	<b>AGENDA ITEM EXECUTIVE SUMMARY</b>		Agenda Item number: IIA1
	Title:	Recommendation to Approve an E-2 Temporary Liquor License as well as an Amplification Permit for a Special Event, “St. Patrick’s on the Plaza,” to be held on 1 <sup>st</sup> Street Plaza	
	Presenter:	Police Chief Keegan	
Meeting: City Council		Date: February 3, 2020	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
<b>Executive Summary</b> <i>(if not budgeted please explain):</i>  <p>This is an application from McNally’s for a Class E-2 Temporary License, authorizing for consumption of beer, wine or alcoholic liquors on City property, specifically, 1<sup>st</sup> Street Plaza. This temporary license request is for “St. Patrick’s Day on the Plaza” to be held on March 17, 2020 from noon to 8:00 pm.</p> <p>McNally’s has reserved live entertainment in the 1<sup>st</sup> Street Plaza for this event; however, they will not play if there is inclement weather.</p> <p>The set-up for this event is similar to the “Unwind Wednesdays” that take place in the summer, except for the fact that McNally’s is solely responsible for this application, with the agreement of the three other plaza restaurants, as well as other area businesses. McNally’s will have extra security and wait staff dedicated to service the plaza during this event. Identification will be checked and wristbands distributed to all those intending to consume alcohol during this event.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee Meeting on January 21 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 February 3, 2019 for final approval.</i></p>			
<b>Attachments</b> <i>(please list):</i> Application, Layout of event, COI			
<b>Recommendation/Suggested Action</b> <i>(briefly explain):</i> Recommendation to approve an E-2 Temporary Liquor License and amplification permit for a Special Event, “St. Patrick’s on the Plaza,” to be held on the 1 <sup>st</sup> Street Plaza.			

**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 E2 - 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 E2**

Commencing 03/17/20 and ending 03/17/20  
 Time Starting Noon and ending 8pm  
 Location of Event 1ST ST. PLAZA

Name of Business MC NALLY'S IRISH PUB  
 Address of Business 109 W. MAIN ST. Business Phone (630) 513 6300  
 Has Applicant had a Class E2 License in the previous 365 days? YES If YES, on what date: 03/17/19  
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: LLC

**Requirements of a Class E2 - Special Event License for B & C Liquor License Holders**

1. The Class E2 license fee is \$100.00 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. Beer and/or Wine are the only alcoholic beverages to be sold.
4. Hours are restricted to 12 noon to midnight.
5. Licensee must rope/fence off the licensed premises.
6. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
7. Are children/minors permitted in the licensed premises? Y/N
8. A sign limiting beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
9. **Each server of alcohol must be BASSET certified - need copy of BASSET certification.**
10. A copy of site plan diagram to include roped area shall accompany this application.
11. 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. Name of Class B, Class C Liquor License: MC NALLY'S IRISH PUB
2. Has the applicant had a Class E2 license in the previous 365 days? YES If Yes, on what date? 03/17/19
3. Is license to be used in conjunction with a special event approved by the City Council? YES  
 If yes, provide name of event: ST. PATRICK'S ON THE PLAZA
4. 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
5. Location/address of event. Important: Attached drawing of location to this application. 1ST PLAZA
6. 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.

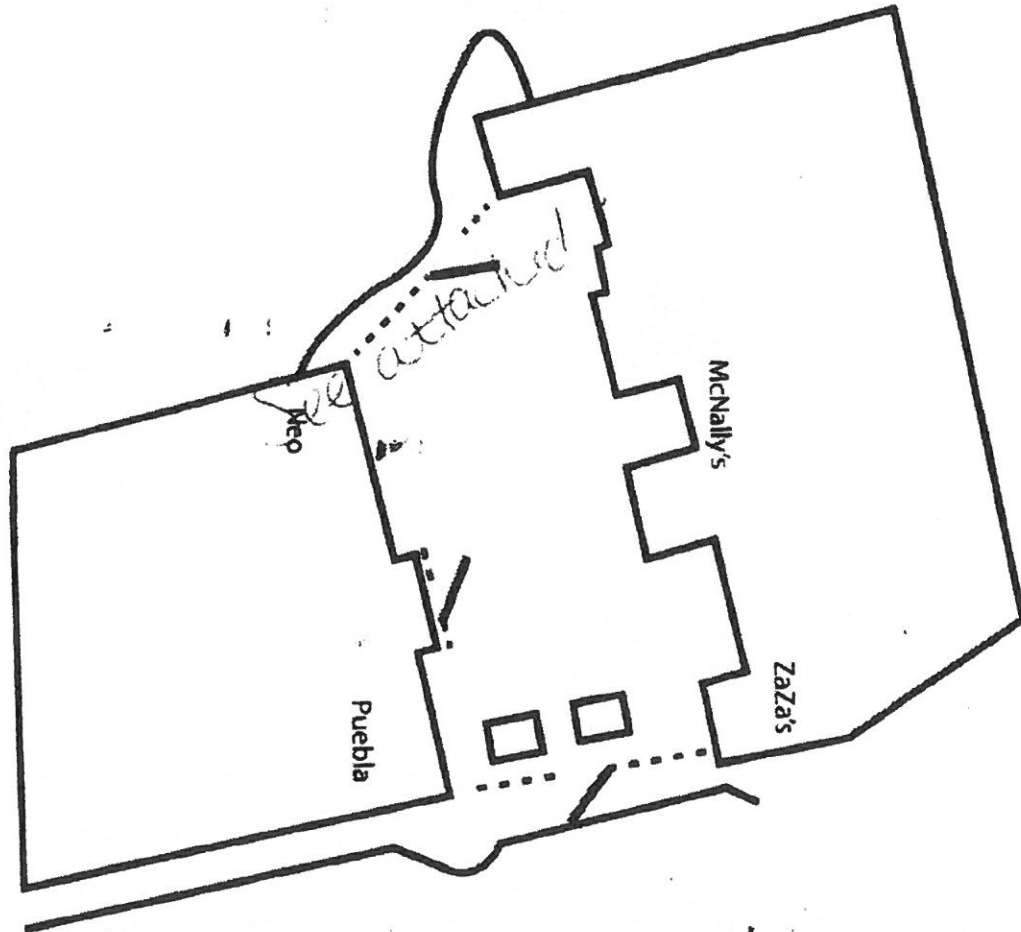
Signed: [Signature] Signed: \_\_\_\_\_  
 Sworn to before me this 13th day of Dec, 2019.  
 Notary Public Karen Muehlfelt

**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Approved: [Signature] Date: 1-14-20 Chief of Police: [Signature]  
 Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Liquor Commissioner: [Signature]

## 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.



## First Street Plaza

Wine Down Wednesday

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)

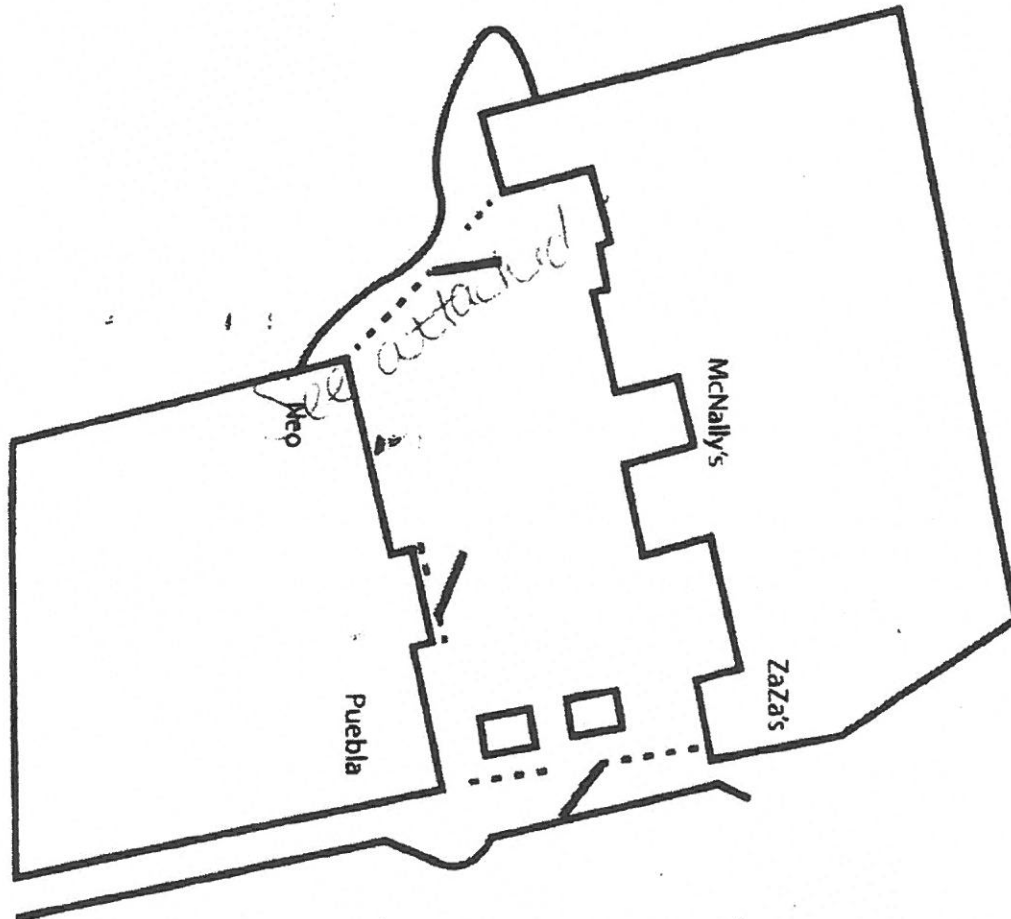
- Location and number of barricades (B)
- Location of fire lanes (FL)
- Location of fire extinguishers (FE)
- Public entrances and exits (PE)
- Location of sound stages and amplified sound (S)
- Location of residential streets surrounding events
- Electric (E)
- Hydrant Meter (H20)

Entrance/Exit

Primary Fencing

## 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.



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- 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

Wine Down Wednesday

# First Street Plaza





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2019

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).

<b>PRODUCER</b> Joseph M Wiedemann & Sons Inc 505 E. Golf Road, Suite A Arlington Heights IL 60005	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 847-228-8400 <b>FAX (A/C, No):</b> 847-228-8505 <b>E-MAIL ADDRESS:</b> cdecaro@jmwsons.com
<b>INSURED</b> McNally Group LLC c/o Alexander X Kuhn & Co 123 W Front St Suite 200 Wheaton IL 60187	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Society Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**COVERAGES****CERTIFICATE NUMBER:** 724707597**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BP15037699	12/31/2019	12/31/2020	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 type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input 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			CA15037700	12/31/2019	12/31/2020	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			UM15037702	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	WC15037701	12/31/2019	12/31/2020	<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	Liquor Liability			CY17037648	12/31/2019	12/31/2020	1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**City of St. Charles  
2 E Main St.  
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

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