

**AGENDA
CITY OF ST. CHARLES
GOVERNMENT OPERATIONS COMMITTEE
ALD. TODD BANCROFT, CHAIR**

**MONDAY, APRIL 15, 2019
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET**

- 1. Call to Order**
- 2. Roll Call**
- 3. Administrative**
 - a. City of St. Charles Fuel Tax Receipts, February 2019 – Information Only
- 4. Omnibus Vote**

Items with an asterisk (*) are considered to be routine matters and will be enacted by one motion. There will be no separate discussion on these items unless a council member/citizen so requests, in which event the item will be removed from the consent agenda and considered in normal sequence on the agenda.
- 5. Police Department**
 - a. Recommendation to approve a proposal for a new class A4 liquor license for Pollyanna Brewing & Distilling located at 106 S. Riverside Avenue.
 - b. Recommendation to approve a proposal for a new class E4 temporary Liquor License for a special event, “Unwind Wednesdays” to be held on the 1st Street Plaza.
 - c. Recommendation to approve parking lot closure and use of amplification equipment for the Heritage Center “Best of St. Charles Foodie Fest”.
 - d. Recommendation to approve a proposal for a new class E2 temporary liquor license for BOKE Enterprises, LLC, dba The Wine Exchange and Eden on the River during the Fine Arts Fair in the North Fox Island Square Parking lot.
 - e. Recommendation to approve the bylaws of the City of St. Charles Youth Commission.
- 6. Finance Department**
 - *a. Budget Revisions – February, 2019
- 7. Executive Session**
 - Personnel –5 ILCS 120/2(c)(1)

- Pending Litigation – 5 ILCS 120/2(c)(11)
- Probable or Imminent Litigation – 5 ILCS 120/2(c)(11)
- Property Acquisition – 5 ILCS 120/2(c)(5)
- Collective Bargaining – 5 ILCS 120/2(c)(2)
- Review of Executive Session Minutes – 5 ILCS 120/2(c)(21)

8. Additional Items from Mayor, Council, Staff, or Citizens.

9. Adjournment

ADA Compliance

Any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the ADA Coordinator, Jennifer McMahon, at least 48 hours in advance of the scheduled meeting. The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at jmcmahon@stcharlesil.gov.

Every effort will be made to allow for meeting participation. Notices of this meeting were posted consistent with the requirements of 5 ILCS 120/1 et seq. (Open Meetings Act).



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: 3a

Title:

City of St. Charles Fuel Tax Receipts March, 2019 – Information Only

Presenter:

Chris Minick, Director of Finance

Meeting: Government Operations Committee

Date: April 15, 2019

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted: ☐

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

Attachments (*please list*):

FY 18/19 City of St. Charles Local Fuel Tax Receipts – March, 2019

Recommendation/Suggested Action (*briefly explain*):

None – For Information Only

City of St. Charles
Local Fuel Tax Receipts
Fiscal Year 2018-2019

LIABILITY PERIOD	PAYMENT RECEIVED	TOTAL REVENUE RECEIVED
May-18	June-18	\$ -
June-18	July-18	\$ -
July-18	August-18	\$ -
August-18	September-18	\$ -
September-18	October-18	\$ -
October-18	November-18	\$ -
November-18	December-18	\$ 42,212.80
December-18	January-19	\$ 42,956.97
January-19	February-19	\$ 39,588.42
February-19	March-19	\$ 37,293.81
March-19	April-19	\$ -
April-19	May-19	\$ -
TOTALS		\$ 162,052.00

The local fuel tax rate is two cents per gallon (\$0.02/gallon) and applies to motor fuel retail purchases within the City of St. Charles.

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5a

Title:

Recommendation to approve a Proposal for an A4 Liquor License Application for Pollyanna Brewing & Distilling Located at 106 S. Riverside Ave., St. Charles.

Presenter:

Police Chief James Keegan

Meeting: Government Operations Committee

Date: April 15, 2019

Proposed Cost: \$

Budgeted Amount: \$

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

This is a new liquor license request for the southern half of the old Chord on Blues location. This will be the applicant's third location for this business. The other two locations are in Lemont and Roselle.

Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 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 May 6, 2019 for final approval.

Attachments *(please list):*

Summary, Floor Plan, Liquor License, Insurance

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for an A4 Liquor License application for Pollyanna Brewing & Distilling located at 106 S. Riverside Ave., St. Charles.



Memo

Date: 4/8/2019

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation- A4 Liquor License for Pollyanna Brewing & Distilling
located at 106 S. Riverside Avenue

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

Pollyanna Brewing & Distilling, located at 106 S. Riverside Avenue intends to open and operate a brewery/distillery at the former Chord on Blues site (next to Flagship). We have been in discussions with the applicants for the better part of the last six months and they have completely vetted their concept and operations with other local breweries, the State of Illinois Liquor Control Commission and our Community Economic Development Department. The site location/floor plans and the corresponding application materials were reviewed by my staff. This business is joining three other small breweries already approved in addition to a wine making facility. Pollyanna owns and operates other breweries in both Lemont and Roselle.

We found nothing of a derogatory nature that would preclude either the site location or the applicant with from moving forward with operations, on-site consumption and packaged/novelty sales. They are applying for a class A-4 license (hours of operation 7:00 a.m.-Midnight).

Please see the attached material for further information.

Thank you in advance for your consideration in this matter.

LIQUOR APPLICANT BACKGROUND CHECK LIST



APPLICANT(S): Ryan Weidner, Ed Malnar, Paul Ciciora, Don Ciciora, Brian Pawola

BUSINESS: Pollyanna Brewing & Distilling

ADDRESS: 106 S. Riverside Ave

	REQUESTED	COMPLETED
APPLICATION	_____	X
BUSINESS PLAN/FLOOR PLAN/MENU	_____	X
LEASE (OR LETTER OF INTENT)	_____	X
BASSET CERTIFICATE(S)	_____	X
FINGERPRINTS (<u>ALL</u> MANAGERS)	_____	X
DRAM SHOP (CERTIFICATE OF INSURANCE)	_____	X
TLO	_____	X
I-CLEAR	_____	X
CERTIFICATE OF NATURALIZATION (IF APPLICABLE)	_____	N/A
POLICE RECORDS CHECK	_____	X
APPLICANT'S HOMETOWN RESIDENCY LETTER	_____	X
ILLINOIS LIQUOR COMMISSION	_____	X
SITE VISIT	X	_____

* COMMENTS: Initial site visit completed but the property is still under construction. Owners are aware a site inspection is needed when construction is complete.

INVESTIGATOR ASSIGNED: Detective Tim Ocasek #367

SUPERVISOR REVIEW: OIC Det. R. Vecicardi 368 mtm 368

Police Department

Memo

Date: 4/5/2019

To: Commander Charles Pierce #323

From: Detective Tim Ocasek #367

Re: Pollyanna Brewing Company / Class A-4 Liquor License Background Investigation

The purpose of this memo is to document the background investigation of Pollyanna Brewing Company and the associated owners pursuant to the application for a Class A-4 Liquor License for Pollyanna Brewing Company.

Applicants:

1.) Ryan M. Weidner - (CFO) [REDACTED]

Telephone: [REDACTED]

2.) Edward N. Malnar - (VP of Operations) [REDACTED]

Telephone: [REDACTED]

3.) Paul A. Ciciora - (CEO) [REDACTED]

Telephone: [REDACTED]

4.) Donald E. Ciciora - (Treasurer and GM) [REDACTED]

Telephone: [REDACTED]

5.) Brian K. Pawola - (VP of Brewing) [REDACTED]

Telephone: [REDACTED]

Applicant Interview:

On 03/27/19 Weidner, Malnar, P. Ciciora, D. Ciciora, and Pawola came to the St. Charles Police Department and were fingerprinted for their liquor license. The release waiver was also signed by the applicants allowing me to start the background.

Service, Courage, Professionalism, Dedication



After the fingerprinting I met with the applicants to discuss their application and their business plan. The applicants confirmed that their application was true and accurate. They all advised that there was nothing in their background that would prevent them from obtaining a liquor license with the City of St. Charles. I was informed that this would be their third location in as many towns and have never had problems with the background process.

They informed me that Pollyanna Brewing is designed to be a high-end bar. They will be serving craft beer, hard cider, and spirits. They do not have a food menu. The property does not have a kitchen but plans to serve prepackaged finger foods. The building property was spilt between Pollyanna and another new business - Flagship. The Flagship took over the portion of the old property with the kitchen. Though partnerships are not official at this time, they plan to finalize agreements with Flagship and Blue Goose to develop a food delivery system for customers.

Pollyanna does not intend to seek a late night permit. They plan to open at 3pm Tuesday through Friday, at noon on Saturday and Sunday, while staying closed Monday. They plan to stay open until midnight on Friday and Saturday and 10pm on Sundays. They will be open until 10pm Tuesday through Thursday with some days being flexible depending on events at the Arcada Theater.

The atmosphere inside Pollyanna is described as laid back. They also stated that there would regularly have live music at their location. They expect to have around 15-18 employees at the location.

Background Information:

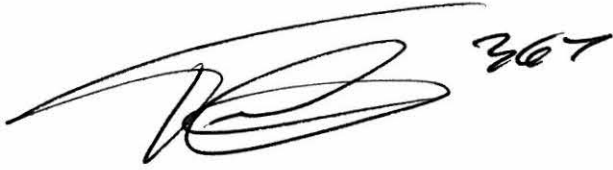
- All applicants are U.S. Citizens.
- There are no New World (Local) contacts with any applicant except for Weidner who has one warning for speeding in '13 from SCPD.
- There were no Aegis Link contacts for any applicant except for the above mentioned traffic warning.
- I contacted the police departments of the towns which the applicants have lived over the past 10 years.
 - Weidner: West Chicago returned only three traffic warnings, all for using a cell phone while driving. The most recent was in 2015
 - Malnar: Plainfield returned two traffic citations from '13 and '17. No other information was available from PPD on the citations, just that they were closed cases. Will County Court records did provide the details. See below:

- According to Will County Records, his '13 incident was for speeding (26-34 Over) but reduced in court to 21-25 over. He was fined \$650, with 12 months supervision, and 50 hours of public service.
 - According to Will County Records, his '17 incident was for speeding (15-20 Over). He was sentenced to 6 months supervision and fined \$120.
- P. Ciciora: Lockport had no police contacts. He also lived in Greenwood, IN which returned advised they had one incident where he was a complainant on an alarm call in 2008. No other information was available with that record.
- D. Ciciora: Mokena returned no police contacts.
- Pawola: There are no police contacts with Chicago, Woodridge, Plainfield, Kansas City, MO.
- Pollyanna Brewing Company has two additional location; Lemont, IL and Roselle, IL.
 - Lemont PD advised no negative police contacts with their location.
 - The City of Lemont stated that there were no recorded liquor license violations with the business.
 - Roselle PD returned a noise complaint from 06/09/18 at their location. There was no associated report but the complaint was relating to live music. The notes on the return stated that the facility had a permit which allowed the music. No discipline was noted.
 - The Village of Roselle stated that Pollyanna had no liquor license violations. The clerk who responded to my request went so far as to say that Pollyanna Brewing is a great addition to their village and that the company is very active in the community. She also stated that the business is very easy to work with.
- The only contact with any applicant through the Chicago Police Department's ICLEAR System was with Donald Ciciora. Donald's contact is a traffic stop from 08/17/09. There are no details for the stop and does not specify a warning or citation.
- Pollyanna Brewing's application states that they will maintain an inventory valued at \$20,000
- All applicants are BASSET certified. Their certificates are attached with their application.

- A copy of a Commercial Insurance form for Pollyanna Brewing. The insurance proposal is through Cincinnati Insurance Company. The insurance coverage is for \$1,000,000.00 for each occurrence and \$1,000,000.00 in aggregate. (See attached insurance proposal)
- A copy of the floor plan for Pollyanna Brewing is attached.
- A copy of the lease agreement between Riverside LLC and Pollyanna Brewing Company is attached with their application. The lease is for 10 years.
- I logged onto the Better Business Bureau web site, www.BBB.org, and I ran Pollyanna Brewing Company in Lemont as well as in Roselle. There were no return results.
- The only new information discovered through a TLOxp search were police contacts for Paul Ciciora and Brian Pawola.
 - Ciciora's contact was for Careless Driving from 2006 in Orange, FL. Ciciora paid an unknown fine amount for the incident.
 - Regarding Pawola TLO returned an arrest for a Public Intoxication arrest in Iowa City, IA. I obtained a copy of the report from ICPD. A summary of the report says that the officer witness Pawola urinating in public and was subsequently arrested for Public Intoxication.
 - I contacted Pawola regarding this incident. He confirmed that the report was relating to him from when he was in college. He said that he had to pay a fine of a couple hundred dollars and that the case is closed.
- I logged onto the Illinois Liquor Control Commission web site, www.illinois.gov/ilcc and searched Pollyanna Brewing Company for any and all active and inactive State of Illinois Liquor Licenses and I located the following active licenses:
 - Pollyanna Brewing Co. of Roselle: License #1C-1136233
 - Pollyanna Brewing Co. of Lemont: License #1C-1129680
- On 04/03/19 all fingerprint results were returned. None of the applicants had a criminal record on file.
- On 04/04/19 I met with Ryan Weidner at the building location for an initial walkthrough. The property was in the process of being rehabbed. Weidner stated that the floor plan he submitted with the application has not changed. He explained that an aggressive open date would be in September of '19. However, they realistically expect to open in the winter. Weidner explained that they have not hired and employees, including a general manager, for their St. Charles location.

Weidner knows that the future GM will have to be fingerprinted at SCPD. Weidner also knows that the PD will have to do an inspection once the building is complete.

This concludes this background investigation.

A handwritten signature in black ink, appearing to be 'TO', followed by the number '367' written in a similar cursive style.

Detective Tim Ocasek #367

City of St. Charles, Illinois Liquor Control Commissioner
CITY RETAIL LIQUOR DEALER LICENSE APPLICATION
APPLICATION FEE IS NON-REFUNDABLE



Incomplete applications will not be accepted.

Completed applications may be submitted to:

Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: _____ ☐ New Application ☐ Renewal Application License Class: _____

Business Name: _____

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Application for all questions applicable to your business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Articles of Corporation, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for all employees. A copy of the B.A.S.S.E.T. certificate is only needed for each manager. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan for Establishment (Drawn to scale and must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all fixed objects , such as pool tables, bar stools, vending/amusement machines; as well as all exits .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Business Plan, to include: <input checked="" type="checkbox"/> Hours of Operation <input checked="" type="checkbox"/> Copy of Menu <input checked="" type="checkbox"/> Whether or not live music will be played at this establishment <input checked="" type="checkbox"/> Will there be outdoor seating and/or outdoor designated smoking area <input checked="" type="checkbox"/> Do not include a marketing or financial plan with this business plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any building alterations planned for this site? If not sure, please contact Building & Code Enforcement at 630.377.4406 and/or Fire Prevention Bureau at 630.377.4458 to discuss whether or not a walk-thru and/or permit are necessary for this business.	<input type="checkbox"/>	<input type="checkbox"/>
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY

☐ Approved* ☐ Denied Date Approved/Denied: _____ Customer Number: _____

Signature of Mayor, Liquor Control Commissioner _____

Date Issued _____

***ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.**


APPLICANT INFORMATIONA. Type of Business: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (explain):B. Business Name: **POLLYANNA BREWING & DISTILLING**C. Business Address: **106 S. RIVERSIDE AVE, ST. CHARLES, IL 60174**

D. IL Tax ID Number:

E. Business Phone:

F. Business E-mail:

G. Business Website:

**630-914-5834****INFO@POLLYANNA-BREWING.COM****WWW.POLLYANNA-BREWING.COM**H. Contact Person: **RYAN WEIDNER**
Email I. Title: **CHIEF FINANCIAL OFFICER**J. Phone No.: **630-402-8212**K. If Corporation, Corporation Name: **POLLYANNA BREWING COMPANY**L. Corporation Address (city, state, zip code): **431 TALCOTT AVE, LEMONT, IL 60439****BUSINESS ESTABLISHMENT LOCATION INFORMATION**A. License Class: ☒ A Package ☐ B Restaurant ☐ C Tavern ☐ D Hotel/Banquet/Arcade/Q-Center/Entertainment/Club
☐ Other: **A-4**B. Address applying for liquor license (exact street address): **106 S. RIVERSIDE AVE**C. Number of Parking Spaces:
PUBLIC STREET PARKINGD. Outside Dining s.f. [17.20.020-R]: **0**E. Holding Bar s.f. [5.08.010-F]: **266**F. Total Building s.f.: **12,074**G. Total Number of Seats: **112**H. Number of Bar Seats: **11**I. Sale Counter s.f.: **173**J. Live Entertainment Area s.f. [5.08.010-H]: **270**K. Kitchen s.f.: **0**L. Cooler s.f.: **266**M. Dry Storage s.f.: **424**N. Seating Area s.f.: **2224**O. Retail/public Area s.f.: **4,408**P. Service Bar s.f. [5.08.010-O]: **266**

Q. Brief Business Plan description based on type of establishment listed above:

*** SEE ATTACHMENTS****MANAGER INFORMATION**Full Name, include middle initial: **RYAN M. WEIDNER**Title: **CHIEF FINANCIAL OFFICER**B 
H Full Name, include middle initial: **EDWARD N. MAZUR**Title: **VP OF OPERATIONS**
Full Name, include middle initial: **PAUL A. CICIDRA**Title: **CHIEF EXECUTIVE OFFICER**Bir 
Ho **DONALD E. CICIDRA, TREASURER & GENERAL MANAGER****BRIAN K. PANOLA, VP OF BREWING**

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY**Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:**

- | | |
|----|--|
| 1. | Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following (check off once complete): <ul style="list-style-type: none">a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.** |
| 2. | The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license. |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license. |
| 4. | It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing. |

- | | |
|----|--|
| 1. | Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following (check off once complete): <ul style="list-style-type: none">a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof;b. The designated use of each room or segregated area (e.g. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas, where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided);c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.** |
| 2. | The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee by noting the same on the approved site drawing or as provided on the face of the license. |
| 3. | A copy of the approved site drawing shall be attached to the approved license and is made a part of said license. |
| 4. | It shall be unlawful for any Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing. |

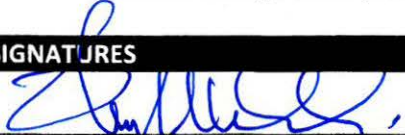
****THE FIRE PREVENTION BUREAU WILL FURNISH ALL FINAL, PERMITTED OCCUPANCY NUMBERS FOR THIS LICENSE.**

CORPORATION / PREMISES QUESTIONS

1.	<p>If applicant is an individual or partnership, is each and every person a United States citizen (5.08.070-2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any individual a naturalized citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, print name(s), date(s), and place(s) of naturalization:</p>
2.	<p>List the type of business of the applicant (5.08.070-3): CRAFT BREWERY & DISTILLERY</p>
3.	<p>Number of years of experience for the above listed type of business (5.08.070-4): 5 YEARS</p>
4.	<p>Amount of merchandise that normally will be in inventory when in operation (5.08.070-5): \$ 20,000</p>
5.	<p>Location/address and description of business to be operated under this applied for license (5.08.070-6):</p> <p>106 S. RIVERSIDE AVE. ST. CHARLES. ONSITE BREWING AND DISTILLING WITH TAPROOM FOR ONSITE CONSUMPTION. VARIOUS ENTERTAINMENT INCLUDING LIVE MUSIC, TRIVIA, AND BEER/SPIRITS TASTING EVENTS. FOOD PURCHASING TO BE MADE READILY AVAILABLE FROM AREA RESTAURANTS.</p>
6.	<p>Is the premises owned or leased (5.08.070-6A)? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased</p>
7.	<p>If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust (5.08.070-6B):</p> <p>Name of Building Owner: STC RIVERSIDE, LLC</p> <p>Address of Building Owner: FRONTIER DEVELOPMENT LLC AS AGENT, 4N316 RT. 31 ST. CHARLES, IL 60174</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: 630-461-7075 E-mail Address: CONRAD@FRONTIERDEVELOPMENTGROUP.COM 630-330-7215 CURT@FRONTIERDEVELOPMENTGROUP.COM</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p> <p>Name of Building Owner:</p> <p>Address of Building Owner:</p> <p>Mailing Address of Building Owner (if different):</p> <p>Phone Number: E-mail Address:</p>
8.	<p>Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please list the business name(s) and address(es):</p>

9.	<p>Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.</p>
10.	<p>Are any improvements planned for the building and/or site that will require a building permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has a building permit been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date building permit was applied for with Building & Code Enforcement:</p>
11.	<p>Has applicant applied for a similar or other license on the premises other than the one for which this license is sought (5.08.070-7)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the disposition of the application? Explain as necessary:</p>
12.	<p>Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality (5.08.070-8)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
13.	<p>List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.</p> <p>Government Unit: VILLAGE OF LEMONT</p> <p>Date: 4/30/2019 Location, City/State: LEMONT, IL</p> <p>Special Explanations:</p> <p>Government Unit: VILLAGE OF ROSELLE</p> <p>Date: 4/30/2019 Location, City/State: ROSELLE, IL</p> <p>Special Explanations:</p>
14.	<p>Have any liquor licenses possessed ever been revoked (5.08.070-9)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, list all reasons on a separate, signed letter accompanying this application.</p> <p>Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.</p>

15.	<p>Complete ONLY if yes was answered to the questions above (14):</p> <p>Name: _____ Name of Business: _____</p> <p>Position with the Business: _____</p> <p>Date(s) of Denial: _____</p> <p>Reason(s) for Denial of License: _____</p>
16.	<p>Date of Incorporation (Illinois Corporations) (5.08.070-10): <u>11/12/2013</u></p> <p>Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): _____</p>
17.	<p>Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business(5.08.070-11)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been convicted of a gambling offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If a partnership or corporation, include all partners and the local manager(s).)</p> <p>Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
18.	<p>Mandatory: All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department (5.08.070-A12).</p> <p>Has this been done? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date(s): _____</p>
19.	<p>Mandatory: Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles (5.08.060)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If already furnished, date of delivery: _____</p> <p>NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.</p>

20.	<p>Mandatory: Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station (5.08.230)?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
COMMENTS/ADDITIONAL INFORMATION	
APPLICATION FOR LATE NIGHT PERMIT	
SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C	
To: St. Charles Liquor Control Commission	Date:
I now possess or have applied for a liquor license Class	
Applicant's Name:	
Name of Business:	
Business Address:	
Business Phone:	
SUPPLEMENTAL PERMIT APPLIED FOR	
Payment of Late Night Permit fee is required at the time the permit is issued.	
<input type="checkbox"/> 1:00 a.m. Late Night Permit – fee of \$800.00 <input type="checkbox"/> 2:00 a.m. Late Night Permit – fee of \$2,300.00	
<p>NOTE: Other permits that may be available upon request include:</p> <ul style="list-style-type: none"> Class E – Special Event License (1 to 3-day event @ \$100.00 per day) Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443) 	
SIGNATURES	
 _____ Applicant Signature	<u>3-20-2019</u> _____ Date

B.A.S.S.E.T. TRAINING

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.

Name: **RYAN** (First) **WEIENER** (Last) **M** (Middle) **PARTNER** Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: **8/2/2017** Place Course was Taken: **ONLINE**
Birthdate: [REDACTED] Certificate Granted: **LEARN2SERVE** Expiration: **8/1/2020**

Name: **ED** (First) **MAZUR** (Last) **N** (Middle) **PARTNER** Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: **8/13/2017** Place Course was Taken: **ONLINE**
Birthdate: [REDACTED] Certificate Granted: **PSCC10000 294663** Expiration: **8/12/2020**

Name: **PAUL** (First) **CICIORA** (Last) **A** (Middle) **PARTNER** Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: **1/12/2017** Place Course was Taken: **ONLINE**
Birthdate: [REDACTED] Certificate Granted: **LEARN2SERVE** Expiration: **1/11/2020**

Name: **DON** (First) **CICIORA** (Last) **E** (Middle) **PARTNER** Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: **4/24/2017** Place Course was Taken: **ONLINE**
Birthdate: [REDACTED] Certificate Granted: **PSCC10000 280800** Expiration: **4/25/2020**

NEW MANAGEMENT REQUIREMENTS

Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.

B.A.S.S.E.T. TRAINING

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. **Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.**

Name: BRIAN (First) PAWALA (Last) K (Middle) PARTNER Manager
Home Street Address: [REDACTED]
City, State, Zip: [REDACTED]
Date of Course: 5/4/2017 Place Course was Taken: ONLINE
Birthdate: [REDACTED] Certificate Granted: Expiration: 5/3/2020

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager
Home Street Address:
City, State, Zip:
Date of Course: Place Course was Taken:
Birthdate: Certificate Granted: Expiration:

NEW MANAGEMENT REQUIREMENTS

Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.

Business Name:

POLLANNA BREWING & DISTILLING

SIGNATURES


Applicant's Signature

Notary & Date

3/21/19

Seal:



☐ Liquor Commissioner hereby directs City Clerk to issue permit indicated above.

Liquor Commissioner's Signature

Date

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION**To be completed by the City of St. Charles Police Department**

Date:	Name of Applicant:
-------	--------------------

Name of Business:

Address of Business:	Ward Number:
----------------------	--------------

To Liquor Control Commissioner, City of St. Charles, Illinois

Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect for the investigation of an applicant for a Retail Dealer's Liquor License:

1.	Date on which applicant will begin selling retail alcoholic liquors at this location:
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer a, b and c:</p> <p>a. State the kind of such business:</p> <p>b. Give date on which applicant began the kind of business named at this location:</p> <p>c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.	<p>If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6.	<p>Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
7.	<p>If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	From your observation and investigation, has applicant—to the best of your knowledge—truthfully answered all questions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:
13.	Have all persons named in this application been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No Fingerprinted by: _____ Date: _____
14.	Other necessary data:

SIGNATURES

ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

Investigating Officer Signature

Badge Number & Rank

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☐ Yes ☐ No

Signature Of Chief of Police

Date

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONERRecommend Issuing: ☐ Yes ☐ No Date: _____Comments: _____

Liquor Commissioner**ENDORSEMENT OF THE FIRE CHIEF**Recommend Issuing: ☐ Yes ☐ No Date: _____Comments: _____

Fire Chief**ENDORSEMENT OF THE BUILDING COMMISSIONER**Recommend Issuing: ☐ Yes ☐ No Date: _____Comments: _____

_____Zoning Classification: _____

Building Commissioner**ENDORSEMENT OF THE FINANCE DIRECTOR**Recommend Issuing: ☐ Yes ☐ No Date: _____Comments: _____

Finance Director**APPROVAL OF THE CITY COUNCIL**Approved for Issuing: ☐ Yes ☐ No Vote: Ayes _____ Nays __________
Date: _____

Attested to by City Clerk



POLLBRE-01

TCHASE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2019

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 Teri Chase NAME: PHONE (A/C, No, Ext): (877) 687-1291 FAX (A/C, No): (513) 881-8114 E-MAIL ADDRESS: CincinnatiCerts@cinfin.com
INSURED Pollyanna Brewing Company 431 TALCOTT AVE LEMONT, IL 60439-3744	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 28665

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 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 DED 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"/> 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
A	<input checked="" type="checkbox"/> Liquor Liability			ETD 0395732	1/1/2019	1/1/2020	Ea 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 Each Aggregate Limit

City of St. Charles is Additional Insured on General Liability, but only to the extent provided in GA227.

Policy forms available upon request.

CERTIFICATE HOLDER

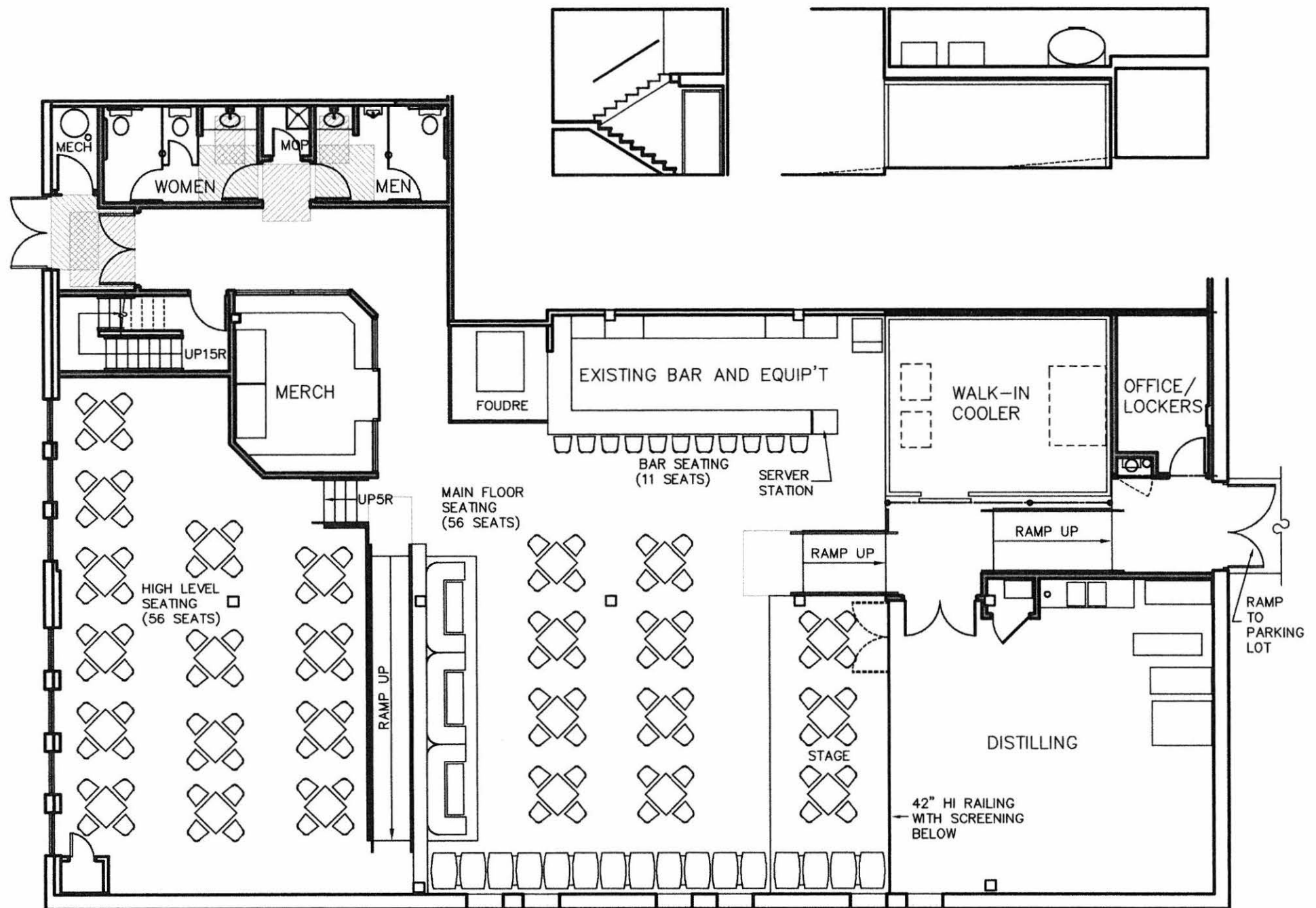
CANCELLATION


City of St. Charles
2 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

Teri S Chase



	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 5b
	Title:	Recommendation to Approve a Proposal for a New Class E-4 Temporary Liquor License and a Loudspeaker Application for a Special Event, <i>Unwind Wednesdays</i> , to be held on the First Street Plaza	
	Presenter:	Police Chief Keegan	
Meeting: Government Operations Committee		Date: April 15, 2019	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>This is an application request for a Class E-4 Temporary License, authorizing consumption of beer, wine or alcoholic liquors on City property, specifically, the First Street Plaza. This temporary license request is for a series of thirteen (13) events to be held on Wednesdays starting June 5 through August 28, 2019. The event, known as <i>Unwind Wednesdays</i>, would be held on Wednesday evenings for these listed dates from 5:00 p.m. – 9:00 p.m. The businesses participating in this event include Puebla Modern Mexican, Pizzeria Neo, and McNally's Traditional Irish Pub. The dates are June 5, 12, 19, 26; July 3, 10, 17, 24, 31; and August 7, 14, 21, 28.</p> <p>This is the third year for this request. No problems were reported last year during any of the events.</p> <p>This event will coincide with St. Charles Live events scheduled for Wednesday evenings in and around the First Street Plaza beginning Memorial Day through September 15, 2019.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 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 May 6, 2019 for final approval.</i></p>			
Attachments <i>(please list):</i> Site Plan, Hold Harmless Form, Special Events Application, E4 License Application			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to approve at proposal for a new Class E-4 temporary liquor license for a special event, <i>Unwind Wednesdays</i> , to be held on the First Street Plaza.			

135. 1st Street

RECEIVED
JUN 26 2018
Building & Code Enforcement
St. Charles



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

Permit No. 19-29594 Date of Meeting: 3/14/19 ^{9:30} Revised date 06/06/2018

Name of the Event: UNWIND WEDNESDAY'S Date(s) of Event: 06/05, 06/12, 06/19, 06/26, 07/03, 07/10, 07/17, 07/24, 07/31, 08/07, 08/14, 08/21, 08/28

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 – St. Charles Police Department – Request for Police Services
 - ☐ Section 9 – Hold Harmless Agreement
 - ☐ **Any outstanding funds owed to the City of St. Charles**

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

- ☐ 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: _____ 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 -	
If event takes place in downtown St. Charles you are to complete an application through the St. Charles Downtown Partnership.	120 days	
Submit Special Event Application	90 days	
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	
Submit Outdoor Sales Permit Application	90-days	
Submit Loudspeaker/Amplifier License Application	90-days	
Submit Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Carnival License Application	90 days	
Submit Fireworks Permit Application	60 days	
Submit Original Certificate of Insurance	21 days	
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	
Notify residents/businesses of special event	14 days	

City Services Requested:			Comments
Police	Yes	No	
Fire/EMS	Yes	No	
EMA	Yes	No	
Public Services	Yes	No	
Electric	Yes	No	
Water	Yes	No	
Other:	Yes	No	

Task to be completed for Events that require 30 days (All items due to City unless noted)	Days Due Before Event	Due Date
Date of the Special Event	- N/A -	
Submit Special Event Application	30 days	
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 Raffle Permit Application (Kane & DuPage County)	At time of submittal	
Submit Outdoor Sales Permit Application	At time of submittal	
Submit Original Certificate of Insurance	21 days	
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	
Notify residents/business of special event	14 days	

City Services Requested:			Comments
Police	Yes	No	
Fire/EMS	Yes	No	
EMA	Yes	No	
Public Services	Yes	No	
Electric	Yes	No	
Water	Yes	No	
Other:	Yes	No	

SECTION 2 – GENERAL INFORMATIONPermit No. 19-29594

Name of Event:

UNWIND WEDNESDAY

Type of Event:

☐ Parade☐ Walk/Run/Bike☐ Festival☒ Other

Location of Event:

1ST ST. PLAZA

Date(s) of Event:

EVERY WEDNESDAYJUNE THRU AUGUST

Hours of Event:

5pm to8pm

Estimated Attendance:

100

Event Website:

N/A.

Purpose of the event:

LIVE MUSIC ON WEDNESDAY EVENINGS.

Name of sponsoring organization(s):

MC NALLY'S PUB, NEO & PUEBLA

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	<input checked="" type="checkbox"/>	0%	0%
Non-Governmental/Non-Profit Entity		50%	0%

Contact person from sponsoring organization:

COLIN HEADLEY

Organizer address:

109. W. MAIN ST.

City:

ST. CHARLES

State:

IL

Zip:

60174

Home Phone:

Cell Phone:

E-mail:

COLIN@MCNALLYSPUB.COM

Second contact person (emergency):

MICHAEL DANGE

Phone:

Is this an annual event? ☒ YES ☐ NO

If yes, please provide event date(s) for next year:

EVERY WEDNESDAY JUNE THRU AUGUST

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.

NONE

What, if anything, are you doing to rectify the problem(s)?

N/A.

SECTION 3 - PERMITS

Will you be having a fireworks display at 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 _____

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.

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.

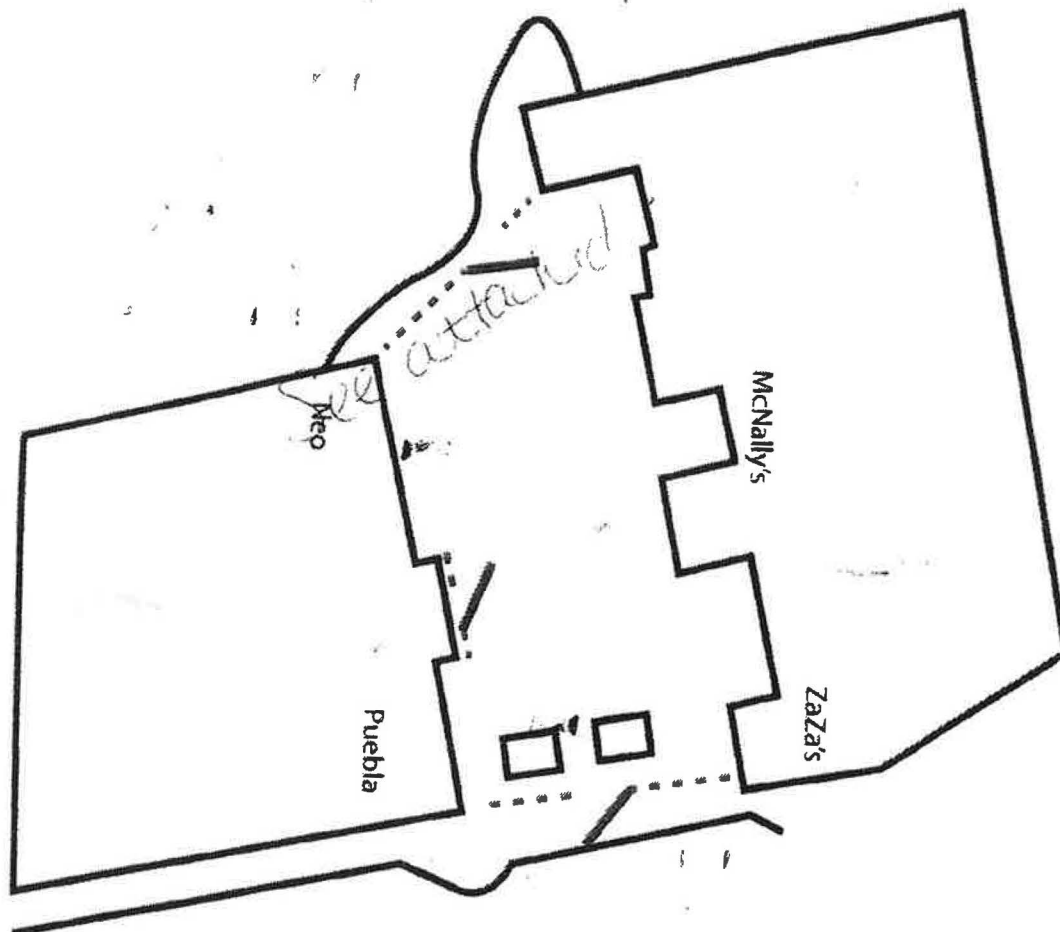
Does your event require temporary water/hydrant meter? ?

☐ YES ☒ NO

- If yes, please indicate location(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.



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 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

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.

11
ENCLOSED

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)

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 UNWIND WEDNESDAY Date(s) of Event Every Wednesday June thru August

Emergency Contact Information

Primary Contact: Court Headley Secondary Contact: Michelle DNG

Title: MANAGER Title: BAR MANAGER

Phone [REDACTED] Phone no. [REDACTED]

Tertiary Contact: _____ Operations Manager: _____

Title: _____ Title: _____

Phone No: _____ Phone no.: _____

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).
MC NALLY'S PUB has designated Carm Hendley with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of MC NALLY'S PUB, 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 MC NALLY'S, NEO & PUBSIA. staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site Carm Hendley 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 Carm Hendley 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

McNALLY, NEO & PUEBIA 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 _____.

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 McNALLY, NEO & PUEBIA to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by McNALLY 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 _____ personnel;
 - c. Direct any and all media questions to CM, and only read official statements prepared by McNALLY 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: X
- Food and/or beverages for immediate consumption? YES: X 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: 

Date: 02/26/19

Name: Colin Hendley

Title: MANAGER

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the MC Nauys Pub
(“Organization”) to conduct UNWIND WEDNESDAY (“Event”), the Organization
(name of organization)
(name of event)
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.

McNally's Pub
(Name of Organization)

02/26/19.
(Date)

by [Signature]
Authorized Signatory

Signed and sworn to before me this 20th day of February, 2019.

[Signature]
Notary Public



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



MCNAGRO-01

CDECARO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2019

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
Joseph M. Wiedemann & Sons Inc.
505 East Golf Road
Arlington Heights, IL 60005

CONTACT
NAME:
PHONE (A/C, No, Ext): (847) 228-8400
FAX (A/C, No): (847) 228-8505
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Society Insurance

15261

INSURED

McNally Group, L.L.C.
c/o Alexander X Kuhn & Co
123 W Front St Suite 200
Wheaton, IL 60187

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 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		BP15037699	12/31/2018	12/31/2019	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	<input 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		CA15037700	12/31/2018	12/31/2019	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 DED \$ RETENTION \$ 0		UM15037702	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	WC15037701	12/31/2018	12/31/2019	<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
A	<input type="checkbox"/> Liquor Liability		BP15037699	12/31/2018	12/31/2019	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Premises of Operations: 109 W. Main Street, St. Charles, IL

CERTIFICATE HOLDER

CANCELLATION

City of St. Charles
2 E Main 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

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 06/05/19 and ending 08/28/19
 Time Starting 5pm and ending 8pm
 Location of Event 1ST PLAZA

Name of Business MC NALLY'S TRADITIONAL IRISH PUB
 Address of Business 109 W MAIN ST. Business Phone (630) 513 6300
 Has Applicant had a Class E7 License in the previous 365 days? YES If YES, on what date: 03/16
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: LLC

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

- Class E7 licenses are restricted to A2 and A2(B) license holders.
- The Class E7 license fee is \$100.00 per day.
- 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.**
- Beer and/or Wine are the only alcoholic beverages to be sold.
- Hours are restricted to 12 noon to 9:00 p.m.
- Licensee must rope/fence off the licensed premises.
- Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
- Are children/minors permitted in the licensed premises? **Y/N**
- A sign limiting beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
- Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
- A copy of site plan diagram to include roped area shall accompany this application.
- All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

- Is license to be used in conjunction with a special event approved by the City Council? YES
 If yes, provide name of event: UNWIND WEDNESDAY
- 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
- Location/address of event. Important: Attached drawing of location to this application. 1ST ST. PLAZA
- Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency.

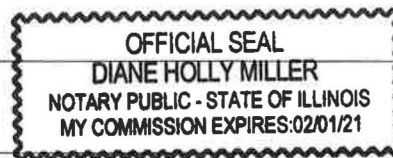
Affidavit

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: _____

Signed: _____

Sworn to before me this 24th day of February, 2019.Notary Public Diane Holly Miller**ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER**

Approved: _____ Date: _____ Chief of Police: _____

Approved: _____ Date: _____ Liquor Commissioner: _____

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



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 06/05/19 TO 08/28/19 Number of Days 13
2. Applicant is: ☒ Corporation ☐ Partnership ☐ Individual
3. Applicant's Name MC NALLY'S PUB Telephone # (630) 513 6300
D/B/A MC NALLY'S PUB
Address 109. W. MAIN ST. City/State/Zip ST. CHARLES, IL 60174
4. Device Owner's Name AS ABOVE Telephone # _____
Address _____ City/State/Zip _____
5. Device(s) to be used, specific to power amplification (wattage) and output:
TWO SPEAKERS
6. Area where device(s) is/are to be used:
1ST. PLAZA.
7. Amplification system will be used for:
☒ Music
☐ Public Speaking
☐ Other (describe) _____
8. If used for music, what type (include name of artist/band if applicable):
GENERAL COVER BANDS

9. Time of day device(s) is/are to be used: 5pm - 8pm

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: _____

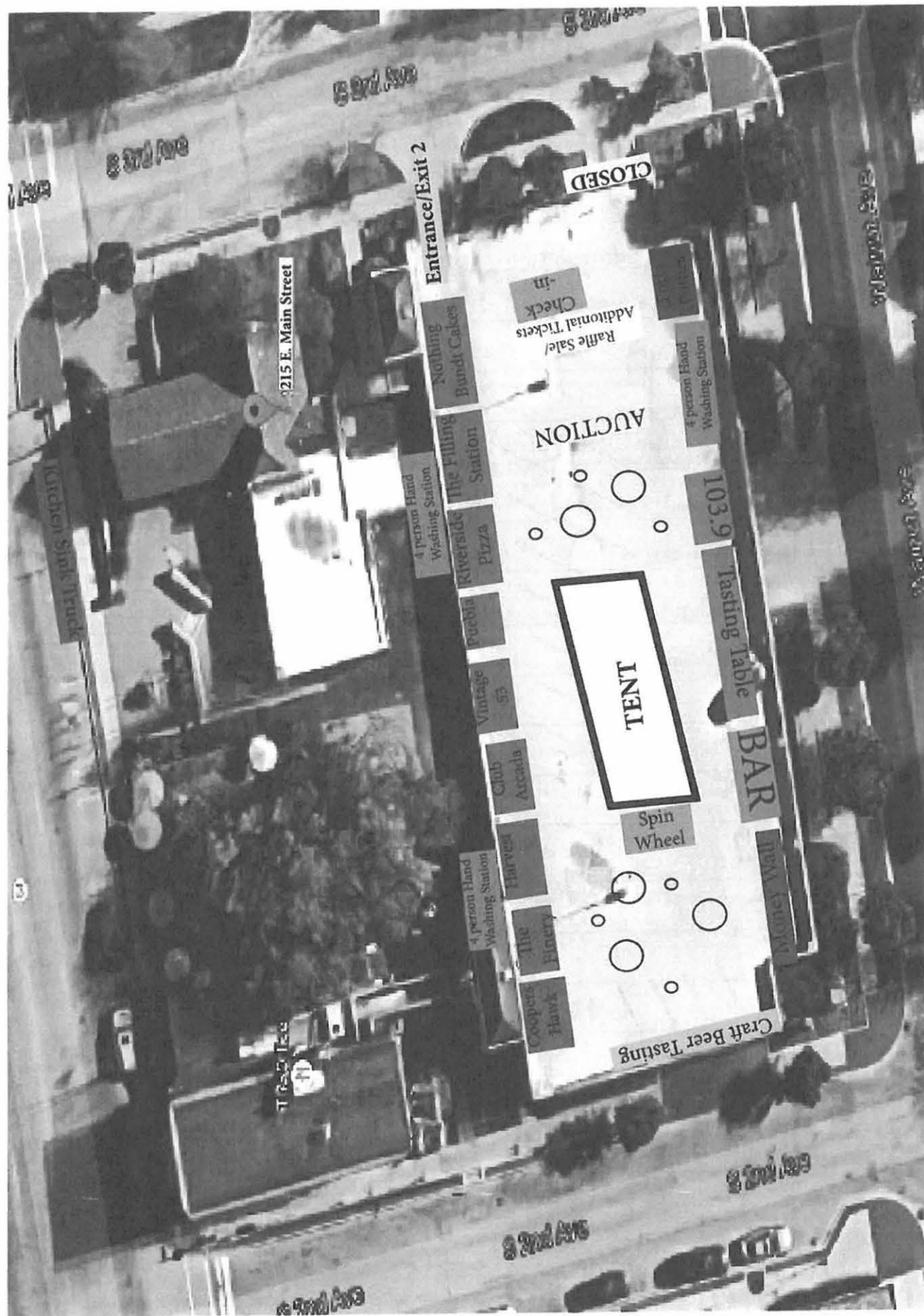
by: _____
Chief of Police


For Office Use

Date Received 2/26/19 Fee Paid \$5.00 Receipt No. _____ Permit No. 19-29594

RECEIVED
FEB 26 2019
Building & Code Enforcement
St. Charles, IL

	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 5c
	Title:	Recommendation to Approve Parking Lot Closure and Use of Amplification Equipment for the Heritage Center “Best of St. Charles Foodie Fest”	
	Presenter:	Chief Keegan	
Meeting: Government Operations Committee		Date: April 15, 2019	
Proposed Cost: \$1,175.84 (PW)		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>This is the ninth annual event for this organization. The “Best of St. Charles Foodie Fest” will once again be facilitated by the St. Charles History Museum/Heritage Center, 215 E. Main Street.</p> <p>Event coordinators are requesting the event again be held on the top level of the Walnut Avenue Parking Deck (Municipal Lot “S”). The “Best of St. Charles Foodie Fest” will be held on Saturday, June 22nd from 5:00 p.m. to 9:00 p.m. Alcohol service has been requested for that event. There will not be a Family Fun Day this year.</p> <p>This event is permitted to serve alcohol under the Museum’s Class E-8 Liquor. All servers will be Basset certified and the entire area will be fenced off with volunteers working the two entrances. Wristbands will be distributed to those 21 and over. Liquor sales will start at 5:00 p.m. and end at 8:30 p.m.</p> <p>An amplification permit has been requested for music and public speaking. This has been requested for the top level of the Walnut Avenue Parking Deck.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 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 May 6, 2019 for final approval.</i></p>			
Attachments <i>(please list):</i> Map of event layout			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to approve parking lot closure and use of amplification equipment for the Heritage Center’s Best of St. Charles Foodie Fest.			



	AGENDA ITEM EXECUTIVE SUMMARY		Agenda Item number: 5d
	Title:	Recommendation to Approve a Proposal for a New Class E-2 Temporary Liquor License for Boke Enterprises, LLC dba The Wine Exchange and Eden on the River During the Fine Arts Fair in the North Fox Island Square Parking Lot	
	Presenter:	Police Chief Keegan	
Meeting: Government Operations Committee		Date: April 15, 2019	
Proposed Cost: \$		Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
Executive Summary <i>(if not budgeted please explain):</i> <p>This is an application request for a Class E-2 Temporary License, authorizing for consumption of beer, wine or alcoholic liquors to be served in the north parking lot of the Fox Island Square property. This temporary license request is for two days, Saturday, May 25 and Sunday, May 26, 2019, from noon to 6:00 pm during the Fine Arts Fair.</p> <p>The Wine Exchange has received written permission from the property owner, Shodeen Group, LLC, to authorize this request. They have also submitted the required Certificate of Insurance for the property.</p> <p>All eligible participants will be required to show proper identification. Wristbands will be distributed to those 21 and over.</p> <p>An amplification permit has been requested for live music during the event.</p> <p><i>Pursuant to this item being presented at the Government Operations Committee meeting on April 15, 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 May 6, 2019 for final approval.</i></p>			
Attachments <i>(please list):</i> Application, Insurance, Site Plan, BASSETT, Letter of Authorization from Shodeen Group, LLC, amplification application.			
Recommendation/Suggested Action <i>(briefly explain):</i> Recommendation to Approve a Proposal for a New Class E-2 Temporary Liquor License for Boke Enterprises, LLC dba The Wine Exchange and Eden on the River During the Fine Arts Fair in the North Fox Island Square Parking Lot			

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 May 25th and ending May 26th
 Time Starting 12:00 and ending 6:00
 Location of Event 1 W Illinois St

Name of Business The Wine Exchange & Eden on the Run
 Address of Business 1 W Illinois St #140 Business Phone 630-513-5577
 Has Applicant had a Class E2 License in the previous 365 days? NO. If YES, on what date:
 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: A5 - Dual Consumption (ON/OFF Premise)
2. Has the applicant had a Class E2 license in the previous 365 days? NO If Yes, on what date?
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 Charles Art Fair
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? Yes
5. Location/address of event. Important: Attached drawing of location to this application. Please see Attached
6. Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency. Attached

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: _____ Signed: _____

Sworn to before me this 4 day of April, _____.

Notary Public May 10

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: _____ Date: _____ Chief of Police: _____

Approved: _____ Date: _____ Liquor Commissioner: _____



the wine exchange

City of St Charles Art Fair Scope:

- The Wine Exchange will only serve wine and beer by the glass from 12:00-6:00 on the 25th and 26th of May in the designated fenced off area.
- No spirits or wine by the bottle will be permitted to be consumed outside of the Wine Exchange store.
- Clearly marked designated Entrance/Exit locations.
- A Wine Exchange employee will attach a wristband for everyone 21 years or older. No one without a wristband will be served wine or beer.
- Children will be permitted in the designated area. We are considering the Art Fair as a family event.
- We will provide garbage cans for trash.
- All patrons will have access to our bathrooms in the store.
- The Wine Exchange will remove all the wine and beer from the parking lot after 6:00pm and store in back inside the shop.
- The Wine Exchange was issued a COI for the use of the parking lot. Please see attached.
- The Wine Exchange was approved by ShoDeen to close down the parking lot and use it to serve wine and beer. Please see attached.
- Signs will be displayed indicating the consumption of only wine and beer (by the glass) and only within the designated area.
- Site plan attached.
- Tables and chairs provided in the fenced area.

1 West Illinois Street, St. Charles, IL 60174
630.513.5577



the wine exchange

The Wine Exchange

List of Liquor Supervisors for Fine Art Fair

Bob Sommer
President
The Wine Exchange

Basset Certified- Expiration 1/28/2021

Keri Foster
CEO
The Wine Exchange

Basset Certified- Expiration 4/6/2021

Michael Burkholder
Director of Wine
The Wine Exchange

Basset Certified- Expiration 7/3/2021

BASSET Card



January 30, 2018



Letter ID: L0893253328

BOB SOMMER
39W 821 S HATHAWAY LN
GENEVA IL 60134

License No.: 5A-0110606
Expiration Date: 1/28/2021
License Type: Basset Card

Your "Student ID number" is: 11897784

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

**DO NOT throw away this letter as you will need your
"Student ID number" directly above to re-print your card.**

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>ILLINOIS LIQUOR CONTROL COMMISSION 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD Date of Certification: 1/28/2018 Expires: 1/28/2021 Trainer's IL Liquor License Number: 5A-0110606 BOB SOMMER  **Card is not transferrable**</p>
--

BASSET Card



April 11, 2018



Letter ID: L0858824016

KERI FOSTER
39W821 SOUTH HATHAWAY LANE
GENEVA IL 60134

License No.: 5A-0110606
Expiration Date: 4/6/2021
License Type: Basset Card

Your "Student ID number" is: 11934483

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>ILLINOIS LIQUOR CONTROL COMMISSION 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</p> <p>Date of Certification: 4/6/2018 Expires: 4/6/2021 Trainer's IL Liquor License Number: 5A-0110606 KERI FOSTER</p> <p>**Card is not transferrable**</p>
--

BASSET Card



July 9, 2018



Letter ID: L1298350384

MICHAEL BURKHOLDER
410 INDIANA AVE. 301
ST. CHARLES IL 60174

License No.: 5A-0110606
Expiration Date: 7/3/2021
License Type: Basset Card

Your "Student ID number" is: 12480779

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

**DO NOT throw away this letter as you will need your
"Student ID number" directly above to re-print your card.**

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

<p>ILLINOIS LIQUOR CONTROL COMMISSION 100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601 BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD</p> <p>Date of Certification: 7/3/2018 Expires: 7/3/2021 Trainer's IL Liquor License Number: 5A-0110606 MICHAEL BURKHOLDER</p> <p>**Card is not transferrable**</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2019

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008		CONTACT NAME: PHONE (A/C, No, Ext): 630-773-3800 FAX (A/C, No): 630-587-8406 E-MAIL ADDRESS:	
INSURED BOKE Enterprises 1 Illinois St. Saint Charles IL 60174		BOKEENT-01	
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A : Ohio Security Insurance Company		24082	
INSURER B : Ohio Casualty Insurance Company		24074	
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 982560558

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	Y	BKS58544313	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	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			BKS58544313	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO58544313	4/1/2019	4/1/2020	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	N/A	XWS58544313	4/1/2019	4/1/2020	<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
A	Liquor Liability			BKS58544313	4/1/2019	4/1/2020	Aggregate Limit Occurrence \$2,000,000 \$1,000,000

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

RE: 21st Annual St. Charles Fine Art Show on May 25th - May 26, 2019 at The Wine Exchange Property and Front Parking Lot, 1 West Illinois Street, St. Charles IL 60174.

Fox Island Limited Partnership and Shodeen Group LLC are shown as additional insureds with respect to General Liability on a primary/non-contributory basis as required by written contract with respect to the work performed by the named insured. A waiver of subrogation is included under the General Liability coverage as evidenced herein as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Shodeen Group LLC
77 North First Street
Geneva IL 60134

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

St. Charles, IL

Fox Island Square

1 West Illinois Street



JOIN

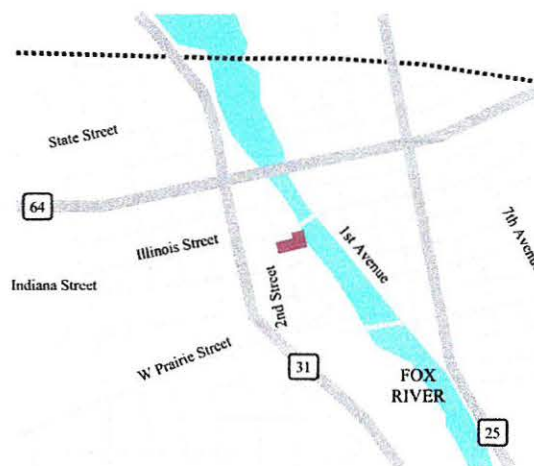
ALE Solutions
The Wine Exchange
Bull & Bear Cigar Shop
Kimmer's Ice Cream

DEMOGRAPHICS

Area	Population	Avg Household Income
1 Mile	10,754	\$93,848
3 Mile	57,187	\$108,306
5 Mile	103,658	\$112,128

TRAFFIC

Downtown St. Charles



PROPERTY DETAILS

- 1630 to 5417 SF Available
- Retail Space Available
- 5417 SF Fully Equipped Restaurant on Fox River
- Historic Downtown St. Charles
- Close to Shops and Restaurants
- Newly Completed Bike Trail
- Zoned: CBD-1 - Central Business

Justin Heinz | Vice President
Ph: 630-232-7883 Fax: 630-232-8695
Shodeen Group www.shodeen.com
77 N. 1st Street
Geneva, IL 60134

SHODEEN
SHODEEN GROUP, L.L.C.

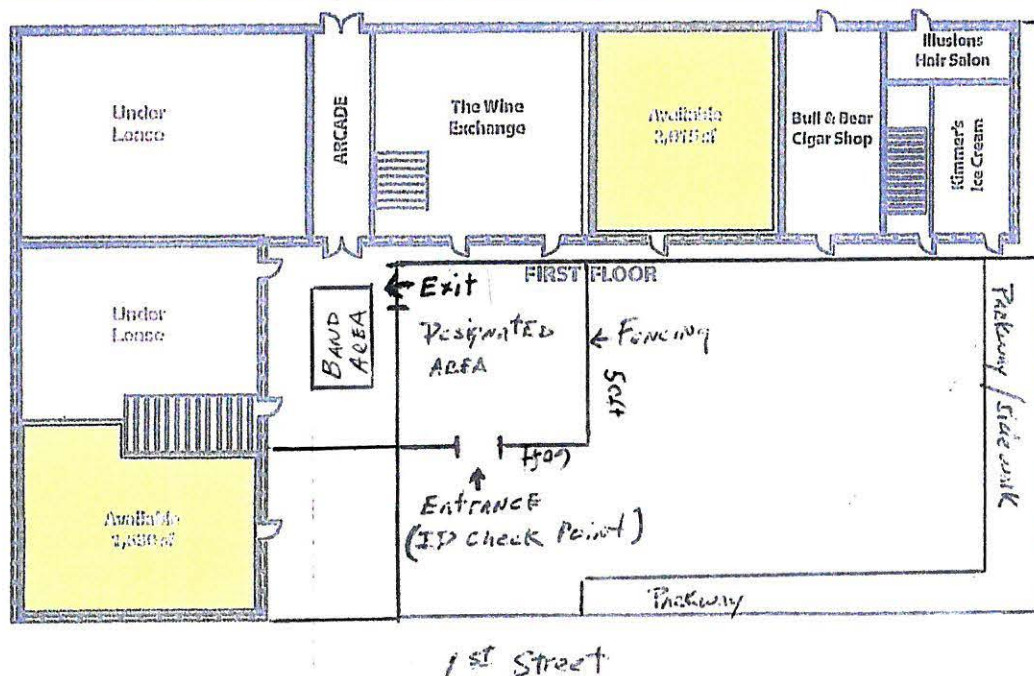
St. Charles, IL

Fox Island Square

1 West Illinois Street

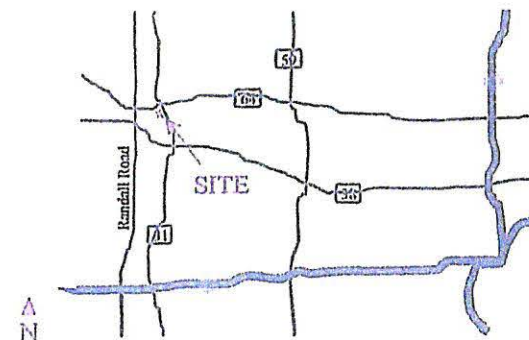
SHODEEN

SHODEEN GROUP, L.L.C.



GLA 30,253 SF

Unit	Tenant	Sq. Ft.
FIRST FLOOR		
100	Kimmie's Ice Cream	1,040 sf
105	Illusions Hair Salon	740 sf
110	Bull & Bear Cigar Shop	1,400 sf
120	Leased	2,015 sf
130	The Wine Exchange	1,100 sf
140	The Wine Exchange	1,286 sf
160/170	Leased	5,417 sf
180	Available	1,630 sf
SECOND FLOOR		
200	ALE Solutions	1,400 sf
210	ALE Solutions	1,000 sf
215	ALE Solutions	535 sf
230	ALE Solutions	2,601 sf
240	ALE Solutions	1,134 sf
250	ALE Solutions	800 sf
260	ALE Solutions	580 sf
270	ALE Solutions	1,304 sf
280	ALE Solutions	980 sf
285	ALE Solutions	1,935 sf
290	ALE Solutions	790 sf
THIRD FLOOR		
200	ALE Solutions	1,600 sf



This site plan is not a representation, warranty or guarantee as to size, location, identity of any tenant, the suite number, address or any other physical indicator or parameter of the property and for use as approximated information only. The improvements are subject to changes, additions, and deletions as the architect, landlord or any governmental agency may direct or determine in their absolute discretion. The information and design of this brochure is the property of Shodeen Management and may not be altered in any way without the express written authorization of Shodeen Management or its affiliates.

April 3, 2019

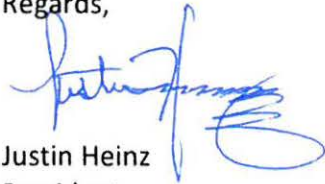
City of St. Charles
Attn: Tracey Conti
2 E. Main Street St.
St. Charles, IL 60174

Dear Ms. Conti:

Shodeen Group, LLC gives permission to the Fox Island tenants to use the North parking lot at 1 West Illinois Street on Saturday, May 25 and Sunday, May 26.

If you have any questions or need any additional information, please don't hesitate to contact me.

Regards,



Justin Heinz
President
Shodeen Group, LLC

SHODEEN

17 North First Street
Geneva, Illinois 60134

phone 630.232.8570
facsimile 630.232.7895

www.shodeen.com

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



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 May 25th TO May 26th Number of Days 2
2. Applicant is: ☐ Corporation ☒ Partnership ☐ Individual
3. Applicant's Name Bob Sommer Telephone # 630-809-4376
D/B/A The Wine Exchange
Address 1 W Illinois St #140 City/State/Zip St Charles, IL 60174
4. Device Owner's Name N/A Telephone # N/A
Address N/A City/State/Zip N/A
5. Device(s) to be used, specific to power amplification (wattage) and output:
low output Amplifiers - 800 watts max, 30-40 decibels
(100 watts)
6. Area where device(s) is/are to be used:
In front of the Eden On the River (in the corner of the
Fox Island building) Identified on event diagram submitted
7. Amplification system will be used for:
☒ Music
☐ Public Speaking
☐ Other (describe) _____
8. If used for music, what type (include name of artist/band if applicable):
Jazz or light pop. Music to be inline with Art Festival
Atmosphere: David Purdy 630-915-8292, Blandon Bott
NIU steel band 815-793-7793, Rodrigo Velazquez NIU
Jazz Quartet 608-718-1673, Guitones Azul, 313-391-2698

9. Time of day device(s) is/are to be used: 12:00 pm - 6:00 pm on the 25th/26th

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: X

Denied: _____

by: [Signature] Deputy Chief
Chief of Police

For Office Use

Date Received _____ Fee Paid _____ Receipt No. _____ Permit No. _____

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5e

Title:

Recommendation to approve the bylaws of the City of St. Charles Youth Commission.

Presenter:

Chief Keegan

Meeting: Government Operations Committee

Date: March 18, 2019

Proposed Cost: \$N/A

Budgeted Amount: \$

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

The Youth Commission seeks to establish relevant bylaws to reinforce the overall mission as outlined by the City Council, to specify ongoing tasks and responsibilities, and to protect the rights of the commission members. Through these by-laws, the commission plans to improve the efficiency and productivity of our meetings and assure constant communication and collaboration with the youth community of St. Charles.

Attachments (*please list*):

Bylaws

Recommendation/Suggested Action (*briefly explain*):

The Police Department recommends approval of the City of St. Charles Youth Commission Bylaws.

St. Charles Youth Commission By-Laws

ARTICLE I - Name:

The name of this organization shall be the St. Charles Youth Commission.

ARTICLE II - Object

Section 1. Purpose: The overall purpose of said commission shall be to encourage the continuing betterment of opportunities for the **health and well being** of the youth in the St. Charles community.

Section 2. Duties: The St. Charles Youth Commission shall:

- A. Assist in coordinating and integrating governmental and private plans and services affecting the welfare of children and youth in the city;
- B. Assist in coordinating and integrating plans and services for protecting children from exposure to harmful influences and conditions conducive to delinquency in youth;
- C. Make or cause to be made studies and surveys related to youth behavior or in the interest of youth guidance **as needed**;
- D. Request and obtain such cooperating assistance and data from city departments and other public agencies as may be reasonably necessary to carry out its work;
- E. Recommend plans and methods for the improvements of opportunities for the **physical, academic, social, and/or emotional** development of youth in the community of St. Charles;
- F. Create such subcommittees or advisory committees from outside of the membership of the commission to aid and assist in the work of the commission **as needed**;
- G. Establish liaisons with schools, churches, and other groups interested in youth in St. Charles and the surrounding area.

ARTICLE III - Membership:

Section 1. Appointment: The ten (10) members of the Youth Commission shall be appointed by the Mayor with the approval of the City Council commencing as of May 1, 1967. No more than three (3) of the commission members can reside outside of the city limits.

Section 2. Term of Office: The terms of the members of the commission shall be for one year after the term of any present commissioners may have expired. Members shall be appointed to a term of two (2) years with the term of the appointments coinciding with the fiscal year of the City beginning on May 1st of each year.

St. Charles Youth Commission By-Laws

Section 3. Vacancies: A vacancy in an unexpired term shall be filled, for the unexpired term to complete the term of the vacancy. This vacancy shall be appointed by the Mayor with the approval of the City Council.

Section 4. Removal: Any member of the commission may be removed by the Mayor for absenteeism, neglect of duty, misconduct, or unethical behavior while issued in office. A written notice stating the reason for dismissal from the commission will be issued by the mayor. The affected commissioner will be given an opportunity to appeal and to respond in writing within 30 days. The Mayor retains full authority to remove any commissioner.

Section 5. Resignation: Members of the commission who find it necessary to resign shall notify the Chair in writing. The Chair shall notify the Mayor of such resignation. The Mayor shall appoint a replacement to fill the vacant position as soon as practicable. Any commission member who is absent from three (3) consecutive regular Youth Commission Meetings without cause shall be deemed to have resigned from the commission and a vacancy may be declared to exist.

ARTICLE IV - Officers:

Section 1. Officers: The officers of the commission shall be: Chair, Secretary, and Treasurer. Their duties shall be those usually performed by such officers and those specified in these by-laws in addition to such duties as the commission may prescribe.

Section 2. Term of Office: The officers shall be elected after May first (the beginning of City of St. Charles fiscal year). Nominations may be taken as presented by the Youth Commission. Each officer shall be elected for a term of one year and shall not be eligible to serve in the same office for more than four consecutive terms, with exceptions allowed by majority vote and approval of the Mayor, to be reviewed annually. Officers will be elected by a simple majority of the quorum.

Section 3. Duties of the Officer:

- 1. Chair** - The Chair shall:
 - a. preside at all regular and special commission meetings
 - b. appoint members of all the committees
 - c. serve as an ex officio member of all committees, having all the privileges of other committee members
 - d. call special meetings of the commission, in accordance with the Illinois Open Meeting Act
 - e. sign any appropriate documents prepared by the commission, including recommendations to the City Council
 - f. ensure that all actions of the volunteer body are properly taken
 - g. conduct all meetings in a proper and efficient manner
 - h. work with the staff liaison to set the meeting agenda
 - i. focus discussion at meetings on agenda items to attempt to achieve a consensus on issues
 - j. ensure that the commission's actions are consistent with the interest of the City as dictated in the policies set by the City Council.
- 2. Recording Secretary** - The Secretary shall provide the City with draft minutes of commission meetings.

ARTICLE V - Meetings:

St. Charles Youth Commission By-Laws

Section 1. Meeting Times: Regular meetings of the commission shall be held throughout the year at such time and place as may be provided by resolution of the Commission. At any Commission meeting, the next succeeding meeting may be rescheduled by consensus of the members present. Default meeting time is the first Monday of every month (September through June) at 6:00pm in the Police Department Conference Room, 211 N. Riverside Avenue.

Section 2. Special Meetings: Special meetings of the Commission may be held at the call of the Chair or upon the request of two members of the Board.

Section 3. Meeting Notification: Formal notification of all regular and special meetings shall be communicated to each member in writing or via electronic communication and posted on the City of St. Charles website.

Section 4. Illinois Open Meetings Act: All regular and special meetings of the Board shall be open to the public. The only specific issues allowing a closed executive session are those authorized by the Illinois Open Meetings Act.

Section 5. Meeting Minutes: Minutes of the regular and special meetings shall be posted to the City of St. Charles web-site after approval by the board.

Section 6. Quorum: A simple majority of the Commission shall constitute a quorum for the transaction of business.

Section 7. Voting: All issues presented for a vote at a Commission meeting shall require a majority vote of the members present if a quorum or per Robert's Rules. The initiation of any roll call vote may come from any Commission member.

Section 8. General Consent: The method of general consent, or the unanimous vote consensus, may be used with all other issues when there seems to be no objections to the question. It may be used when routine business is conducted and on minor matters. Instead of taking the vote, the Chair may say, "if there are no objections", or words to that effect, and shall assume general consent unless someone objects. When there is an objection, a vote must be taken.

ARTICLE VI - Committees:

Section 1. General Committees:

1. The Commission shall carry out the affairs of the Commission as a Committee of the Whole or special ad hoc committees as may be appointed by the Chair.
2. Committees meet on call of the Chair, by consensus of the Commission, and as scheduled by committee members. If appropriate, the Commission shall base all policy decisions of the Commission after consideration of committee recommendations.
3. A quorum for committee meetings shall consist of a majority of the appointed members. If there is not consensus on a matter requiring a recommendation from a committee, the vote of each member shall be recorded in the committee report (verbally or in writing), accompanied by a brief statement of the minority viewpoint.

Section 2. Coordinating Committee: The mayor shall also designate a coordinating committee representing the city consisting of a representative of the police department,

St. Charles Youth Commission By-Laws

a representative of the city council, the director of recreation and parks, and a city attorney to meet with and coordinate the work of the Youth Commission with the city.

ARTICLE VII - Annual Report

By May 1st of each year, beginning on May 1st, 1966, the Youth Commission shall cause to be prepared a report of its operations, studies, meetings, attendance of members during the preceding year, along with plans for future activities.

ARTICLE VIII - Parliamentary Authority:

Unless inconsistent with these by-laws, or otherwise decided by the Commission, all Commission meetings shall be conducted in accordance with Robert's Rules of Order Revised.

ARTICLE IX - Amendments to the By-Laws:

These by-laws may be amended at any regular or special meeting of the St. Charles Youth Commission by a two-thirds majority of the Commission. Written notice of the proposed amendment shall be mailed or delivered to all members of the Commission at least one week in advance of consideration of action.

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 6*a

Title:	Budget Revisions for the City of St. Charles – February, 2019
--------	---

Presenter:	Chris Minick, Finance Director
------------	--------------------------------

Meeting: Government Operations Committee

Date: February 19, 2019

Proposed Cost: \$ -0-

Budgeted Amount:

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

February, 2019 listing of monthly budget revisions for the City of St. Charles.

Attachments *(please list):*

Budget Revisions –February, 2019

Recommendation/Suggested Action *(briefly explain)*

Budget Revisions for the City of St. Charles – February, 2019

CITY OF ST. CHARLES

Budget Revision Listing

February 2019

[illegible]

CITY OF ST. CHARLES

Budget Revision Listing

February 2019

[illegible]

CITY OF ST. CHARLES

February 2019

Budget Revision Listing

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Transfer	164	100	1000	2019	10	02/28/2019	801512	51402	\$ 40.00	Training
Budget Transfer	164	100	1000	2019	10	02/28/2019	801512	51300	\$ (40.00)	Training
Budget Transfer	164	100	1000	2019	10	02/28/2019	100300	54482	\$ 1,000.00	Auto Repairs
Budget Transfer	164	100	1000	2019	10	02/28/2019	100300	54480	\$ (1,000.00)	Auto Repairs
164 Total									\$ -	
Budget Addition	165	100	1000	2019	10	02/28/2019	521300	56200	\$ 5,000.00	NICOR charges
Budget Addition	165	100	1000	2019	10	02/28/2019	521900	31199	\$ (5,000.00)	NICOR charges
165 Total									\$ -	
Grand Total									\$ 0.00	

The revisions shown herewith have been approved by the City Council, except as noted below.

Chairman, Government Operations Committee

Date

Vice Chairman, Government Operations Committee

Date

Finance Director

Date

Exceptions:

City of St. Charles
Summary of Revenues and Expenditures (Expenses)
All Funds

EXHIBIT A

Actual FY 17/18	Estimate FY 18/19		Proposed FY 19/20	-----Projected----- FY 20/21	FY 21/22	FY 22/23
<u>Revenues</u>						
13,901,958	14,070,024	Property Taxes	14,786,611	15,189,929	15,299,869	15,636,236
18,571,165	18,187,723	Sales & Use Taxes	19,479,300	19,807,399	20,141,281	20,481,059
1,211,935	1,605,560	Liquor Tax	1,826,190	1,862,714	1,899,968	1,937,967
3,695,126	3,555,696	Franchise Fees	3,960,282	3,992,825	4,025,693	4,058,889
1,939,791	2,338,435	Hotel Occupation Tax	2,352,169	2,399,213	2,447,197	2,496,141
55,662	50,664	Admission Tax	58,000	58,250	58,501	58,754
886	247,279	Other Taxes	475,900	475,900	475,900	475,900
830,799	734,235	Telecommunications Fee	801,901	793,882	785,943	778,084
735,823	648,831	Licenses & Permits	640,445	640,445	640,445	640,445
1,207,603	204,804	Connection Fees	221,000	221,000	221,000	221,000
78,391,105	79,568,148	User Charges	82,419,321	84,676,074	87,236,284	90,419,233
3,670,648	4,880,417	Intergovernmental Revenue	4,385,057	4,491,217	5,123,662	4,310,132
876,028	885,976	Motor Fuel Tax	866,500	866,500	866,500	866,500
1,112,601	776,617	Reimbursement for Improvements	476,100	477,100	2,977,100	277,100
537,311	512,868	Reimbursement for Services	592,619	594,174	595,753	597,106
5,040,319	5,824,840	Pension Contributions	5,928,201	6,057,567	6,189,844	6,325,107
475,527	426,160	Fines & Court Fees	460,877	474,844	489,360	504,448
4,787,508	3,120,880	Investment Income	2,623,646	2,600,902	2,654,806	2,711,626
3,314,425	3,388,388	Charges to Other Funds	4,052,834	4,148,732	4,370,484	4,443,619
3,027,924	3,238,185	Sale of Property	3,005,500	3,005,500	3,005,500	3,005,500
1,800,779	1,448,993	Miscellaneous Revenue	1,268,489	1,295,603	1,323,544	1,352,337
5,249,473	5,198,641	Insurance Premiums	5,435,000	5,791,088	5,969,808	6,151,900
26,990,132	21,273,534	Capital Financing Proceeds	14,418,104	43,153,161	15,033,522	38,113,852
177,424,528	172,186,898	Sub-Total	170,534,046	203,074,019	181,831,964	205,862,935
12,425,520	11,792,480	Transfers In	10,022,280	12,561,344	12,268,642	11,691,178
189,850,048	183,979,378	Total	180,556,326	215,635,363	194,100,606	217,554,113
<u>Expenditures/Expenses</u>						
19,285,684	22,233,337	General Government	22,405,864	25,495,462	25,001,042	25,939,342
31,727,674	54,845,076	Public Health and Safety	36,732,963	33,295,378	35,258,789	36,965,647
14,663,640	16,437,322	Public Works	14,715,199	18,206,303	19,850,314	20,817,489
81,302,676	95,097,148	Public Utilities	90,798,639	125,909,854	100,372,423	125,792,765
2,715,478	5,376,026	Community Development	2,833,248	3,709,095	3,868,297	3,147,977
149,695,152	193,988,909	Sub-Total	167,485,913	206,616,092	184,350,865	212,663,220
12,425,520	11,792,480	Transfers Out	10,022,280	12,561,344	12,268,642	11,691,178
162,120,672	205,781,389	Total	177,508,193	219,177,436	196,619,507	224,354,398
27,729,376	(21,802,011)	Excess (Deficiency) of Revenues over Expenditures/Expenses	3,048,133	(3,542,073)	(2,518,901)	(6,800,285)