will communicate to all staff, volunteers, and other personnel that all communication with the press, police, or any other authority will be handled solely by the CM. Police may request information from event personnel and everyone associated with

McNALLY, NEO & PUEBIA will cooperate with the police department. We will not interfere with police investigations and/or action plans and we will provide the police with materials available upon their request. Any and all materials requested should not be given out until copies of all information can be reproduced for _____.

5. The CM will consult with the local authorities. If it is determined conditions are so extreme the festival cannot continue, the CM will consult with McNALLY, NEO & PUEBIA to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by McNALLY 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 _____ personnel;
 - c. Direct any and all media questions to CM, and only read official statements prepared by McNALLY Management;
 - d. Use common sense. Think before you act, and always be professional;
 - e. Fill out a Festival Incident Report as accurately as possible;
 - f. Get a copy of the Incident Report from the police and a report from the hospital (if applicable).

Additional Notes:

SECTION 7 – RETAIL MERCHANTS

It is the responsibility of the event organizer to ensure that all participating retail merchants are properly collecting, reporting and filing City sales taxes from sales generated at the event, in accordance with State Statutes. The City's current sales tax rate is 8%. Sales tax collections and forms are to be submitted to the State and not the City. For further information on how and where tax payments are to be submitted, please contact the Illinois Department of Revenue Registration Office at 1-800-732-8866.

Please answer the following question regarding the use of retail merchants in conjunction with your event:

Will your event include:

- Merchants selling retail merchandise? YES: _____ NO: X
- Food and/or beverages for immediate consumption? YES: X NO: _____

If no, no further action is necessary.

If yes to either, you must provide a list of all participating vendors, including business name, address and State IBT number to the City's Finance Department within 14 days of the event. A sample form in Excel format will be emailed to the event organizer's email address. In addition, you must read and sign the following certification:

I understand that it is my responsibility to ensure that all retail merchants and/or food and beverage vendors participating in this event are aware of the rules and requirements for properly collecting and remitting any City sales taxes generated from sales at this event. I will provide the City with a complete listing of all merchants, including their name, address and State IBT number, within 14 days of the event.

Signature: 

Date: 02/26/19

Name: Colin Hendley

Title: MANAGER

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the MC Nauy's Pub
("Organization") to conduct UNWIND WEDNESDAY ("Event"), the Organization
(name of organization)
(name of event)
recognizes, acknowledges and assumes any and all risks arising from or in any way
related to the Event.

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

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

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

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

provisions contained herein.

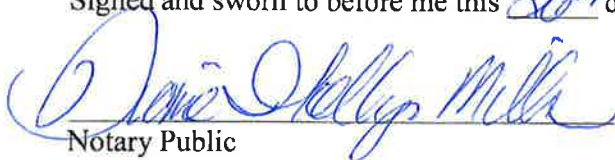
The Organization and the authorized signatory below agree to inform the City of St. Charles of any changes in the application at least thirty (30) days prior to the event.

McNallys Pub
(Name of Organization)

02/26/19.
(Date)

by 
Authorized Signatory

Signed and sworn to before me this 28th day of February, 2019.


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



MCNAGRO-01

CDECARO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2019

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

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

PRODUCER Joseph M. Wiedemann & Sons Inc. 505 East Golf Road Arlington Heights, IL 60005	CONTACT NAME: PHONE (A/C, No, Ext): (847) 228-8400 FAX (A/C, No): (847) 228-8505 E-MAIL ADDRESS:														
INSURED McNally Group, L.L.C. c/o Alexander X Kuhn & Co 123 W Front St Suite 200 Wheaton, IL 60187	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Society Insurance</td><td>15261</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Society Insurance	15261	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Society Insurance	15261														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BP15037699	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA15037700	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0		UM15037702	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC15037701	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input checked="" type="checkbox"/> Liquor Liability		BP15037699	12/31/2018	12/31/2019	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Premises of Operations: 109 W. Main Street, St. Charles, IL

CERTIFICATE HOLDER

CANCELLATION

City of St. Charles
2 E Main St.
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

For Office Use

Received:
 Fee Paid: \$
 Receipt #

CITY OF ST. CHARLES

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

NON-REFUNDABLE

CITY LIQUOR DEALER LICENSE APPLICATION
CLASS 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 06/05/19 and ending 08/28/19
 Time Starting 5pm and ending 8pm
 Location of Event 1st PLAZA

Name of Business MC NALLY'S TRADITIONAL IRISH PUB
 Address of Business 109 W MAIN ST Business Phone (630) 513 6300
 Has Applicant had a Class E7 License in the previous 365 days? YES If YES, on what date: 03/16
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: LLC

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? Y/N
- 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.**
- 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: UNWIND WEDNESDAY
- 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? NO
- Location/address of event. Important: Attached drawing of location to this application. 1ST ST. PLAZA
- Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency.

Affidavit

State of Illinois)
 County of Kane)

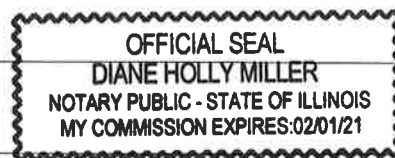
I/We, being duly sworn, that information contained in this application is true to my/our own knowledge and that the statements set forth are of my/our own free will. I/We solemnly swear that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the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

Signed: _____

Signed: _____

Sworn to before me this 20th day of February, 2019.

Notary Public _____

**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Approved: _____ Date: _____ Chief of Police: _____

Approved: _____ Date: _____ Liquor Commissioner: _____

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 06/05/19 TO 08/28/19 Number of Days 13
2. Applicant is: ☒ Corporation ☐ Partnership ☐ Individual
3. Applicant's Name MC NALLY'S PUB Telephone # (630) 513 6300
D/B/A MC NALLY'S PUB
Address 109 W. MAIN ST. City/State/Zip ST. CHARLES, IL 60174
4. Device Owner's Name AS ABOVE Telephone # _____
Address _____ City/State/Zip _____
5. Device(s) to be used, specific to power amplification (wattage) and output:
TWO SPEAKERS
6. Area where device(s) is/are to be used:
1ST. PLAZA.
7. Amplification system will be used for:
☒ Music
☐ Public Speaking
☐ Other (describe) _____
8. If used for music, what type (include name of artist/band if applicable):
GENERAL COVER BANDS

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

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

Applicant

Signature

The fee for such a license will be \$5.00 per day, payable when the application is submitted for review. The city's police chief will reserve the right to review the application, and in conjunction with the Public Health and Safety Committee, either approve or deny the license request.

Approved: _____

Denied: _____

by: _____

Chief of Police

For Office Use

Date Received 2/26/19

Fee Paid \$5.00

Receipt No. _____

Permit No. 19-29594

RECEIVED
FEB 26 2019
Building & Code Enforcement
St. Charles, IL