ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: IIA1
	Title:	Recommendation to Approve a Proposal for a New Class E-1 Temporary Liquor License for a "Special Event" – "Hops for Hope 5K" to be held at Mt. Saint Mary Park – May 19, 2018
	Presenter:	Police Chief James Keegan

Meeting: City Council	Date: February 5, 2018	
Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

This is an application request for a Class E-1 Temporary Liquor License, authorizing dispensing and consumption of craft beer on Park District property, as indicated on a proposed 5K road race route. This temporary license is requested for a single, one-day event to be held on Saturday, May 20th, 2017. The event, known as "Hops for Hope 5K," will be held on Saturday, May 19th between 9:00 am and 3:00 pm. Event registration begins at 9:00 am, with the race starting at 11:00 am. The event is currently expected to bring approximately 100 runners to the City of St. Charles.

The event is being promoted by "Project Mobility", a Non-for-Profit organization in partnership with the Bike Rack of St. Charles, with the goal of raising funds to provide adaptive cycling for subjects with physical disabilities. This will involve a 5K running event that starts and ends in Mt. Saint Mary Park. It will traverse through the park; then south along Rt. 31 to Wheeler Park in Geneva; and back. The St. Charles Police Department will provide staff to facilitate traffic control for runners crossing Rt. 31 and will not require any road closures. The event will incorporate (5) five individual Basset supervised Craft Beer "Sampling" stops. Runners will have the opportunity to "sample" a 3 ounce Craft Beer provided by local craft brewers, for a total of 15 ounces during the course of the run.

All participants must be 21 or older and each will receive an event specific wristband confirming their identification and age were verified. Each "beer stop" will be fenced with a single point of ingress and egress. The sample will be issued in a plastic cup which would be disposed of at the stop prior to egress. The event will have a fenced in area in Mt. Saint Mary Park and would incorporate a tent, awards stand, and a dispensing area for craft beer. Event participants will be issued (2) two tickets to exchange for a total of (2) two pints of craft beer following the race, after which they will receive no additional beer service. In the event that event spectators desire to enter the fenced area they would pay an entry fee, be provided a different color wristband, and would also be issued (2) two tickets to exchange for a total of (2) two pints, after which they would receive no other service.

A sound amplification permit has been applied for to accommodate a public address system and a band for event entertainment.

The promoter has advised that they are not conducting a broad advertisement campaign and predict that the anticipated attendance should not exceed 200.

This event is still pending final review and approval by the St. Charles Park District Board.

This item was presented at the Government Operations Committee meeting on January 22, 2018 where it received a vote of 4 – 1 in favor of the event. It will be presented at the City Council Meeting on February 5, 2018 for final approval.

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

E-1 Liquor License Application; Site Plan; Amplification Application; Special Events Application

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

Recommendation to approve a proposal for a new Class E-1 Temporary Liquor License for a Special Event, "Hops for Hope 5K," to be held at Mt. Saint Mary Park – May 19, 2018.

CITY OF ST CHARLES
SPECIAL EVENT APPLICATION
THIS FORM MUST BE COMPLETED IN
FULL & SUBMITTED 90 or 30 DAYS PRIOR TO THE EVENT

ST. CHARLES
SINCE 1834

Permit No. 17-2996 **Date of Meeting:**_____ Revised date 06/07/2017

Name of the Event: Hops for Hope 5K Beer Run/Walk **Date(s) of Event:** May 19th 2018

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– Hold Harmless Agreement
  - ☐ **Any outstanding funds owed to the City of St. Charles**

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

- ☑ Outdoor Sales/Event Permit Application and Submittal Fee
  - ☑ **$65**
- ☑ 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: 12/20/2017	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 -	5/19/18
If event takes place in downtown St. Charles you are to complete an application through the St. Charles Downtown Partnership.	120 days	1/19/18
Submit Special Event Application	90 days	2/19/18
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	2/19/18
Submit Outdoor Sales Permit Application	90-days	2/19/18
Submit Loudspeaker/Amplifier License Application	90-days	2/19/18
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Carnival License Application	90 days	N/A
Submit Fireworks Permit Application	60 days	N/A
Submit **Original** Certificate of Insurance	21 days	4/28/18
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	5/5/18
Notify residents/businesses of special event	14 days	5/5/18

City Services Requested:			**Comments**
Police	Yes	No	1 Police for the crossing of Route 31 + 1 officer for Beer tent
Fire/EMS	Yes	No	
EMA	Yes	No	
Public Services	Yes	No	Believe they are needed for fencing set-up - Park Dist
Electric	Yes	No	If possible for food vendors - Park Dist
Water	Yes	No	If possible for food vendors - Park Dist
Other:	Yes	No	

SECTION 2 – GENERAL INFORMATION Permit No. 17-216996

Name of Event: Hops for Hope 5K Beer Run/Walk

Type of Event: ___ Parade ✓ Walk/Run/Bike ___ Festival ___ Other

Location of Event: Mount Saint Mary Park

Date(s) of Event: 5/19/18 Hours of Event: 10 am to 3 pm Estimated Attendance: 1,000

Event Website: www.projectmobility.org

Purpose of the event: Project Mobility is hosting our first 5K run to bring awareness to the local community on adaptive cycling and to raise funds to bring the freedom of mobility to those who may not have had the chance!

Name of sponsoring organization(s): Project Mobility

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		**0%**	**0%**
Non-Governmental/Non-Profit Entity	✓	**50%**	**0%**

Contact person from sponsoring organization: Katherine Simmons

Organizer address: 2930 Campton Hills Road

City: St. Charles State: IL Zip: 60175

Home Phone: N/A Cell Phone: 630-464-2991 E-mail: katherine@projectmobility.org

Second contact person (emergency): Tammy Simmons Phone: 331-442-0179

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.
There were no problems/incidents that occurred.

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 Approx. 4

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.

Parking garage off of First Street, parking lot off of Second Street and Illinois for extra parking spaces

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.

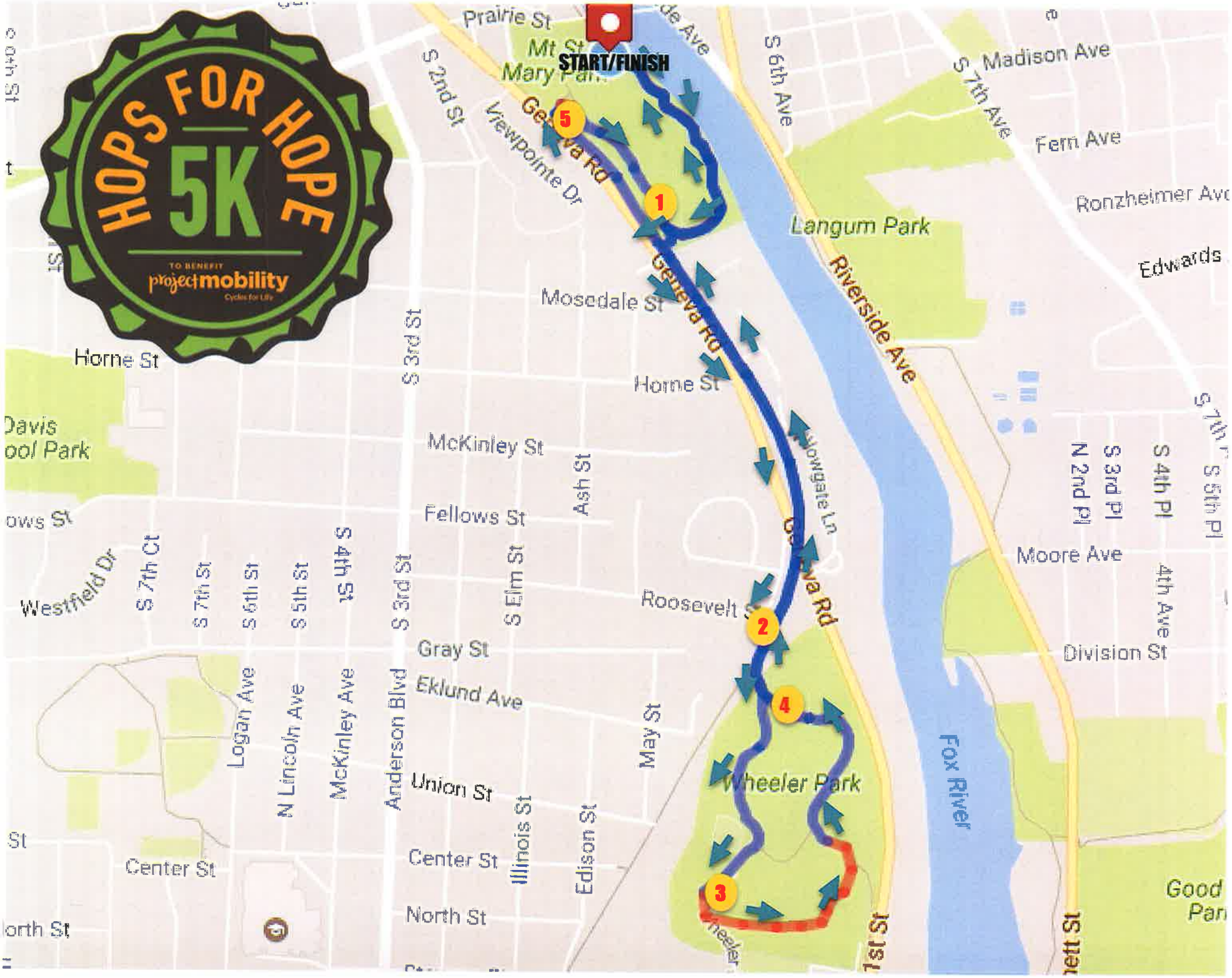
*See attached sheet

See attached

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)


HOPS FOR HOPE
5K
TO BENEFIT
projectmobility
Cycles for Life
START/FINISH
1
2
3
4
5
Prairie St
Mt St
Mary Park
S 2nd St
Viewpointe Dr
Geneva Rd
S 6th Ave
Madison Ave
S 7th Ave
Fern Ave
Ronzheimer Ave
Langum Park
Edwards
Riverside Ave
Mosedale St
Horne St
S 3rd St
Davis
ool Park
McKinley St
Ash St
Fellows St
Westfield Dr
S 7th Ct
S 7th St
S 6th St
S 5th St
S 4th St
S 3rd St
S Elm St
Roosevelt St
Gray St
Eklund Ave
Logan Ave
N Lincoln Ave
McKinley Ave
Anderson Blvd
May St
Union St
Illinois St
Edison St
Center St
North St
Wheeler Park
Fox River
Moore Ave
Division St
N 2nd Pl
S 3rd Pl
S 4th Pl
S 5th Pl
4th Ave
Good
Pan

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 Hops for Hope 5K Beer Run/Walk **Date(s) of Event** 5/19/18

Emergency Contact Information

Primary Contact: Katherine Simmons **Secondary Contact:** Tammy Simmons

Title: Event Director **Title:** Director of Development

Phone No: [redacted] **Phone no.:** [redacted]

Tertiary Contact: Melissa Burke **Operations Manager:** Hal Honeyman

Title: Administrative Assistant **Title:** Executive Director

Phone No: [redacted] **Phone no.:** [redacted]

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). Project Mobility has designated Melissa Burke with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of Project Mobility, 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* Project Mobility *staff will be instructed to:*

   a. *Act as quickly and professionally as possible;*
   b. *To contact their immediate supervisor and/or the on-site* Melissa Burke 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 Melissa Burke 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

Project Mobility 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 Project Mobility.

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 Melissa Burke to discuss alternatives.

6. An official statement will be written and given to the CM as soon as it can be formulated by Project Mobility 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 Project Mobility personnel;
   c. Direct any and all media questions to CM, and only read official statements prepared by Project Mobility 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:** ✓
- **Food and/or beverages for immediate consumption?** **YES:** ✓ **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: [signature] Date: 12/19/17

Name: Katherine Simmons Title: Event Director

SECTION 8 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the Project Mobility (name of organization) ("Organization") to conduct Hops for Hope 5K (name of event) ("Event"), the Organization 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.

Project Mobility
(Name of Organization)

12/19/17
(Date)

by _____
Authorized Signatory

Signed and sworn to before me this 19th day of December, 2017.

_____
Notary Public

LORI J LAIN
Official Seal
Notary Public – State of Illinois
My Commission Expires Jul 12, 2021

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/9/2018

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).

PRODUCER
David M. Kulawiak, Inc
an agent of Forest Agency
630 Hull Terrace, 3E
Evanston IL 60202

CONTACT NAME: David Kulawiak
PHONE (A/C, No, Ext): (844) 828-5576 x
FAX (A/C, No): (844) 828-5071x
E-MAIL ADDRESS: david@davidkconsulting.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ANI-RRG	10023
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Project Mobility
2930 Campton Hills Rd.
St Charles IL 60175

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	V COMMERCIAL GENERAL LIABILITY	X		2018-35538	2/8/2018	2/8/2019	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / V OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	V POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			2018-35538	2/8/2018	2/8/2019	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	V HIRED AUTOS / V NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Directors & Officers			2018-35538 DO	2/8/2018	2/8/2019	Each Wrongful Act $1,000,000	
A	Liqour Liability			2018-35538	2/8/2018	2/8/2019	Each Wrongful Act $1,000,000	

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

The certificate holder is recognized as additional insured.

2

CERTIFICATE HOLDER

City of St. Charles
2 E. Main St.
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.

David M Kulawiak

N. All rights reserved.

For Office Use
Received: 1-5-2018
Fee Paid: $50
Receipt #354119

NON-REFUNDABLE

CITY OF ST. CHARLES

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

Project Mobility

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 5/19/18 and ending 5/19/18.
Time Starting 12:00 PM and ending 3:00 PM.
Location of Event Mount Saint Mary Park.

Name of Business Project mobility
Address of Busine[redacted]
Is the Applicant a [redacted] 30-0193832
Authorized Agent Katherine Simmons Title Event Director
Has Applicant had a Class E1 License in the previous 365 days? Yes. If YES, on what date: 5/20/17
Does Applicant have Dram Shop Insurance? _____. If YES, attach evidence of insurance.
We have full liquor liability Endorsement

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: _____ Signed: _____
Sworn to before me this 5th day of January, 2018.
Notary Public Peggy Montgomery

PEGGY L. MONTGOMERY
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
May 01, 2018

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: _____ Date: 1-19-18 Chief of Police: _____

Approved: _____ Date: _____ Liquor Commissioner: _____

V2016a

HOPS FOR HOPE 5K

TO BENEFIT projectmobility Cycles for Life

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

ST. CHARLES
SINCE 1834

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 5/19/18 TO 5/19/18 Number of Days 1

2. Applicant is: ☑ Corporation ☐ Partnership ☐ Individual

3. Applicant's Name Project Mobility Telephone # 630-464-2991
   D/B/A _____
   Address [redacted] Rd. City/State/Zip St. Charles, IL 60175

4. Device Owner's Name Matt Keen Telephone # [redacted]
   Address Not sure ~ can check City/State/Zip Not sure ~ can check

5. Device(s) to be used, specific to power amplification (wattage) and output:

   Not sure ~ can check

6. Area where device(s) is/are to be used:

   Mount Saint Mary Park

7. Amplification system will be used for:
   - ☑ Music
   - ☑ Public Speaking (Awards)
   - ☐ Other (describe) _____

8. If used for music, what type (include name of artist/band if applicable):

   Rebel Soul Revival ~ Original Rock and Roll

9. Time of day device(s) is/are to be used: 1:00 pm - 3:00 pm

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_____ **Fee Paid** 5.00 **Receipt No.**_____ **Permit No.**_____