A	AGEND	A IT	EM EXECUTIVE SUMMARY	Agenda Item number: 6						
ALCO .	Title: Recommendation to Approve an Outdoor Patio Permit for Vintage 53 located at 162 S 1st Street, Unit C									
ST. CHARLES	Presenter:	r: Chief Keegan, Police Department								
Meeting: Liquor Control Commission Date: April 17, 2017										
Proposed Cost: \$	393.0.2		Budgeted Amount: \$		Not Budgeted:					
Executive Summary (if not budgeted please explain):										
Vintage 53 has recently opened their business on 1 <sup>st</sup> Street and has been graciously accepted into the neighborhood with his fine wines and craft beers; along with a light menu of flatbreads, salads, cheese and charcuterie, and desserts. Mr. Grado is here tonight requesting permission to have an outdoor patio located on public property boundaries outside of his business.  A copy of the permit request to the City is attached.										
Attachments (please list): Application w/site plan										
Application w/site	pian									
Recommendation/										
Recommendation to approve an Outdoor Patio Permit for Vintage 53 located at 162 S 1 <sup>st</sup> Street, Unit C.										

## CITY OF ST. CHARLES

## **Annual Application**

## Sidewalk Cafe, Food Cart & Sidewalk Sign in Public Places



DIVISION: Building & Code Enforcement	PHONE: (630) 377-4406 FAX: (630) 443-4638				
Application Date: 4/14/17 Parcel No.	Permit No				
PLEASE PRINT	ALL INFORMATION				
Property Address: 162 5. 15+	Street				
Name of Business at this location: Vin ta	ge 53				
I hereby apply for permission to place the followin	g on public property: (check all that apply)				
□ Sign	★ Enclosure fencing				
Tables & Chairs	□ Food cart(s)				
□ Table Umbrellas	□ Other:				
<ul> <li>□ Annual Permit Application – Completely Filled Out.</li> <li>□ Two-2 Copies of site plan with dimensions showing:         <ul> <li>• Sidewalk/walkway/plaza width &amp; length</li> <li>• Building wall &amp; entrance</li> </ul> </li> </ul>	Trees & tree grates Ricycle racks & newspaper hoves				
<ul> <li>Building wall &amp; entrance</li> <li>Light poles, benches &amp; trash containers</li> </ul>	<ul> <li>Bicycle racks &amp; newspaper boxes</li> <li>Proposed location of tables, chairs, food cart &amp; sign</li> </ul>				
<ul> <li>Certificate of Worker's Compensation Insurance (as a provided to customers in public places.</li> </ul>	and if required by Illinois Statues) – required when service is				
	ance, with limits of at least \$2-million per occurrence and for				
any single injury, naming the City of St. Charles as co					
□ Sidewalk Sign - \$30.00 annual fee	assess use				
Sidewalk Café/Food Cart CBD-1 Zoning District - \$50					
☐ Sidewalk Café – First Street TIF District - \$50.00 annual Sidewalk Café – First Street TIF District - \$25.00 annual					
2 Sidewark Care This Street The District - \$25.00 anni	ual tee (2 Application)				
Owner of the Property:	Applicant:				
Name: First Street Development II, IIC N. Address: 409 Illipois Ave A	ame: Mario Grado				
Address: 409 Illians Ave A	ddress: 450 S. 1st Street				
City/State/Zip Code: St. Charles II 601740	ity/State/Zip Code: St. Charles II, 601				

Telephone NO. 630-443-9393 Telephone NO. 630-536-4560

If approved, this permit allows for the use of the public sidewalk, walkway or plaza contiguous to the business at the above address for the uses indicated above, as shown on the approved site plan. I understand and acknowledge that this permit constitutes a revocable license for the use of public property. I have read and agree to fully abide by the requirements of this permit and of Section 12.04.102 and 12.04.104 of the St. Charles Municipal Code.

I further agree to indemnify and defend the City from and against any and all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses, consequential or otherwise, including reasonable attorney's fees, which may in any way arise out of or be connected with the granting of this permit or which may in any way result therefrom, or from any act or failure to act by me, my agents or employees. AUTHORIZED SIGNATURE OF PROPERTY OWNER: (if different from Applicant) REPORT OF BUILDING OFFICIAL Remarks: Sidewalk Sign valid through December 31 \_\_\_\_\_ (year) Sidewalk Café/Food Cart CBD-1 Zoning District valid April 1 through October 31 of \_\_\_\_\_ (year) ☐ Sidewalk Café – First Street TIF District (1st Application) April 15th through July 23rd of \_\_\_\_\_ (year) or 2<sup>nd</sup> application July 24<sup>th</sup> through October 31<sup>st</sup> \_\_\_\_\_ (year) (100 days or less) Accepted: \_\_\_\_\_ Rejected: \_\_\_\_ Date: \_\_\_\_ Signed: For Office Use Fee Paid \$ Receipt # \_\_\_\_\_ Check #\_\_\_\_



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2016

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 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).

	certificate holder in lieu of such endor	seme	ent(s)			7.000.023.004.00.02 TATACA 2.000.00.00							
PR	ODUCER				CONTA NAME:	CT							
Wine Sergi Insurance						PHONE (A/C, No. Ext):630-513-6600 FAX (A/C, No):630-513-6399							
1000 E. Warrenville Road						E-MAIL ADDRESS:nicolec@winesergi.com							
Suite 101 Naperville IL 60563					INSURER(S) AFFORDING COVERAGE NAIC #								
I Vaperville IL 00000													
INS	URED	/INIT	101		INSURER A :Northfield Insurance Company								
VINTAUT					INSURER B :Princeton Excess & Surplus								
Vintage53 162 S First St.					INSURER C :Employers Preferred Insurance								
St.	Charles IL 60174				INSURER D :								
						INSURER E :							
_	WEDACES CER	TIFICATE NUMBER				INSURER F:							
		RTIFICATE NUMBER: 864582016											
1	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.												
INSF	TYPE OF INSURANCE	ADDL SUBR INSR WVD POLICY NUMBER		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY		1110	WS267415		12/1/2016	12/1/2017	EACH OCCURRENCE	\$1,000.	.000			
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED					
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$100,00  MED EXP (Any one person) \$5,000					
	ODUMO-MADE OCCOR							Parish and Charles		000			
								PERSONAL & ADV INJURY \$1,000, GENERAL AGGREGATE \$2,000,					
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$2,000,					
	Y PRO-							\$		,000			
A	AUTOMOBILE LIABILITY			WS267415		12/1/2016	12/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,0		000			
				W3207413	12/1/2010	12/1/2017	BODILY INJURY (Per person) \$		,000				
	ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS							BODILY INJURY (Per accident) \$					
						PROPERTY DAMAGE &							
								(Per accident) \$					
В	UMBRELLA LIAB X OCCUP			82A3FF000169000		12/1/2016	12/1/2017						
X EXCESS LIAB CLAIMS-MADE		iii.	82A3FF000169000			12/1/2016	12/1/2017	EACH OCCURRENCE	\$2,000,	000			
		4   4						AGGREGATE	\$				
DED RETENTION \$ C WORKERS COMPENSATION				FIC0420200		40/4/0040	40/4/0047	Y WC STATU- OTH-	\$				
AND EMPLOYERS' LIABILITY Y/N		E		EIG2438290		12/1/2016	12/1/2017	^ TORY LIMITS   ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT					
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$1,000,0					
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,	000			
A	Liquor			WS267415		12/1/2016	12/1/2017	\$1,000,000 Ea Cause	\$2,000,0	000 Agg			
PE-	CRIPTION OF OREDATIONS (1 CO. TIONS	FC .:		10000 404 1 100									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)													
-	OFFICIATE HOLDER												
CE	RTIFICATE HOLDER			<u> </u>	CANC	ELLATION		M   88					
City of St. Charles 2 East 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								