	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: IID
	Title:	Motion to Approve a Proposal for a New Class E-1 Temporary Liquor License for St. John Neumann’s Church for June 2, 2024	
	Presenter:	Police Chief Keegan	
Meeting: City Council		Date: May 20, 2024	
Proposed Cost:		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
TIF District: Choose an item.			
Executive Summary (if not budgeted, please explain):			
<p>Due to the timing of this event, this item is going directly to City Council for approval.</p> <p>This is an application request for a Class E-1 Temporary Liquor License, authorizing dispensing beer on St. John Neumann’s Church property located at 2900 E. Main St., as indicated on the proposed site plan. This temporary license is requested for a single, one-day event, to be held on Sunday, June 2 from 12:30 to 3 p.m.</p>			
Attachments (please list):			
E-1 Liquor License Application; Site Plan			
Recommendation/Suggested Action (briefly explain):			
Motion to approve a proposal for a new Class E-1 Temporary Liquor License for St. John Neumann’s Church on Sunday, June 2, 2024.			

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 June 2, 2024 and ending June 2, 2024
 Time Starting 12:30pm and ending 3:00pm
 Location of Event St. John Neumann Church

Name of Business St. John Neumann Church
 Address of Business 2900 E Main St St Charles 60174 Business Phone 630 371-2797
 Is the Applicant a Not-For-Profit Organization? Yes
 Authorized Agent Becky Kowalski Title Business Manager
 Has Applicant had a Class E1 License in the previous 365 days? yes If YES, on what date: 5-20-23
 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? 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: [Signature] Signed: [Signature]
 OFFICIAL SEAL
 SUSAN MARIE KEMPH day of May, 2024
 NOTARY PUBLIC, STATE OF ILLINOIS
 COMMISSION NO. 07933
 MY COMMISSION EXPIRES 07/2027 Marie Kempf


ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: Date: 5.16.24 Chief of Police: [Signature]
 Approved: _____ Date: _____ Liquor Commissioner: _____

ILLINOIS LIQUOR CONTROL COMMISSION
50 W. Washington Street, Suite 209 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 4/13/2023 Expires: 4/13/2026
Trainer's IL Liquor License Number: 5A-1141597

ANNETTE GARRISON
642 AZTEC DR
CAROL STREAM IL 60188



****Card is not transferrable - OFF-PREMISE ONLY****

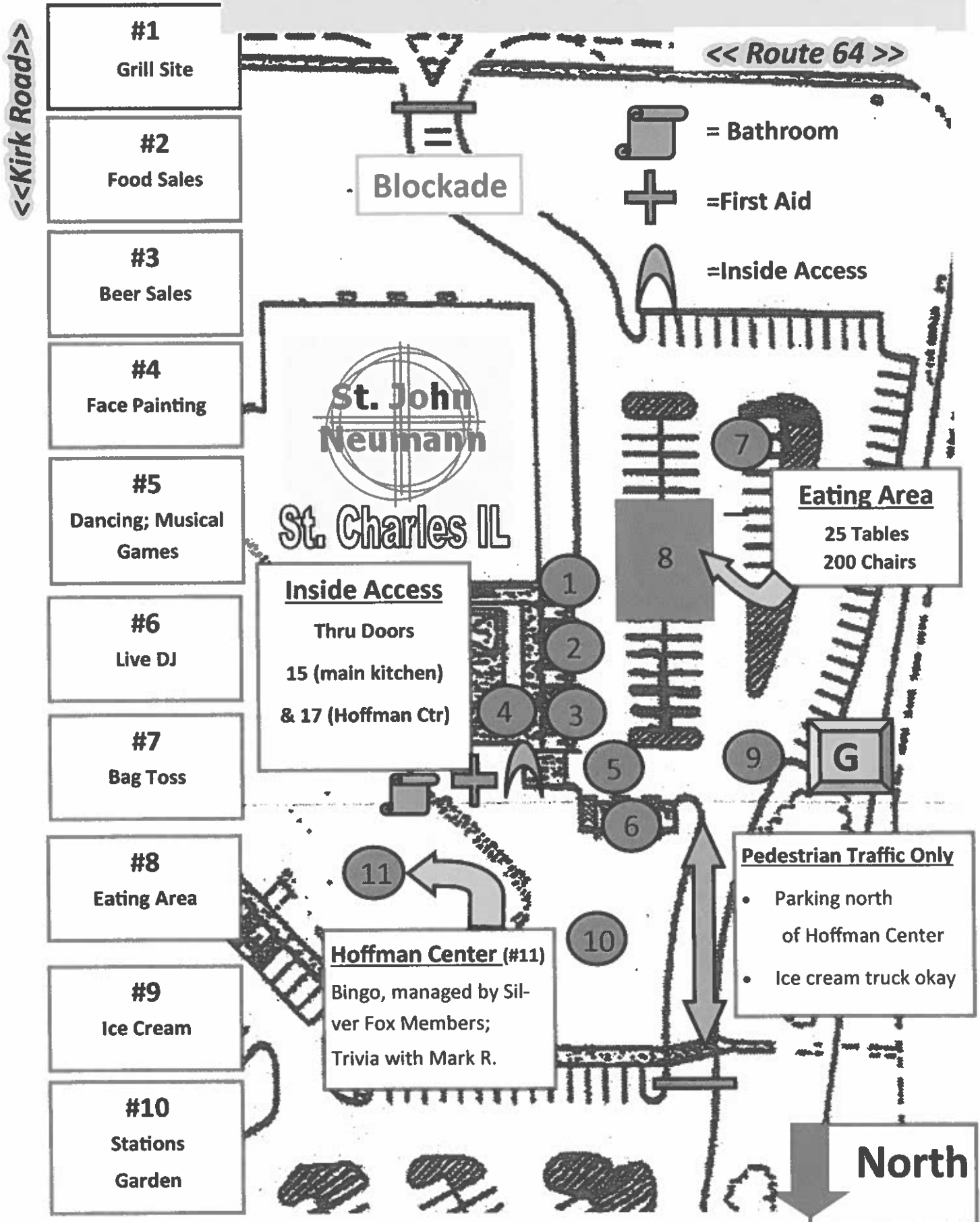
Supervisors

Becky Kowalski

Heidi Lauber

Mark Restaino

Parish Fest | Sunday, June 2nd, 2024





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2024

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 K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: E&A Diocese	
	PHONE (A/C, No, Ext): 1-800-553-8368	FAX (A/C, No): 1-260-459-5624
E-MAIL ADDRESS: diocese@kandkinsurance.com		
PRODUCER CUSTOMER ID:		
INSURED 2001692154 CP# 2372 St John Neumann Church 2900 E Main St Saint Charles, IL 60174 A Member of the Sports, Leisure & Entertainment RPG		INSURER(S) AFFORDING COVERAGE
INSURER A: Markel Insurance Company		NAIC # 38970
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 2000615929 **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 <input checked="" type="checkbox"/> Liquor Liability \$1mil/\$1mil GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		M1RPG0000000199900	06/02/24 12:01 AM	06/03/24 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COM/POP AGG \$1,000,000 LEGAL LIAB TO PARTICIPANTS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Event: Corpus Christi Festival Event Date: 6/2/24 Event Location: St John Neumann Church
 Certificate holder is added as an additional insured, but only for liability caused, in whole or in part by the acts or omissions of the named insured

CERTIFICATE HOLDER City of St Charles 2 E Main St St Charles, IL 60119	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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Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2016/03)

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