

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: IA

Title:

Recommendation to approve a Proposal for an E7 Special Event Liquor License Application for Fix Fox Valley Collision, Located at 1214 Foundry St., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: City Council

Date: August 5, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

The Blue Goose is seeking a special event license to assist Fix Fox Valley Collision in a fundraiser to support “Jeep Crusade for a Cause”. The event will take place on Saturday, August 17th from 1:00 p.m. to 6:00 p.m.

The Blue Goose has submitted a site plan and a certificate of insurance.

Because of the timeline associated with this request, it needed to proceed directly to City Council.

Attachments *(please list):*

Application, Summary, Event Diagram, Certificate of Insurance

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for an E7 Special Event Liquor License application Fix Fox Valley Collision, located at 1214 Foundry St., St. Charles.

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 8-17-19 and ending SAME
Time Starting 1 PM and ending 6 PM
Location of Event 1214 Foundry St. 60174

Name of Business Blue Goose Market
Address of Business 300 S Second St. Business Phone 630-584-0900
Has Applicant had a Class E7 License in the previous 365 days? YES If YES, on what date: 9-16-18
5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: _____

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

1. Class E7 licenses are restricted to A2 and A2(B) license holders.
2. The Class E7 license fee is \$100.00 per day.
3. 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.
4. Beer and/or Wine are the only alcoholic beverages to be sold.
5. Hours are restricted to 12 noon to 9:00 p.m.
6. Licensee must rope/fence off the licensed premises.
7. Each patron must wear a wristband after having identification checked for legal alcohol consumption age.
8. Are children/minors permitted in the licensed premises? Y/N
9. A sign limiting 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.

1. Is license to be used in conjunction with a special event approved by the City Council? NO
If yes, provide name of event: _____
2. Is license to be used in conjunction with a picnic, bazaar, fair or similar assembly with food dispensing and/or sale the predominate purpose of the event? YES
3. Location/address of event. Important: Attached drawing of location to this application. 1214 Foundry St. 60174
4. 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)

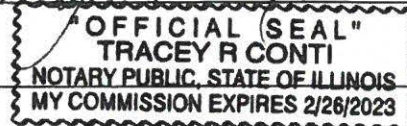
I/We, being duly sworn, that information contained in this application is true to my/our own knowledge and that the statements set forth are of my/our own free will. I/We solemnly swear that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the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

Signed: Paul J. Conti

Signed: Tracey R. Conti

Sworn to before me this 2 day of August, 2019.

Notary Public _____



ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: [Signature] Date: 8-2-19 Chief of Police: [Signature]

Approved: _____ Date: _____ Liquor Commissioner: _____

Request for an E7 liquor license for Blue Goose Market to support Aug 17 Jeep Crusade for a Cause. This event will be hosted by Fix Fox Valley Collision and it's owner John DeNicolò. The event is being run by and informal group of local businessmen who are a part of an organization known as FRBA. It is being put on to bring friends together to raise funds for a collection of local charities including Hourse Power, RAM, and Gigi's Playhouse. Fix has invited jeep owner to show their jeeps and enjoy food, drink and the St Charles environment. This should be a nice family event.

Paul Lencioni

CEO

Blue Goose Market



A – Food and beverage service area

B – Controlled ^{Fenced} food and beverage area with all family permitted, but containing any alcohol consumption permitted – ID's checked and over 21 indicated

C – Jeep showing area

D – Controlled entrance

JEEP CRUSADE FOR A CAUSE

HOSTED BY ~~FIX~~ FOX VALLEY COLLISION

Sponsored by Fox River Business Alliance



AUGUST 17, 2019 1-6 PM

ST. CHARLES

Jeep

Show Categories for all Jeeps:

- Best stock
- Best modified
- Best heavily modified
- Best interior upgrades
- Best trail rig
- Winners will receive trophies

Benefiting Local Charities

Horse Power
Equine Therapy

Random Acts Matter

Gigi's Playhouse

come to enjoy:

- \$10 Jeep show entry fee
- live DJ
- 50/50 raffle \$4k Min.
- Food and beverage offered by, Blue Goose
- hourly raffles
- Vendor booths

For more info or to RSVP visit the event on facebook



@ Jeep Crusade For a Cause

1214 FOUNDRY STREET, ST. CHARLES, IL. 60174



ACQUAVIVA
WINE & DRY





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2019

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 Presidio 55 Shuman Blvd Naperville IL 60563	CONTACT NAME: Amanda Niemiec PHONE (A/C, No, Ext): 847-699-4040 E-MAIL ADDRESS: aniemiec@presidiogrp.com FAX (A/C, No): 847-297-1124
INSURED Blue Goose Super Market Inc. dba Blue Goose Market 300 S 2nd St. St Charles IL 60174	INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Insurance Company INSURER B: Federal Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
BLUEGOO-02	NAIC # 15350 20281

COVERAGES**CERTIFICATE NUMBER:** 1887979006**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		A337511	10/1/2018	10/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$3,000,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> comp <input checked="" type="checkbox"/> coll			A337511	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ ded \$1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			A337511	10/1/2018	10/1/2019	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	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 <input type="checkbox"/>	N/A	A337517	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B A	Employment Prof Liquor Liability Property Cov			8255-7747 A337511	12/1/2018 10/1/2018	12/1/2019 10/1/2019	Occ/Agg Agg Bldg Limit \$500k/\$500k \$1,000,000 \$5,886,700

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

Re: Event - Jeep Crusade for a Cause, Date - 8/17/19

Certificate holder is an additional insured with respect to general liability when required by written contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**Fox Valley Collision
1214 Foundry 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

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