

	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 7c
	Title:	Recommendation to Approve a Proposal a Class E1 Liquor License for St. Charles Chamber of Commerce to be held at Baltria Vintage Auto Gallery, St. Charles on September 13 & 14, 2019	
	Presenter:	Chief Keegan, Police Chief	
Meeting: Government Operations Committee		Date: August 19, 2019	
Proposed Cost:		Budgeted Amount: \$	Not Budgeted: <input checked="" type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>The St. Charles Chamber of Commerce is requesting to host their final Cruise Nights event at Baltria Vintage Auto Gallery, located at 4200 E. Main St. in St. Charles, on Friday, September 13 from 5:00 pm – 8:00 pm, and Saturday, September 14, from 10:00 am – 4:00 pm and obtain an E1 License (not-for-profit).</p> <p>City of St. Charles Liquor License holder, Pollyanna Brewing Company, will supply the beer for this event. Identification will be checked for all participants wishing to purchase alcohol and wrist bands will be administered to those 21 and older after the identification is properly verified.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee meeting on August 19, 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 September 3, 2019 for final approval.</i></p>			
Attachments <i>(please list):</i> E1 Liquor Application, COI, BASSET Information, and site plan			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to Approve a Proposal a Class E1 Liquor License for St. Charles Chamber of Commerce to be held at Baltria Vintage Auto Gallery, St. Charles on September 13 & 14, 2019			

For Office Use
Received:
Fee Paid: \$
Receipt #

NON-REFUNDABLE
CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



CITY LIQUOR DEALER LICENSE APPLICATION
CLASS E1 - NOT-FOR-PROFIT LICENSE
CLASS E3 - KANE COUNTY FAIR

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

The undersigned hereby makes application for a Liquor Dealer License, Class E1 - Not-For-Profit License or E3 - Kane County Fair
Commencing 9/13/2019 and ending 9/14/2019
Time Starting Fri 5-8 pm and ending Sat 10a-4p
Location of Event Britta Custom Auto 4200 E Main St

Name of Business ST. Charles Chamber of Commerce
Address of Business 816 Riverside Ave Business Phone 630 584 8384
Is the Applicant a Not-For-Profit Organization? YES
Authorized Agent, Ryan Wedner Title Owner - Pollyanna Breiving
Has Applicant had a Class E1 License in the previous 365 days? NO If YES, on what date:
Does Applicant have Dram Shop Insurance? YES If YES, attach evidence of insurance.

Requirements of a Class E1 / E3 - Not-For-Profit License

1. The Class E1 license fee is \$50.00 per day.
2. A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. Please provide a list of all supervisors with this application.
3. Liquor supervisors shall be members of the organization holding the license.
4. Beer and/or Wine are the only alcoholic beverages to be sold.
5. Hours are restricted to 12 noon to 11:00 p.m.
6. Licensee must rope/fence off the licensed premises.
7. Are children/minors permitted in the licensed premises? Y N
8. Each patron must wear a wristband after having identification checked for legal alcohol consumption age.
9. A sign limited beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
10. Each server of alcohol must be BASSET certified - need copy of BASSET certification.
11. A copy of site plan diagram to include roped area shall accompany this application.
12. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

Affidavit

State of Illinois)
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to issue the Liquor Dealer License, Class E1 to me/us for the location hereinbefore indicated; that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed:
Sworn to before me this 14 day of August
Notary Public Sharon J. Bringsel

Signed: James J. McCreary
2019 President, CCO St. Charles Chamber

Approved: ✓ Date: 8-15-19 Chief of Police:
Approved: _____ Date: _____ Liquor Commissioner: _____





POLLBRE-01

ELEWIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2019

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 Cincinnati Insurance Company Cincinnati Customer Care Center P.O. Box 145496 Cincinnati, OH 45250-5496	CONTACT NAME: Eli Lewis	
	PHONE (A/C, No, Ext): (877) 687-1291	FAX (A/C, No): (513) 881-8114
	E-MAIL ADDRESS: CincinnatiCerts@cinfin.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Cincinnati Casualty Company	28665
INSURED Pollyanna Brewing Company 431 TALCOTT AVE LEMONT, IL 60439-3744	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 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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		ETD 0395732	1/1/2019	1/1/2020	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
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			ETD 0395732	1/1/2019	1/1/2020	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 type="checkbox"/> RETENTION \$			ETD 0395732	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	EWC 0395730	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Liquor Liability			ETD 0395732	1/1/2019	1/1/2020	Each Common Cause 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Liquor Liability: \$1,000,000 Each Common Cause Limit / \$1,000,000 Aggregate Limit

Event: Cruise Nights-The Classic (Baltia Vintage Auto Gallery, 4200 E. Main Street, St. Charles, IL 60174)

Event Dates: Sept 13 & Sept 14, 2019

Additional Insured status is granted to St. Charles Chamber of Commerce and Baltia Vintage Auto Gallery on the Commercial General Liability Coverage Part per form GA227.

Policy form(s) available upon request.

CERTIFICATE HOLDER

CANCELLATION

Baltia Vintage Auto Gallery 4200 E. Main Street 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2019

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PRODUCER
Presidio
55 Shuman Blvd
Naperville IL 60563

CONTACT
NAME: Jara ReedPHONE
(A/C, No, Ext): 630-513-6600FAX
(A/C, No): 630-513-6399E-MAIL
ADDRESS: jarar@winesergi.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Cincinnati Insurance Company

10677

INSURER B : Underwriters at Lloyd's, London (Illinois)

15792

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
St Charles Chamber of Commerce
216 Riverside Ave
St. Charles IL 60174

STCHAR1

COVERAGES

CERTIFICATE NUMBER: 111144455

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	EPP 0155672	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EPP 0155672	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 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 \$ 0		EPP 0155672	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A	EWC 0266296	9/1/2018	9/1/2019	<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
B	Liquor Liability		LIQ110981	7/23/2019	7/23/2020	Combined Single Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Classic Car Show 9/13 - 9/14

The City of St. Charles is an additional insured as respects general liability coverage as required by written contract.

CERTIFICATE HOLDER

City of St Charles
2 E Main Street
St Charles IL 60174

CANCELLATION

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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Illinois BASSET

SELLER / SERVER CERTIFICATION

Trainee Name: Ryan Weidner

Date of Completion: 08/02/2017

School Name:
360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 877.881.2235

GRASS
FIELD

GRAVEL
FIELD

BOUNCE
HOUSE

CAR
SHOW
ENTRY

↑
PUBLIC PARKING
↓
CAR SHOW PARKING

↑
BLOCKED
NO
ACCESS
↓

