

AGENDA
CITY OF ST. CHARLES
GOVERNMENT OPERATIONS COMMITTEE
ALD. MAUREEN LEWIS, CHAIR
MONDAY, MARCH 16, 2020
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET

1. Call to Order

2. Roll Call

3. 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.

4. Police Department

- a. Recommendation to approve a Proposal for an E4 Liquor License Application for PollyAnna Brewing Company's Summer Soiree Event taking place on July 18, 2020 at 106 S Riverside Avenue, St. Charles.
- b. Recommendation to approve a Proposal for a New E1 Liquor License for D & G Brewing for the St. Charles Craft Beer Festival taking place on May 30, 2020 in Lincoln Park.
- c. Recommendation to approve a Proposal for a New Class E-4 Temporary Liquor License and a Loudspeaker Application for a Special Event, Unwind Wednesdays, to be held on the First Street Plaza.
- d. Recommendation to approve Late Night Permits for Class B, C and G licenses of the City of St. Charles for FY 2020/2021.

5. Finance Department

- *a. January, 2020 Budget Revisions
- *b. February, 2020 Budget Revisions
- *c. Recommendation to approve an Ordinance Reserving and Authorizing the Transfer of Volume Cap in Connection with Private Activity Bond Issues and Related Matters.
- d. Fiscal Year 2020-2021 Budget Presentation – For Information Only.

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

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. 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: 4a

Title:	Recommendation to Approve a Proposal for a Parking Lot Closure, Amplification Permit, and Class E4 Liquor License for the Pollyanna Summer Soiree to be held in City Parking Lot <i>Second Court</i> on July 18, 2020 from 3:00 pm to 11:00 pm
Presenter:	Police Chief Keegan

Meeting: Government Operations Committee Date: March 16, 2020

Proposed Cost: \$1,744.00 (PD)
 \$529.28 (PW)
\$2,273.28 (TOTAL)

Budgeted Amount: \$

Not Budgeted:

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

Pollyanna Brewing Company is requesting to host the Pollyanna Summer Soiree in in City Parking Lot *Second Court* on Saturday, July 18, 2020, from 3:00 pm to 11:00 pm and obtain an E-4 License.

An amplification license for a band to perform is also being requested for this event, as well as the closure of City Parking Lot *Second Court*, located to the south and east of Pollyanna Brewing Company, to be closed for the set-up, duration of, and take down of this event: 5 a.m. Friday, July 17 – Sunday, July 19 at 2 p.m.

A \$10 entry fee to this event will include entry as well as a 14 or 16 ounce commemorative glass. Upon entry, identification will be required for all over 21 intending to consume alcoholic beverages and a wristband will be given to all those who qualify. This is a family event where families can enjoy three different music acts throughout the duration of the event.

Six of Pollyanna’s beers will be showcased at this event, as well as three to four local food vendors / restaurants.

All fees for any signage, barricades, City electric, or City personnel will be absorbed by the Event sponsor. The sponsor has been instructed to be in contact with all the affected businesses in the immediate area as well as area residents.

This is the first year for this event. Due to the expected number of participants, approximately 500 - 800, two police officers will be required to work this event.

Pursuant to this item being presented at the Government Operations Committee Meeting on March 16, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, 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 April 6, 2020 for final approval.

Attachments *(please list):*

E-4 Liquor Application, Special Events Application, Amplification Application

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a parking closure, amplification, and a Class E4 Liquor License for the Pollyanna Summer Soiree to be held in City Parking Lot *Second Court*, St. Charles on July 18, 2020 from 3:00 pm to 11:00 pm.

For Office Use
 Received:
 Fee Paid: \$
 Receipt #

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



CITY LIQUOR DEALER LICENSE APPLICATION
CLASS E4 – CITY OWNED PROPERTY PERMIT EVENT

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,
 Commencing JULY 18, 2020 and ending JULY 18, 2020
 Start Time: 3:00P End Time: 11:00P
 Location of Event: PARKING LOT OF 100-106 S. RIVERSIDE AVE

Name of Business POLLYANNA BREWING COMPANY
 Address of Business 106 S. RIVERSIDE AVE, ST CHARLES Business Phone 630-549-7372
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: _____
 Has Applicant had a Class E4 License in the current fiscal year? NO. If YES, on what date: _____

Requirements of a Class E4 – City Owner Property Permit Event

1. **The Class E4 license fee is \$100.00 per day.**
2. Class E-4 Temporary License Permits shall authorize the retail sale of beer and wine or the retail sale of alcoholic liquor for consumption on the premises
3. It shall be unlawful for any person holding a Class E-2 license or E-4 license issued pursuant to this chapter to sell, offer for sale or to give away, in or upon any licensed premises, any alcoholic liquor between the hours of 12:00 midnight and 10:00 a.m. on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday.
4. This license shall be issued only for special events or catered functions where the dispensing of food predominates.
5. The issuance of the Class E4 Temporary License Permit shall be at the discretion of the Local Liquor Control Commissioner, with advice and consent of City Council.
6. Application for a Class E4 Temporary License Permit shall be submitted 45 days in advance of a scheduled date.
7. There shall be no Class E-4 Temporary License permits issued during the second full week of October, beginning 12:00 a.m. Friday and ending 12:00 a.m. Monday.
8. 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.**
9. Licensee must rope/fence off the licensed premises.
10. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
11. Are children/minors permitted in the licensed premises? Y
12. A sign limiting alcoholic consumption to the roped off area must be conspicuously displayed at all times.
13. **Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
14. A copy of site plan diagram to include roped area shall accompany this application.
15. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

Affidavit

State of Illinois)
 County of Kane)

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

Signed: [Signature] Signed: _____

Sworn to before me this 24 day of JANUARY, 2020.

Notary Public [Signature]

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: [Signature] Date: 2-11-20 Chief of Police: [Signature]

Approved: _____ Date: _____ Liquor Commissioner: _____

RECEIVED
FEB - 7 2020

Building & Code Enforcement
St. Charles, IL

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. 202000143 Date of Meeting: 2/13/20 Revised date 06/06/2018

Name of the Event: POLLYANNA SUMMER SOIREE Date(s) of Event: JULY 18, 2020

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.

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 INFORMATION Permit No. 202000143

Name of Event: POLLYANNA SUMMER SOIREE

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

Location of Event: PARKING LOT ALONG ILLINOIS AVE FOR 106 S. RIVERSIDE

Date(s) of Event: 7/18/2020 Hours of Event: 3:00P to 11:00P Estimated Attendance: 500-800

Event Website: WWW.POLLYANNABREWING.COM

Purpose of the event: SHOWCASE POLLYANNA BEER w/ LOCAL FOOD & MUSIC.

Name of sponsoring organization(s): POLLYANNA BREWING COMPANY (C CORP)

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: RYAN WEIDANCE

Organizer address: 106 S. RIVERSIDE AVE.

City: ST. CHARLES State: IL Zip: 60174

Home Phone: n/a Cell Phone:  E-mail: RYAN@POLLYANNABREWING.COM

Second contact person (emergency): CONRAD HURST Phone: 

Is this an annual event? YES NO If yes, please provide event date(s) for next year: _____

If the event is a recurring event, please state any problems and/or incidents that have occurred in past years, such as sound amplification, neighborhood parking complaints, etc.

n/a

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

n/a

SECTION 3 - PERMITS

Will you be having a fireworks display are your event? YES NO

If yes, you have to submit a **Fireworks Permit Application** sixty (60) days prior to the event. Please contact the St. Charles Fire Department to complete the application.

Does your event include the use of a tent? YES NO

If yes, you must submit an **Outdoor Sales Permit Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact Building and Code Enforcement to obtain an outdoor sale permit application.

Will you be using speakers and/or sound equipment at your event? YES NO

If yes, you must submit a **Loudspeaker/Amplifier License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a loudspeaker/amplifier license application.

Are you holding a raffle at your event? YES NO

If yes, you may have to submit a **Raffle Permit Application**. For the raffle permit application for Kane County, please visit www.co.kane.il.us/COC, or contact the Kane County Clerk's Office at 630.232.5950. For the raffle permit application for DuPage County, please visit http://www.dupageco.org/countyclerk/generic.cfm?doc_id=631 or contact the DuPage County Clerk's Office at 630-407-5500.

Will you serve alcohol at your event? YES NO

If yes, you must submit **Class E Liquor License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a Class E liquor license application.

Will there be amusement rides at the event? YES NO

If yes, you must submit **Carnival License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov or contact the Mayor's Office to obtain a carnival license application.

Will you serve food at your event? YES NO

If yes, please indicate the number of vendors 3

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.

PORTION OF PARKING LOT AT 100-106 RIVERSIDE AVE

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:

Will a drone be used? YES NO

If yes, please fill in the name of the pilot: _____

STREET	FROM	TO	DATES	TIMES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your event require the use of city sidewalks? YES NO

Does your event require temporary electric service? YES NO

- If yes, please indicate location(s) electric is needed on next sheet.

Does your event require temporary water/hydrant meter? YES NO

- If yes, please indicate locations(s) for hydrant meter(s) on next sheet.

SECTION 4 - SITE PLAN AND/OR ROUTE MAP

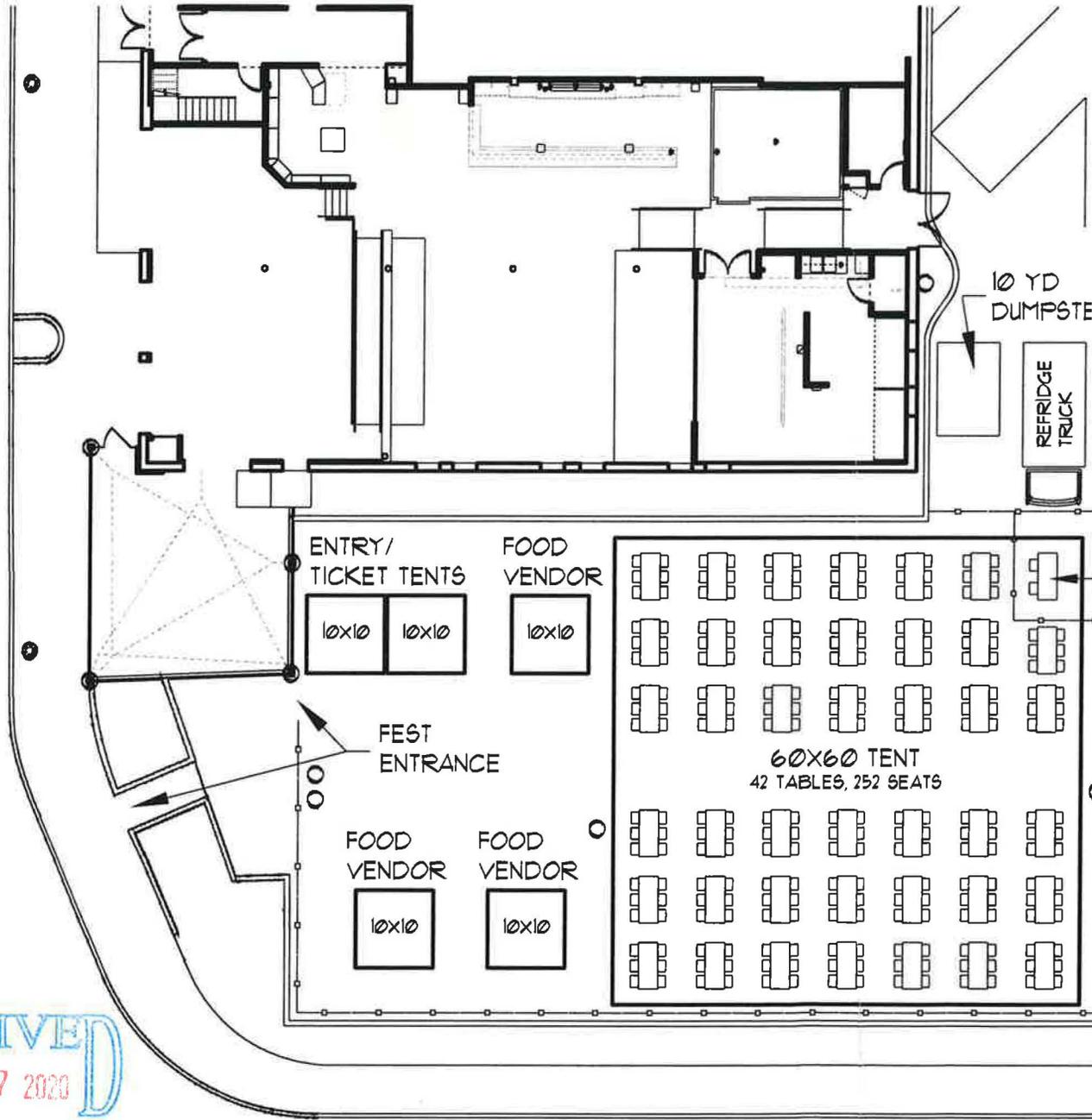
Please use the space below to illustrate the layout for your event. If you need additional space, please attach a separate sheet.

SEE SITE PLAN

If applicable, the following must be included:

- | | |
|--------------------------------------|--|
| Location of food vendors (FV) | Location and number of barricades (B) |
| Location of beverage vendors (BV) | Location of fire lane (FL) |
| Location of garbage receptacles (G) | Location of fire extinguishers (FE) |
| Location of toilets (T) | Public entrances and exits (PE) |
| Location of hand washing sinks (HWS) | Location of sound stages and amplified sound (S) |
| Location of retail merchants (RM) | Location of residential streets surrounding events |
| Location of First Aid (FA) | Electric (E) |
| | (Hydrant Meter (H20)) |

S. RIVERSIDE AVENUE



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Building & Code Enforcement
St. Charles, IL

Site Plan
SCALE - 1" = 20'-0"
NORTH

ILLINOIS AVENUE

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 POLLYANNA SUMMER SOURCE Date(s) of Event JULY 18, 2020

Emergency Contact Information

Primary Contact: RYAN WEIONCE Secondary Contact: PAUL CICIORA

Title: CFO Title: PRESIDENT

Phone No: [REDACTED] Phone no.: [REDACTED]

Tertiary Contact: CONRAD HURST Operations Manager: ED MMLNAR

Title: LANDLORD/PARTNER Title: VP-OPERATIONS

Phone No [REDACTED] Phone no.: [REDACTED]

Site Managers and miscellaneous contacts

Location: POLLYANNA Location: POLLYANNA

Date(s): JULY 18, 2020 Date(s): JULY 18, 2020

Name: NICK MILLER Name: BRIAN PAWOLA

Phone # [REDACTED] Phone #: [REDACTED]

Location: POLLYANNA Location: _____

Date(s): JULY 18, 2020 Date(s): _____

Name: CURT HURST Name: _____

Phone # [REDACTED] 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). POLYANNA BREWING CO has designated RYAN WELNER with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of POLYANNA BREWING CO, 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 POLYANNA BREWING CO. staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site POLYANNA BREWING 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 POLYANNA BREWING CO. 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 POLYANNA BREWING CO. 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 POLYANNA BREWING CO.
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 POLYANNA BREWING CO. to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by POLYANNA BREWING CO. 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 POLLYANNA BREWING CO. personnel;
 - c. Direct any and all media questions to CM, and only read official statements prepared by POLLYANNA BREWING CO. 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: X NO: _____
- 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: JAN 24, 2020

Name: RYAN M. WEIDNER

Title: CFO

SECTION 8 – St. Charles Police Department – Request for Police Services



ST. CHARLES POLICE DEPARTMENT
REQUEST FOR POLICE SERVICES

DATE SUBMITTED: _____
RYAN WEIDNER
 Individual Requesting Services
POLYANNA BREWING COMPANY
 Person/Organization to be Billed
106 S. RIVERSIDE AVE.
 Address
ST. CHARLES, IL 60174
 City/State/Zip Code

n/a
 Home Telephone
630-549-7372
 Business Telephone

 Signature [Signature]

St. Charles PD has the authority to determine the number of officers needed based on the circumstances and conditions of the event. I hereby agree to reimburse the city of St. Charles for all compensation paid to its officers for the services and at the rates described above.
[Signature]
 Signature of Person Agreeing to Pay

TYPE OF EVENT: BEER, MUSIC, & FOOD FESTIVAL
 LOCATION: PARKING LOT OF 100-106 S. RIVERSIDE AVE.

DATE(S)	TIME(S)	NUMBER OF OFFICERS REQUESTED
<u>7-18-2020</u>	<u>3:00P</u> to <u>11:00P</u>	<u>AS NEEDED</u>
	to	
	to	
	to	

HOURLY RATE – TIME & 1/2
 NUMBER EXPECTED TO ATTEND 500-800

***** DO NOT WRITE BELOW THIS SPACE *****

APPROVED: _____ DISAPPROVED: _____ DATE: _____

Comments: _____

Approved By: _____

OFFICER SIGNUP SECTION HOURLY RATE – TIME & 1/2

DATE	TIME	OFFICERS REQUESTED	NAME	NAME
	to			

Billing to City of St. Charles Verified by: _____ Date: _____

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the POLLYANNA BREWING CO
(name of organization)
 (“Organization”) to conduct POLLYANNA SUMMER SOIREE (“Event”), the 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.

POLYANNA BREWING COMPANY
(Name of Organization)

JAN 24, 2020
(Date)

by [Signature]
Authorized Signatory

Signed and sworn to before me this 24 day of JANUARY, 2020.

[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



Pollyanna Summer Soiree

Proposed Date: Saturday July 18, 2020, 3:00P-11:00P

Proposed Site: South portion of parking lot at 100-106 S. Riverside Ave.

Pollyanna looks to host a summer beer and music event at its St. Charles location. We have hosted a total of 12 public events similar to the proposed event in years past at the other locations and have refined the event to provide an enjoyable, safe experience to those attending. Attendance is expected to be 500-800 attendees based on similar events held in years past, many that are expected to be traveling from outside the immediate area. Despite having a focus around beer, this event has proven to be suitable for families with children of all ages.

Proposal:

Attendees will pay a \$10 admission fee at the gate which will gain them access to all music acts for the afternoon/evening, access to the local food vendors that will be on site serving, and will gain them a 16oz souvenir cup that they can fill throughout the event. Attendees will enter and exit through one designated gate on the southwest end of the parking lot. At the entrance, all attendees will present ID to prove age. Those over 21 years of age will be provided with a wrist band to allow for alcohol purchase and consumption at the event. Those under 21 will not be provided a wrist band. All staff members working the fest will have BASSETT certification.

The Pollyanna Taproom will remain open to the public and will not be part of the fest.

Pets will be prohibited given the large anticipated crowd.

Attendees will purchase drink tickets at 2 designated areas within the event for \$5 (per ticket) that will allow them a single fill of their souvenir cup at the beer tent. Several Pollyanna beer options will be available for purchase.

Food can be purchased directly from the food vendors within the event.

The event will host a series of music acts on a stage, sound system, and stage lighting contracted out by Pollyanna. The music acts will include three local musicians/bands playing for two hours each and will mostly play cover songs covering all genres and age groups. Pollyanna will contract out all acts. All music will be concluded by 10:30P.

Restroom facilities will be contracted by Pollyanna to accompany the crowd (10-20 porta-potties including ADA) and hand washing stations.

We anticipate that attendees will park in the various public parking lots throughout downtown. We have had discussions with the Downtown Business Alliance, the Chamber of Commerce, Arcada Theater, Flagship on the Fox, and The House Pub to confirm that no other major events are happening downtown during the proposed day and time of the fest.

Tenting will be rented by Pollyanna to accommodate attendees for either hot temperatures or rain; a total of 3,600 sq. ft. of tenting with tables and seating for 250-300 is planned.

Generator power, rented by Pollyanna, is planned for the stage and other stations requiring power.

Pollyanna will seek City services, if available, for the following: security officers for crowd control and trash receptacles. We can also seek these needed services from private, third party companies if needed.



POLLBRE-01

TCHASE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2020

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 NAME: Teri Chase PHONE (A/C, No, Ext): (877) 687-1291 E-MAIL ADDRESS: CincinnatiCerts@cinfin.com FAX (A/C, No): (513) 881-8114
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:
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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 X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	ETD 0395732	1/1/2020	1/1/2021	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
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT X LOC OTHER:						
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		ETD 0395732	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		ETD 0395732	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 DED RETENTION \$
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 Y N/A	EWC 0395730	1/1/2020	1/1/2021	X PER STATUTE OTHER 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		ETD 0395732	1/1/2020	1/1/2021	Each Common Cause 1,000,000

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

Workers Compensation and Employers' Liability Coverage Excluded Individual(s):

Paul Ciciora, President
 Ryan Weidner, Secretary
 Donald Ciciora, Treasurer
 Ed Malnar, Vice President
 Brian Pawola, Vice President

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City of St. Charles 2 E Main St Saint Charles, IL 60174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Cincinnati Insurance Company		NAMED INSURED Pollyanna Brewing Company 431 TALCOTT AVE LEMONT, IL 60439-3744 COOK COUNTY	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Liquor Liability: Each Common Cause Limit- \$1,000,000; Aggregate Limit-\$1,000,000

Event:

Pollyanna Summer Soiree
Parking lot of 100-106 S. Riverside Ave.
St. Charles, IL
Event Date: July 18, 2020

Policy forms available upon request.

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 July 18, 2020 TO July 18, 2020 Number of Days 1
2. Applicant is: Corporation Partnership Individual
3. Applicant's Name Pollyanna Brewing Company Telephone # 630-402-8212
D/B/A _____ Email address ryan@pollyannabrewing.cc
Address 106 S. Riverside Ave. City/State/Zip Bensenville, IL
4. Device Owner's Name Liquitt Solutions, Tom Chmielew Telephone [REDACTED]
Address 1070 Bryn Mawr Avenue City/State/Zip Bensenville, IL
5. Device(s) to be used, specific to power amplification (wattage) and output:
Stage speakers and sound system for live music in the parking lot . 6.400W
6. Area where device(s) is/are to be used:
Parking lot of 100-106 S. Riverside Avenue
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):
Rock and Jazz cover bands. Bands tbd.

9. Time of day device(s) is/are to be used: 3:00P-11:00P

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: _____

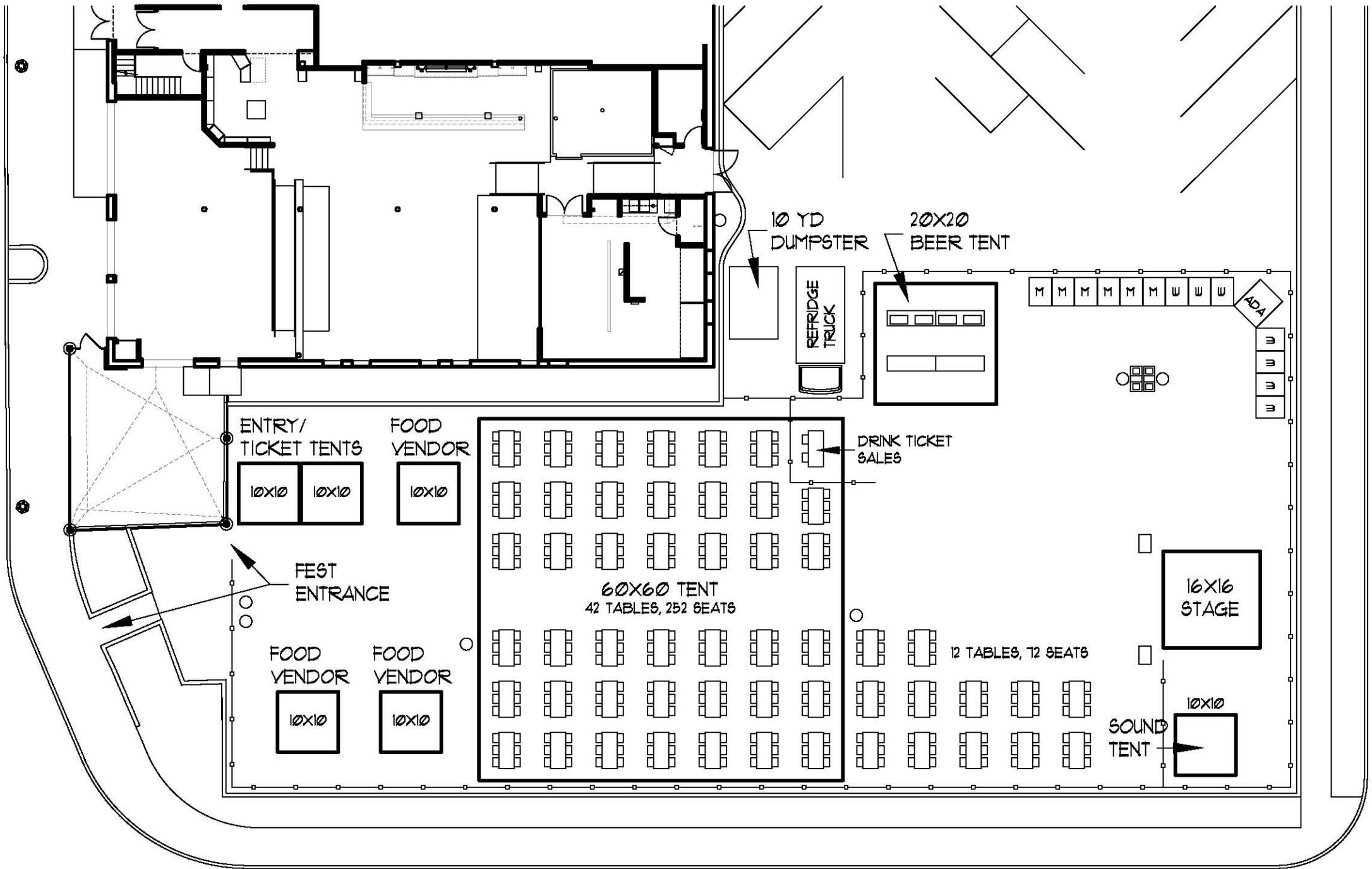
Denied: _____

by: _____
Chief of Police

Date: _____

S. RIVERSIDE AVENUE

S. 2ND AVENUE



Site Plan
 SCALE - 1" = 20'-0"
 NORTH

ILLINOIS AVENUE



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: 4b

Title:	Recommendation to Approve a Proposal for a Road Closure, Amplification Permit, and Class E1 Liquor License for the St. Charles Craft Beer Festival to be held at Lincoln Park, St. Charles, on Saturday, May 30, 2020 from 12:00 to 5:00 pm
Presenter:	Police Chief Keegan

Meeting: Government Operations Committee Date: March 16, 2020

Proposed Cost: \$1,099.60 (PD) \$374.28 (PW) \$1,473.88 (TOTAL)	Budgeted Amount: \$	Not Budgeted: <input type="checkbox"/>
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Executive Summary *(if not budgeted please explain):*

St. Charles breweries, Riverlands Brewing Co. and D&G Brewing, are requesting to host a St. Charles Craft Beer Festival in Lincoln Park on Saturday, May 30, 2020, from 12:00 to 5:00 pm and obtain an E-1 License (not-for-profit). Proceeds from this event will benefit Project Mobility.

An amplification license for a band to perform is also being requested for this event, as well as the closure of 5th Street, from Main St. (Rt. 64) to Cedar Street, to be closed for the set-up and duration of this event: 9 am – 5 pm.

In addition to the aforementioned liquor license, amplification, and road closure requests, the event sponsor has been in contact with the Park District and secured the date in question for the event. All fees for any street closures, the use of barricades, City electric or City personnel will be absorbed by the Event sponsor. The sponsor has been instructed to be in contact with all the affected businesses in the immediate area as well as area residents.

This is the first year for this event; however, the model is expected to follow that of the previous Craft Brew Fest hosted by St. Charles Rotary in past years. Due to the expected number of participants, approximately 1,500, two police officers will be required to work this event.

A lanyard credentialing the service of alcohol using a regulator (32 1-oz portions are allowed per guest) will be employed distributed to each participant. A small souvenir type cup will be disseminated to each attendee, along with the lanyard. This is an over age-21 only event, expected to draw an adult crowd. The event officially begins at 1 p.m., however, VIP participants will be allowed to gain access to the event at noon.

Several local food vendors will be set-up in the park for participants to purchase food from throughout the event.

Pursuant to this item being presented at the Government Operations Committee Meeting on March 16, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, 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 April 6, 2020 for final approval.

Attachments *(please list):*

E-1 Liquor Application, Special Events Application, Amplification Application

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve a proposal for a road closure, amplification, and a Class E1 Liquor License for the St. Charles Craft Beer Festival to be held at Lincoln Park, St. Charles on May 30, 2020 from 12:00 pm to 5:00 pm.

**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. _____ Date of Meeting: _____ Revised date 06/06/2018 **May 30, 2020**

Name of the Event: **ST. CHARLES CRAFT BEER FESTIVAL** Date(s) of Event: **XXXXXX**

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.

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 <u>30 days</u> (All items due to City unless noted)		Days Due Before Event	Due Date
Date of the Special Event		- N/A -	XXXXXX 5/30/20
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 <u>Original</u> 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	<u>Yes</u>	No	ONE POLIC OFFICER (AT THE DISCRETION OF ST. CHARLES PD)
Fire/EMS	Yes	No	
EMA	Yes	No	
Public Services	Yes	No	
Electric	Yes	No	
Water	Yes	No	
Other:	Yes	No	

SECTION 2 – GENERAL INFORMATION Permit No. _____

Name of Event: ST. CHARLES CRAFT BEER FESTIVAL PRESENTED BY RIVERLANDS BREWING CO AND D AND G BREWING

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

Location of Event: LINCOLN PARK

Date(s) of Event: ~~XXXXXX~~ Hours of Event: 12pm to 5pm Estimated Attendance: 1500
5/30/20

Event Website: _____

Purpose of the event: TO BENEFIT PROJECT MOBILITY

Name of sponsoring organization(s): RIVERLANDS BREWING COMPANY AND D AND G BREWING

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	X	0% 25%	0%
Non-Governmental/Non-Profit Entity	X	50% 75%	0%

Contact person from sponsoring organization: ALEXANDER DRAYER AND STEVE MARCK

Organizer address: 303 N. 4th ST. STE. A 4

City: ST. CHARLES State: IL Zip: 60174

Home Phone: (713) 203-2325 Cell Phone: _____ E-mail: dandgbrewery@gmail.com

Second contact person (emergency): [REDACTED] Phone: STEVE MARCK

Is this an annual event? YES NO If yes, please provide event date(s) for next year: _____

If the event is a recurring event, please state any problems and/or incidents that have occurred in past years, such as sound amplification, neighborhood parking complaints, etc.

1ST YEAR OF EVENT

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

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 5
 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:

Will a drone be used? YES NO

If yes, please fill in the name of the pilot: _____

STREET	FROM	TO	DATES	TIMES
<u>N 5th ST</u>	<u>MAIN ST.</u>	<u>CEDAR ST.</u>	<u>XXX/XX/XX</u> <u>5/30/20</u>	<u>10am-6pm</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your event require the use of city sidewalks? YES NO

Does your event require temporary electric service? YES NO NOT SURE
 - 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.

PLEASE SEE ATTACHED

If applicable, the following must be included:

Location of food vendors (FV)
Location of beverage vendors (BV)
Location of garbage receptacles (G)
Location of toilets (T)
Location of hand washing sinks (HWS)
Location of retail merchants (RM)
Location of First Aid (FA)

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

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 ST. CHARLES CRAFT BEER FESTIVAL Date(s) of Event ~~XXXXXX~~ 5/30/20

Emergency Contact Information

Primary Contact: ALEX DRAYER Secondary Contact: STEVE MARCK

Title: EVENT COORDINATOR Title: EVENT COORDINATOR

Phone No. [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). ST. CHARLES CRAFT BEER FESTIVAL has designated ALEX DRAYER with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of THE BEER FEST, 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 BEER FESTIVAL staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site COORDINATOR 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 COORDINATOR 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 RIVERLANDS AND DRAFT BREWING 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 EVENT COORDINATOR.
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 EVENT COORDINATOR to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by EVENT COORDINATOR 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 ALL personnel;
 - c. Direct any and all media questions to CM, and only read official statements prepared by DANDG and RIVERLANDS Management;
 - d. Use common sense. Think before you act, and always be professional;
 - e. Fill out a Festival Incident Report as accurately as possible;
 - f. Get a copy of the Incident Report from the police and a report from the hospital (if applicable).

Additional Notes:

SECTION 7 – RETAIL MERCHANTS

It is the responsibility of the event organizer to ensure that all participating retail merchants are properly collecting, reporting and filing City sales taxes from sales generated at the event, in accordance with State Statutes. The City's current sales tax rate is 8%. Sales tax collections and forms are to be submitted to the State and not the City. For further information on how and where tax payments are to be submitted, please contact the Illinois Department of Revenue Registration Office at 1-800-732-8866.

Please answer the following question regarding the use of retail merchants in conjunction with your event:

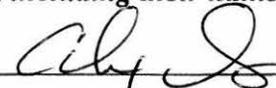
Will your event include:

- Merchants selling retail merchandise? YES: NO:
- Food and/or beverages for immediate consumption? YES: NO:

If no, no further action is necessary.

If yes to either, you must provide a list of all participating vendors, including business name, address and State IBT number to the City's Finance Department within 14 days of the event. A sample form in Excel format will be emailed to the event organizer's email address. In addition, you must read and sign the following certification:

I understand that it is my responsibility to ensure that all retail merchants and/or food and beverage vendors participating in this event are aware of the rules and requirements for properly collecting and remitting any City sales taxes generated from sales at this event. I will provide the City with a complete listing of all merchants, including their name, address and State IBT number, within 14 days of the event.

Signature: 

Date: FEBRUARY 14, 2020

Name: ALEX DRAYER

Title: EVENT COORDINATOR

SIGNATURE: 

DATE: 2-14-2020

NAME: STEVE MARLET

TITLE: EVENT COORDINATOR

SECTION 8 – St. Charles Police Department – Request for Police Services



ST. CHARLES POLICE DEPARTMENT

REQUEST FOR POLICE SERVICES

DATE SUBMITTED:

Draft of BREWING and RIVERLAND'S BREWING COMPANY
Individual Requesting Services

ALEXANDER DRAYER / Draft of BREWING
Person/Organization to be Billed

303 N. 4th ST. A. S
Address

ST. CHARLES MO 60174
City/State/Zip Code

[Redacted] Home Telephone

(773) 203-2325 Business Telephone

[Redacted] Cell Phone

[Signature] Signature

St. Charles PD has the authority to determine the number of officers needed based on the circumstances and conditions of the event. I hereby agree to reimburse the city of St. Charles for all compensation paid to its officers for the services and at the rates described above.

[Signature]
Signature of Person Agreeing to Pay

TYPE OF EVENT: BEER FESTIVAL

LOCATION: LINCOLN PARK

DATE(S)	TIME(S)	NUMBER OF OFFICERS REQUESTED
XXXXXX	12pm to 5pm	1
05/30/20	to	
	to	
	to	

HOURLY RATE – TIME & 1/2
NUMBER EXPECTED TO ATTEND 1500

***** DO NOT WRITE BELOW THIS SPACE *****

APPROVED: _____ DISAPPROVED: _____ DATE: _____

Comments: _____

Approved By: _____

OFFICER SIGNUP SECTION HOURLY RATE – TIME & 1/2

DATE	TIME	OFFICERS REQUESTED	NAME	NAME
	to			

Billing to City of St. Charles

Verified by: _____ Date: _____

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the RIVERLANDS BREWING Co. AND D
(name of organization) and G BREWING
("Organization") to conduct ST. CHARLES CRAFT BEER ("Event"), the Organization
(name of event) FESTIVAL
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

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.

- 5/30/20 (XXXXXX) (XXXXXX) 5/30/20
- License term: FROM ~~June 10, 2009~~ TO ~~XXXXXX, 2009~~ Number of Days 1
 - Applicant is: Corporation Partnership Individual
 - Applicant's Name RIVERLANDS BREWING Co. and D and G BREWING Telephone # (773) 203 2325
D/B/A ST CHARLES CRAFT BEER FESTIVAL
Address 303 N. 4TH ST. STE. A
ST. CHARLES, IL. 60175
 - Device Owner's Name ALEX DRAYER Telephone # 773-203-2325
Address 11895 SADDLEWOOD DR
ST. CHARLES, IL. 60175
MAPLE PARK IL 60151
 - Device(s) to be used, specific to power amplification (wattage) and output:
GUITAR
Guitar and Speakers
 - Area where device(s) is/are to be used:
Lincoln Park Pavilion
 - Amplification system will be used for:
 Music
 Public Speaking
 Other (describe) _____
 - If used for music, what type (include name of artist/band if applicable):
CCR, Beatles, Roy Orbison etc.
CLASSIC ROCK, TBA, FUNK, ALTERNATIVE

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

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] Signature [Signature]

The fee for such a license will be \$5.00 per day, payable when the application is submitted for review. The city's police chief will reserve the right to review the application, and in conjunction with the Public Health and Safety Committee, either approve or deny the license request.

Approved: _____

Denied: _____

by: _____
Chief of Police

For Office Use			
Date Received _____	Fee Paid _____	Receipt No. _____	Permit No. _____

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.

D and G BREWING
(Name of Organization)

2-18-20
(Date)

by Alex J. Alex Drayer
Authorized Signatory

Signed and sworn to before me this 18 day of FEBRUARY, 2020.

Carrie A. Plemons
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



Data Source:
 City of St. Charles, Illinois
 Kane County, Illinois
 DuPage County, Illinois
 Projection: Transverse Mercator
 Coordinate System: Illinois State Plane East
 North American Datum 1983



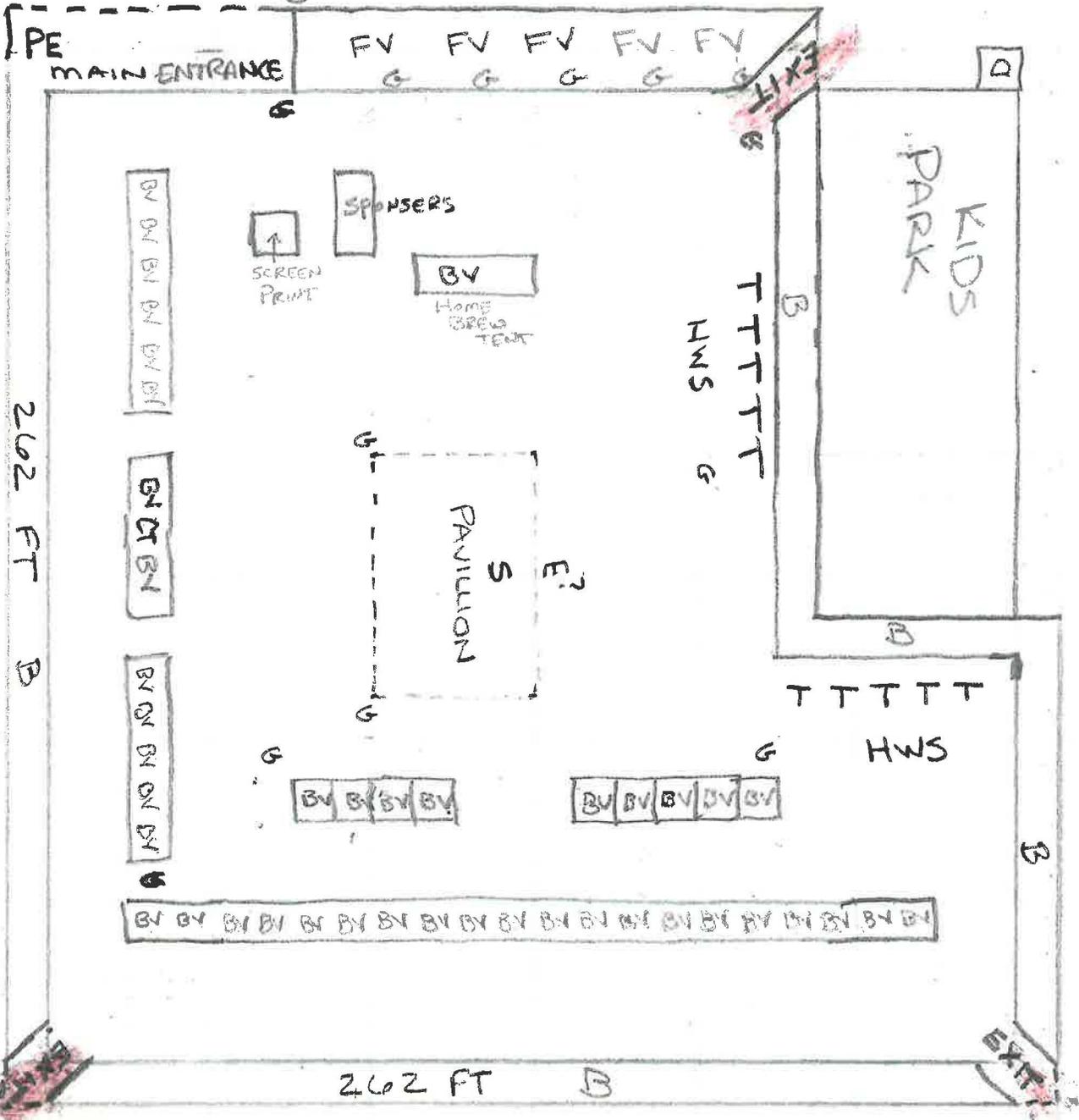
0 42 83 Feet

Printed on: February 18, 2020 6:43 PM

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5th STREET

FL FL FL FL FL



MAIN STREET

262 FT B

262 FT B

CEDAR STREET

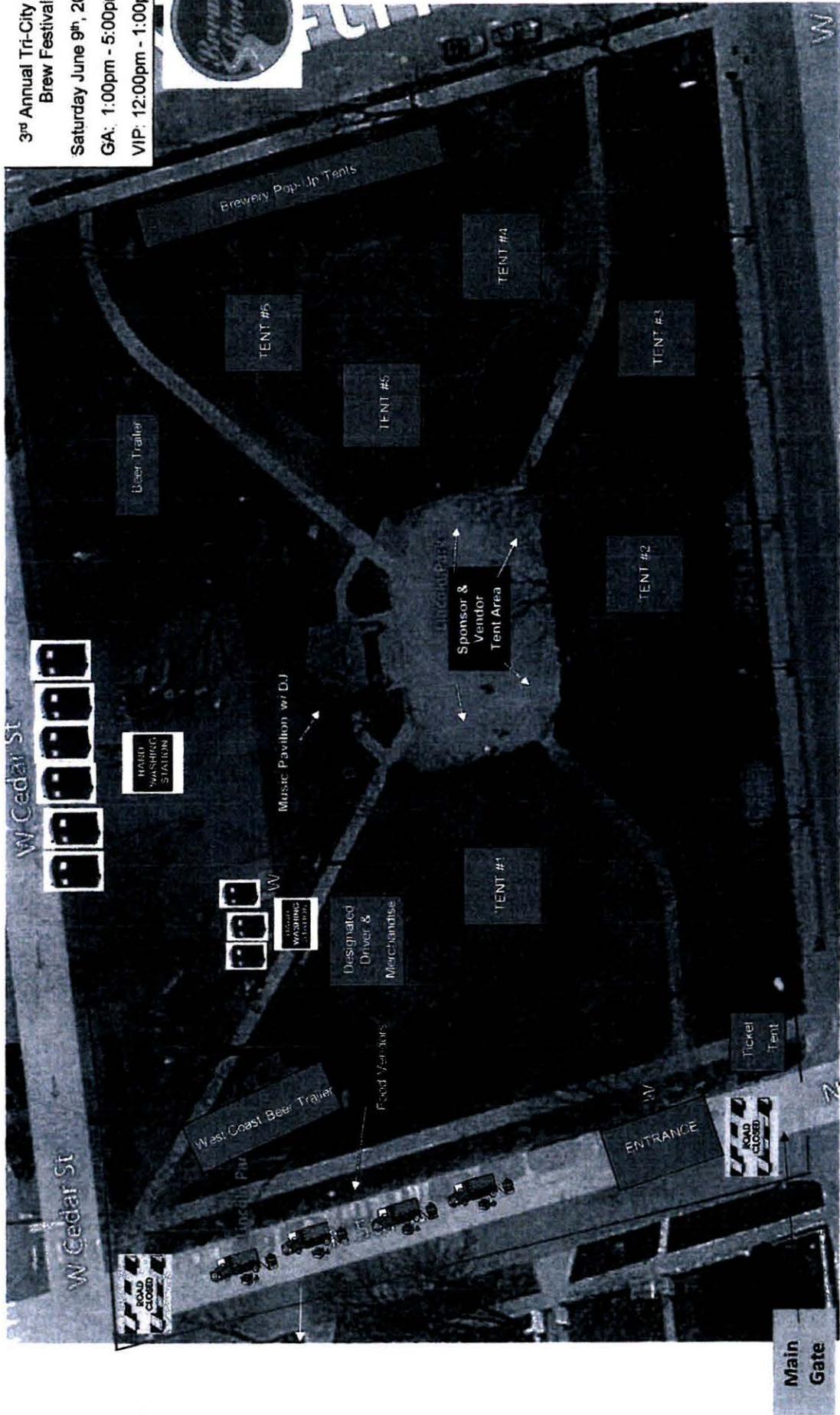
4th STREET

RECEIVED
MAR - 5 2020

Building & Code Enforcement
St. Charles, IL

Lincoln Park

3rd Annual Tri-City Craft
Brew Festival
Saturday June 9th, 2018
GA: 1:00pm - 5:00pm
VIP: 12:00pm - 1:00pm





Receipt

Date: February 21, 2020

Sold to: D&G Brewing
St. Charles, IL 60174

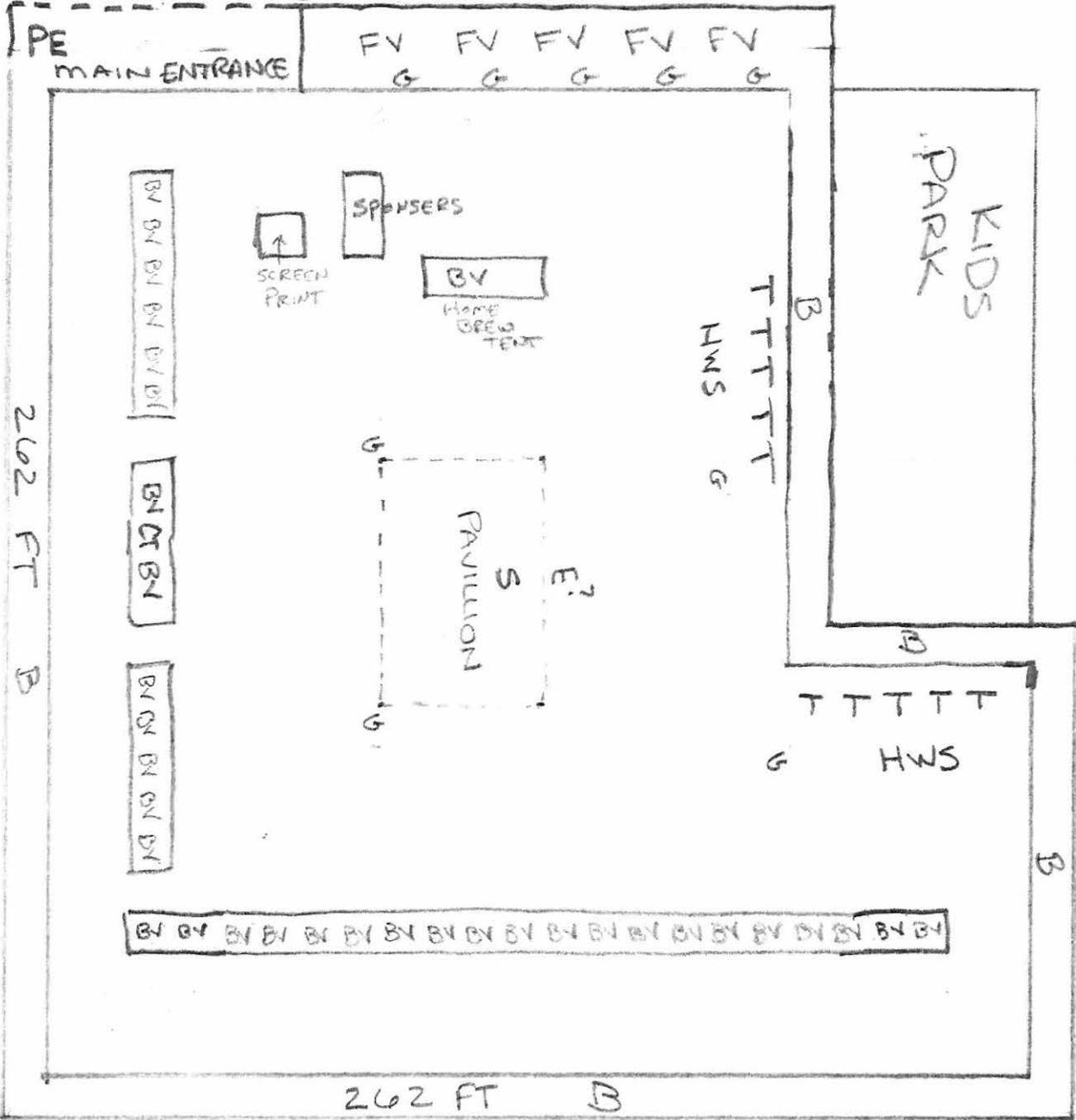
Payment Method	Check No.	Received From
Cash		Tri-Cities Brew Fest

Qty	Description	Account Code	Fee
	Liquor License Class A - Packaged	10999-42100	
	Liquor License Class B - Restaurants	10999-42101	
	Liquor License Class C - Tavern/Bar	10999-42102	
	Liquor License Class D - Specific	10999-42103	
	Liquor License Class E - Temporary	10999-42104	\$ 55.00
	2am Late Night Permit		
	Liquor Violations Fee	100999-42290	
	Massage Establishment License	100999-42205	
	Fee/Renew		
	Business Licenses/Permits	100999-42200	
	Towing License	100999-42202	
	Scavenger/Refuse License	100999-42203	
	Bowling Alley License	100999-42204	
	Billiard License	100999-42206	
	Carnival License/Fees	100999-42210	
	Coin-Operated Amusement	100999-42220	
	Cigarette	100999-42230	
	Cigarette OTC	100999-42231	
	Theater License	100999-42240	
	Fingerprint Fee (\$50 per person)	100999-46207	
	Legal Fees	100120-54110	
	Miscellaneous Revenue/Legal Fees	100999-46299	
	Liquor License Violations	100999-42120	
	Tobacco/Massage Violations	100999-42290	
	Video Gaming Devices/License	100999-42225	
		Total \$	55.00

Thank you for your business!

5th STREET

FL FL FL FL FL



MAIN STREET

CEDAR STREET

4th STREET



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: 4c

Title:	Recommendation to Approve a Proposal for a New Class E-4 Temporary Liquor License, Partial Street Closure, and a Loudspeaker Application for a Special Event, <i>Unwind Wednesdays</i> , to be held on the First Street Plazas
Presenter:	Police Chief Keegan

Meeting: Government Operations Committee Date: March 16, 2020

Proposed Cost: \$3,468.96 (PW)

Budgeted Amount: \$

Not Budgeted:

Executive Summary (if not budgeted please explain):

This is an application request for a Class E-4 Temporary License, authorizing consumption of beer, wine or alcoholic liquors on City property, specifically both First Street Plazas. This temporary license request is for a series of fourteen (14) events to be held on Wednesday evenings from 5-8 p.m. starting June 3 through September 2, 2020.

The event, known as *Unwind Wednesdays*, would be held on Wednesday evenings for these listed dates from 5:00 p.m. – 8:00 p.m. The businesses participating in this event include McNally’s Traditional Irish Pub, Gia Mia, Alter Brewing, and La Mesa.

As in past years, those 21 and over who wish to consume alcohol on the plaza will be required to provide proper identification and will receive a wristband once their credentials are verified. All participants are responsible for purchasing their alcohol inside the establishment of their choice from the listing of restaurants above. The St. Charles Business Alliance will coordinate four security guards to be stationed throughout the event footprint and set up barricades and stanchions around the perimeter.

New this year, the St. Charles Business Alliance is requesting First Street be closed from Main Street to the opening of the parking garage. This will allow safer access across the street for participants to enjoy both plazas. The performers will be stationed closer to the street in an effort to be visible from Main Street.

This is the fourth year for this request. No problems were reported last year during any of the events.

This event will coincide with the Wednesdays (not the Fridays) of the St. Charles Live events scheduled for Wednesday and Friday evenings in and around the First Street Plazas beginning Wednesday, June 3 through Friday, September 4, 2020.

Pursuant to this item being presented at the Government Operations Committee Meeting on March 16, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, 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 April 6, 2020 for final approval.

Attachments (*please list*):

Site Plan

Hold Harmless Form

Special Events Application

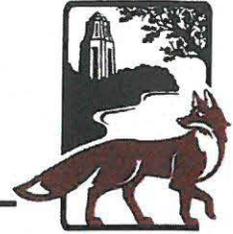
Recommendation/Suggested Action (*briefly explain*):

Recommendation to approve at proposal for a new Class E-4 temporary liquor license, partial street closure, and a loudspeaker application for a special event, *Unwind Wednesdays*, to be held on the First Street Plazas on Wednesdays from June 3 – September 2, 2020.

For Office Use
 Received:
 Fee Paid: \$
 Receipt #

CITY OF ST. CHARLES

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



**CITY LIQUOR DEALER LICENSE APPLICATION
 CLASS E4 – CITY OWNED PROPERTY PERMIT EVENT**

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,
 Commencing 06/03/20 and ending 09/02/20
 Start Time: 5pm End Time: 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
 5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: LLC
 Has Applicant had a Class E4 License in the current fiscal year? YES. If YES, on what date: 03/17/20

Requirements of a Class E4 – City Owner Property Permit Event

1. **The Class E4 license fee is \$100.00 per day.**
2. Class E-4 Temporary License Permits shall authorize the retail sale of beer and wine or the retail sale of alcoholic liquor for consumption on the premises
3. It shall be unlawful for any person holding a Class E-2 license or E-4 license issued pursuant to this chapter to sell, offer for sale or to give away, in or upon any licensed premises, any alcoholic liquor between the hours of 12:00 midnight and 10:00 a.m. on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday.
4. This license shall be issued only for special events or catered functions where the dispensing of food predominates.
5. The issuance of the Class E4 Temporary License Permit shall be at the discretion of the Local Liquor Control Commissioner, with advice and consent of City Council.
6. Application for a Class E4 Temporary License Permit shall be submitted 45 days in advance of a scheduled date.
7. There shall be no Class E-4 Temporary License permits issued during the second full week of October, beginning 12:00 a.m. Friday and ending 12:00 a.m. Monday.
8. 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.**
9. Licensee must rope/fence off the licensed premises.
10. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
11. Are children/minors permitted in the licensed premises? **Y/N**
12. A sign limiting alcoholic consumption to the roped off area must be conspicuously displayed at all times.
13. **Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
14. A copy of site plan diagram to include roped area shall accompany this application.
15. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

Affidavit

State of Illinois)
 County of Kane)

I/We, 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 28th day of February, 2020.
 Notary Public Karen Muehlfelt



ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: [Signature] Date: 2-28-20 Chief of Police: [Signature]
 Approved: _____ Date: _____ Liquor Commissioner: _____

RECEIVED
 FEB 24 2020
 Building & Code Enforcement
 St. Charles, IL



**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. 202000205 Date of Meeting: 3/10/20 Revised date 06/06/2018

Name of the Event: Unwind Wednesday Date(s) of Event: 5/27-9/2/2020

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. N/A

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 INFORMATION

Permit No. 202006205

Name of Event: Unwind Wednesday

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

Location of Event: 1st Street / 1st Street Plaza

Date(s) of Event: 5/27-9/2/2020 Hours of Event: 5pm to 8pm Estimated Attendance: 100

Event Website: www.stcalliance.org

Purpose of the event: To bring people downtown + into local businesses

Name of sponsoring organization(s): McNallys Pub, La Mesa, Gio min, Alter Brewing

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: Amy Curione

Organizer address: 2 E Main St.

City: St. Charles State: IL Zip: 60174

Home Phone: 630-443-3952 Cell Phon: [REDACTED] E-mail: acurione@stcalliance.org

Second contact person (emergency): Laura Purdy Phone: 630-443-3962

Is this an annual event? YES NO If yes, please provide event date(s) for next year: May-Sept 2021

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. N/A

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

SECTION 3 - PERMITS

Will you be having a fireworks display are your event? YES NO

If yes, you have to submit a **Fireworks Permit Application** sixty (60) days prior to the event. Please contact the St. Charles Fire Department to complete the application.

Does your event include the use of a tent? YES NO

If yes, you must submit an **Outdoor Sales Permit Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact Building and Code Enforcement to obtain an outdoor sale permit application.

Will you be using speakers and/or sound equipment at your event? YES NO

If yes, you must submit a **Loudspeaker/Amplifier License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a loudspeaker/amplifier license application.

Are you holding a raffle at your event? YES NO

If yes, you may have to submit a **Raffle Permit Application**. For the raffle permit application for Kane County, please visit www.co.kane.il.us/COC, or contact the Kane County Clerk's Office at 630.232.5950. For the raffle permit application for DuPage County, please visit http://www.dupageco.org/countyclerk/generic.cfm?doc_id=631 or contact the DuPage County Clerk's Office at 630-407-5500.

Will you serve alcohol at your event? YES NO

If yes, you must submit **Class E Liquor License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov, or contact the Mayor's Office to obtain a Class E liquor license application.

Will there be amusement rides at the event? YES NO

If yes, you must submit **Carnival License Application** ninety (90) days prior to the event. Please visit www.stcharlesil.gov or contact the Mayor's Office to obtain a carnival license application.

Will you serve food at your event? YES NO

If yes, please indicate the number of vendors _____

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:

Will a drone be used? YES NO

If yes, please fill in the name of the pilot: _____

STREET	FROM	TO	DATES	Weds.	TIMES
1 st Street	Main St.	Parking Garage	5/27-9/2/2020		4:45-8:30 pm
			5/27, 6/3, 6/10, 6/17, 6/24,		
			7/1, 7/8, 7/15, 7/22, 7/29,		
			8/5, 8/12, 8/19, 8/26, 9/2		

Does your event require the use of city sidewalks?

YES NO

Does your event require temporary electric service?

YES NO

- If yes, please indicate location(s) electric is needed on next sheet.

Does your event require temporary water/hydrant meter? ?

YES NO

- If yes, please indicate locations(s) for hydrant meter(s) on next sheet.

SECTION 4 - SITE PLAN AND/OR ROUTE MAP

Please use the space below to illustrate the layout for your event. If you need additional space, please attach a separate sheet.

See attached

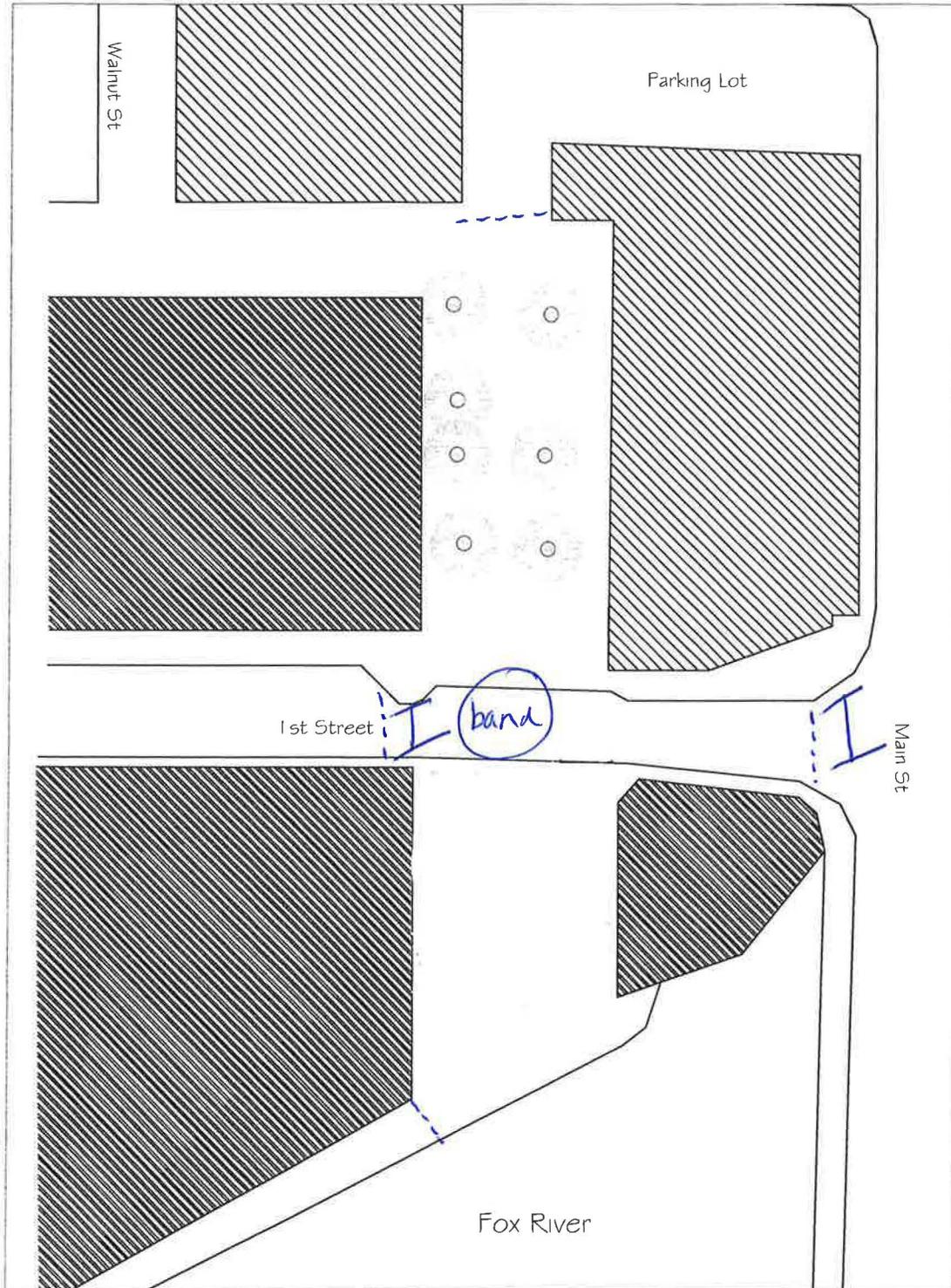
If applicable, the following must be included:

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)

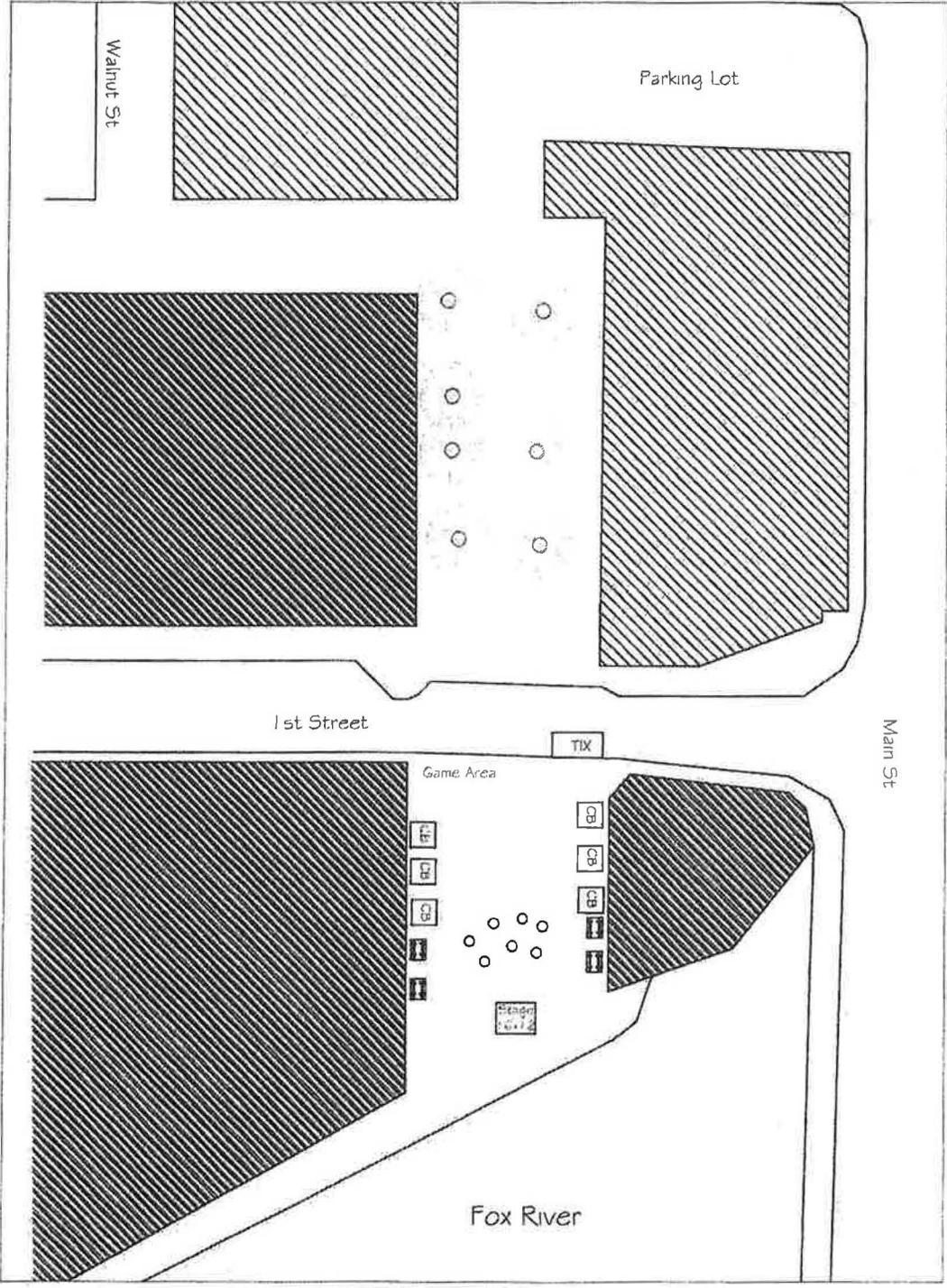
Location and number of barricades (B)
Location of fire lane (FL)
Location of fire extinguishers (FE)
Public entrances and exits (PE)
Location of sound stages and amplified sound (S)
Location of residential streets surrounding events
Electric (E)
(Hydrant Meter (H20))

Unwind Wednesday

I = Road closure
----- = Security (4 points)



New!



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 5/27-9/2/2020 ^{Wednesdays}

Emergency Contact Information

Primary Contact: Colm Headley Secondary Contact: Michelle Dang

Title: Manager Title: Bar Manager

Phone No: [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 effects on patrons, property and/or equipment). McNallys Pub has designated Colm Headley with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of McNallys 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 effects on patrons, property and/or equipment) ALL McNallys, Giamia, Aiter + La Mesa staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site Colm Headley 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 Colm Headley 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 McNallys, Giamia, Aiter, La Mesa 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 McNallys, Giamia, Aiter, La Mesa to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated by McNallys 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 McNally's personnel;
- c. Direct any and all media questions to CM, and only read official statements prepared by McNally's 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: _____

Name: _____

Title: _____

SECTION 8 – St. Charles Police Department – Request for Police Services



ST. CHARLES POLICE DEPARTMENT

REQUEST FOR POLICE SERVICES

DATE SUBMITTED: _____

Individual Requesting Services _____

Home Telephone _____

Person/Organization to be Billed _____

Business Telephone _____

Address _____

Cell Phone _____

City/State/Zip Code _____

Signature _____

St. Charles PD has the authority to determine the number of officers needed based on the circumstances and conditions of the event. I hereby agree to reimburse the city of St. Charles for all compensation paid to its officers for the services and at the rates described above.

Signature of Person Agreeing to Pay _____

TYPE OF EVENT: _____

LOCATION: _____

DATE(S)	TIME(S)	NUMBER OF OFFICERS REQUESTED
	to	

HOURLY RATE – TIME & 1/2
NUMBER EXPECTED TO ATTEND _____

***** DO NOT WRITE BELOW THIS SPACE *****

APPROVED: _____ DISAPPROVED: _____ DATE: _____

Comments: _____

Approved By: _____

OFFICER SIGNUP SECTION HOURLY RATE – TIME & 1/2

DATE	TIME	OFFICERS REQUESTED	NAME	NAME
	to			

Billing to City of St. Charles

Verified by: _____ Date: _____

SECTION 9 – INDEMNIFICATION/HOLD HARMLESS

In consideration of the City of St. Charles permitting the McNally's Pub
(name of organization)
("Organization") to conduct Unwind Wednesday ("Event"), the 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.

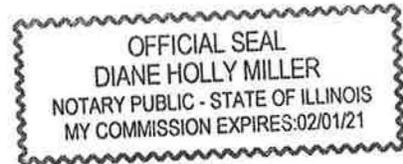
Laura Murphy
(Name of Organization)

2-24-2020
(Date)

by _____
Authorized Signatory

Signed and sworn to before me this 24th day of February, 2020.

Diane Holly Miller
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

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 5/27/2020 TO 9/2/2020 Number of Days 15
2. Applicant is: Corporation Partnership Individual
3. Applicant's Name McNally's Pub Telephone # 630-513-6300
D/B/A McNally's Pub Email address _____
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:
TBD
6. Area where device(s) is/are to be used:
1st St.
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

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/9/2019

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: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: West Bend Mutual Insurance Company		15350
INSURER B: Accident Fund Insurance Company of America		10166
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED DOWNSTC-01
 St. Charles Business Alliance
 2 E. Main Street
 St. Charles, IL 60185

COVERAGES **CERTIFICATE NUMBER:** 1709596767 **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 <input type="checkbox"/> OTHER: _____	Y		A040446	5/1/2019	5/1/2020	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	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	WCV6090683	5/1/2019	5/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of St. Charles is Additional Insured with respects to General Liability.

CERTIFICATE HOLDER

CANCELLATION

City of St. Charles
 2 E. Main Street
 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

John W. [Signature]

Internal Revenue Service

Date: July 8, 2004

Downtown St Charles Partnership, Inc.
213 Walnut St
St Charles, IL 60174-2835

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Mrs. E. Eckert ID 31-07436
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

36-3818867

Dear Sir or Madam:

This is in response to your request of July 8, 2004, regarding your organization's tax-exempt status.

In October 1993 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Downtown St Charles Partnership, Inc.
36-3818867

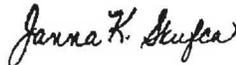
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



Memo

To: Mayor Raymond Rogina, Liquor Commissioner
From: James Keegan, Chief of Police *J.K.*
Date: March 10, 2020
Re: Late night permit renewals

The attached listings of businesses have submitted renewals of their late night permits. Pursuant to guidelines established in the attached ordinance; I have summarized both police responses requiring written documentation and any action taken from the Liquor Control Commission during the last calendar year (2019). I have also included in this memorandum my recommendation for renewal.

City Ordinance/5.08.095 Late Night Permit

- C. Annually, the liquor license renewal process shall commence on the first city business day in February. Current license holders shall submit a renewal application and include any requested changes. For those license holders applying for a new or renewing a late night permit, they are required to specify whether they are applying for the 1:00 a.m. or the 2:00 a.m. permit. In addition, any new or renewal applications shall include a current business concept outlining the operations intended during the late night permit term of one year, in conjunction with the liquor license to be issued on May 1 of the same year. Failure to provide a timely renewal application or late night permit application may result in a delay in issuing said license and permit by May 1 of that year.
- D. Upon receipt of a new or renewal application, the Liquor Commissioner shall cause a review of the previous year license application to determine whether there have been any changes noted with regard to ownership, management or business concept. This application shall be forwarded to:
1. Chief of Police
 2. Fire Department
 3. Finance Department
 4. Community Development Department
- E. The city departments indicated in Section D will review any infractions of any city code, reflecting negatively on the license holder that should be taken into

Service, Courage, Professionalism, Dedication



account by the Liquor Control Commission and City Council. That information shall be returned to the Liquor Commissioner for review. In addition, the Chief of Police shall cause a review of the police related activity which will support a recommendation from the Chief of Police on whether the late night permit shall be issued and whether a 1:00 a.m. or 2:00 a.m. closing is recommended based on the permit application. The Chief of Police shall forward the recommendation to the Liquor Commissioner.

- F. Any application and recommendation for a new or renewal of a late night permit, shall be reviewed by the Liquor Control Commission. Based on this review the Local Liquor Commissioner shall make a recommendation on issuance to City Council. An applicant for a late night permit shall have the opportunity to be present and provide input on said application, prior to the Liquor Control Commission making a recommendation. Late night permits and renewals of late night permits shall be issued by the Liquor Commissioner with the advice and consent of the City Council.
- G. Any new liquor license application where a new late night permit is also applied for shall follow the same review process as outlined in paragraphs B, C, D, E and F of this Chapter.
- H. Notice of Violation Process-Late Night Permit. If during a liquor license year, May 1 through April 30, where a liquor license holder has been issued a late night permit and a notice of violation is issued by the Liquor Control Commissioner, the Liquor Control Commission shall hold a hearing on the matter. The liquor license with the late night permit shall be given notice of the purpose, date, time and location of the hearing in a similar manner to a liquor license violation. The matter will be heard before the Liquor Control Commission in the same manner as any license violation. The Liquor Control Commission shall provide advice and consent to the Local Liquor Control Commissioner, who shall make a final decision on the matter.
- I. Cause to Reduce Hours, Revoke Late Night Permit or Not Issue Late Night Permit. In the event that a liquor license holder, has applied for or been issued a late night permit, and has demonstrated circumstances giving reason to review whether that late night permit shall be issued, reduced in hours or revoked, the Liquor Control Commission shall receive input from these city departments:
 - 1. Finance Department as it relates to unpaid fees, utilities or city taxes;
 - 2. Fire Department as it relates to repetitive fire code violations affecting health and safety;
 - 3. Community Development Department, Building and Code Enforcement Division as it relates to building code violations;

4. **Police Department as it relates to repetitive calls for service that are indicative of underage patrons, over service of patrons, or liquor license violations affecting the safety of the general public where the licensee is not taking proactive measures to abate the problems;**
 5. Other departments with applicable information.
- J. The license holder shall have the opportunity to respond to information in a public hearing prior to any action being taken, by the Liquor Control Commission before sending any recommendation to City Council.
- K. The Liquor Control Commission may recommend the issuance or denial of a requested late night permit for 1:00 a.m. or 2:00 a.m., or reduction in hours based on cause to the City Council for final decision.
-

I hereby recommend the renewal of the respective late night permits on behalf of the police department. In addition, each of the respective city departments have reviewed their area of responsibilities to ensure each of the aforementioned businesses are in good standing with the City. My recommendation was not based solely on the number of incidents requiring police services, but rather a comprehensive review of the nature of the incidents we responded to combined with the willingness of the businesses to cooperate with the police department in promoting an inviting social experience at their place of business. We in no way want to discourage a liquor establishment from contacting 911 whether they are being proactive in addressing an issue before it escalates, or reacting to an issue that necessitated police intervention.

As always, I stand ready to discuss my recommendations with you at your convenience. Thank you for your cooperation in this matter.

Respectfully submitted,



Chief James Keegan

FY 2020/2021 LATE NIGHT PERMITS

3/16/2020

Business	Address	Class B License	Class C License	Class G License	1:00 AM Permit	2:00 AM Permit	Reports	Arrests	Warning Letters	LCC Violations
2nd Street Bar & Grill	221 S Second Street		X		X		4	2		
Alibi Bar & Grill	12 N 3rd Street	X				X	9	5		
Alley 64	212 W Main Street	X				X	20	10		
Alter Brewing Company	12 S. First Street			X	X					
Cooper's Hawk	3710 E. Main	X			X		1			
Crazy Fox**	104 E Main Street	X				X				
Dawn's Beach Hut	8 N Third Street	X				X	1			
Ed's Basement	219 W. Main Street	X			X					
Filling Station	300 W Main Street	X				X	4	4		
Flagship on the Fox	100 S. Riverside Ave.		X			X	4			
Global Brew Tap House	2100 Prairie Street		X		X		2			
Glory City**	11 N. Third Street	X				X	2			
La Mesa	51 S. First Street	X			X					
Main Street Pub	204 W Main Street	X				X	4	3		
McNally's	109 W Main Street	X			X		2	2		
Northwoods – Evergreen	1400 W Main Street	X				X	1	2		
R-House	214 W. Main Street		X		X		1			
Riverside Pizza	102 E Main Street	X				X	2			
Rookies (BK & MM)	1545 W Main Street	X				X	3	2		
Spotted Fox Alehouse	3615 E Main Street	X			X		3			
St. Charles Bowl	2520 W Main Street		X		X			2		
Tap House Grill*	3341 W Main Street	X			X					2
The House Pub	16 S. Riverside Ave.		X			X	1			
Throwback Sports Bar	1890 W. Main Street	X				X	1			
The Office	201 E Main Street	X				X	1			
Vintage 53	162 S 1st Street	X			X					
Total:							66	32	0	2

* Change from 2am Permit to 1am Permit

** Change from 1am Permit to 2am Permit

Tap House LCC Violations were tax related

FY 2019/2020 LATE NIGHT PERMITS

3/18/2019

Business	Address	Class B License	Class C License	1:00 AM Permit	2:00 AM Permit	Reports	Arrests	Warning Letters	LCC Violations
2nd Street Bar & Grill	221 S Second Street		X		X	8	1		
Alibi Bar & Grill	12 N 3rd Street	X			X	12	3		
Alley 64	212 W Main Street	X			X	29	6		
Main Street Pub	204 W Main Street	X			X	8	4		
Cooper's Hawk	3710 E. Main	X		X		2	0		
Crazy Fox	104 E Main Street	X		X		3	0		
Dawn's Beach Hut	8 N Third Street	X			X	1	0		
Filling Station	300 W Main Street	X			X	8	3		
Global Brew	2100 Prairie Street		X	X		2	0		
McNally's	109 W Main Street	X		X		2	2		
Northwoods – Evergreen	1400 W Main Street	X			X	8	2		
Pizzeria Neo	31 S 1st Street	X		X		0	0		1
Pub 222	222 W Main Street		X		X	9	2		
Pub 47	1890 W Main Street	X			X	1	0		
Puebla Modern Mexican	51 S 1st Street	X		X		2	0		
Riverside Pizza	102 E Main Street	X			X	2	0		
Rookies (BK & MM)	1545 W Main Street	X			X	2	1		
Shakou	312 W Main Street	X		X		0	0		
Spotted Fox Alehouse	3615 E Main Street	X		X		3	0		
St. Charles Bowl	2520 W Main Street		X	X		1	0		
Tap House Grill	3341 W Main Street	X			X	1	0		1
The Office	201 E Main Street	X			X	0	0		
Vintage 53	162 S 1st Street	X		X		0	0		
Total:						104	24	0	2

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: *5a

Title: January 2020 Budget Revisions for the City of St. Charles

Presenter: Chris Minick, Finance Director

Meeting: Government Operations Committee

Date: March 16, 2020

Proposed Cost: \$ -0-

Budgeted Amount:

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

January 2020 listing of monthly budget revisions for the City of St. Charles.

Attachments *(please list):*

January 2020 Budget Revisions

Recommendation/Suggested Action *(briefly explain)*

January 2020 Budget Revisions for the City of St. Charles

CITY OF ST. CHARLES
Budget Revision Listing

January 2020

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Addition	104	100	1000	2020	9	01/22/2020	100601	54180	765.00	Transcript services
Budget Addition	104	100	1000	2020	9	01/22/2020	100650	54110	954.00	Legal fees
Budget Addition	104	100	1000	2020	9	01/22/2020	100900	31199	(1,719.00)	Economic Development fees
104 Total										-
Budget Addition	105	100	1000	2020	9	01/22/2020	508667	56100	1,001,787.00	1 West Main Purchase
Budget Addition	105	100	1000	2020	9	01/22/2020	508900	31199	(1,001,787.00)	1 West Main Purchase
Budget Addition	105	100	1000	2020	9	01/22/2020	100120	54110	3,000.00	Legal Fees
Budget Addition	105	100	1000	2020	9	01/22/2020	100900	31199	(3,000.00)	Legal Fees
105 Total										-
Budget Addition	106	100	1000	2020	9	01/23/2020	210541	54311	182.00	JULIE fees
Budget Addition	106	100	1000	2020	9	01/23/2020	210900	31199	(182.00)	JULIE fees
Budget Addition	106	100	1000	2020	9	01/23/2020	220552	54311	132.00	JULIE fees
Budget Addition	106	100	1000	2020	9	01/23/2020	220900	31199	(132.00)	JULIE fees
106 Total										-
Budget Transfer	107	100	1000	2020	9	01/24/2020	100400	54160	(5,000.00)	Registration fees
Budget Transfer	107	100	1000	2020	9	01/24/2020	100400	51300	5,000.00	Registration fees
107 Total										-
Budget Addition	108	100	1000	2020	9	01/24/2020	100510	52802	55,750.00	Additional salt purchase
Budget Addition	108	100	1000	2020	9	01/24/2020	100900	31199	(55,750.00)	Additional salt purchase
Budget Addition	108	100	1000	2020	9	01/24/2020	100510	52802	22,000.00	Additional anti-icing material
Budget Addition	108	100	1000	2020	9	01/24/2020	100900	31199	(22,000.00)	Additional anti-icing material
Budget Addition	108	100	1000	2020	9	01/24/2020	210900	31199	(300.00)	Drinking Water
Budget Addition	108	100	1000	2020	9	01/24/2020	210540	52100	300.00	Drinking Water
108 Total										-
Budget Addition	109	100	1000	2020	9	01/28/2020	304800	57311	289,980.89	Repay GF Advances
Budget Addition	109	100	1000	2020	9	01/28/2020	304900	31199	(289,980.89)	Repay GF Advances
Budget Addition	109	100	1000	2020	9	01/28/2020	100800	49300	(289,980.89)	TIF 1 Repayment of Advances
Budget Addition	109	100	1000	2020	9	01/28/2020	100900	31199	289,980.89	TIF 1 Repayment of Advances
Budget Addition	109	100	1000	2020	9	01/28/2020	100800	57312	236,156.68	Advance to First Street Plaza
Budget Addition	109	100	1000	2020	9	01/28/2020	100900	31199	(236,156.68)	Advance to First Street Plaza
Budget Addition	109	100	1000	2020	9	01/28/2020	508800	49100	(236,156.68)	Adv from GF for property purch
Budget Addition	109	100	1000	2020	9	01/28/2020	508900	31199	236,156.68	Adv from GF for property purch
109 Total										-
Grand Total									\$	-



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item number: *5b

Title: February 2020 Budget Revisions for the City of St. Charles

Presenter: Chris Minick, Finance Director

Meeting: Government Operations Committee

Date: March 16, 2020

Proposed Cost: \$ -0-

Budgeted Amount:

Not Budgeted:

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

February 2020 listing of monthly budget revisions for the City of St. Charles.

Attachments *(please list):*

February 2020 Budget Revisions

Recommendation/Suggested Action *(briefly explain)*

February 2020 Budget Revisions for the City of St. Charles

CITY OF ST. CHARLES
Budget Revision Listing

February 2020

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Addition	110	100	1000	2020	10	02/05/2020	100220	54133	\$ 12,200.00	Bank Fees Increase
Budget Addition	110	100	1000	2020	10	02/05/2020	100900	31199	\$ (12,200.00)	Bank Fees Increase
110 Total									\$ -	
Budget Addition	111	100	1000	2020	10	02/10/2020	100300	54646	\$ 52,183.00	NCNTF Grant Distribution
Budget Addition	111	100	1000	2020	10	02/10/2020	100999	44204	\$ (52,183.00)	NCNTF Grant Distribution
111 Total									\$ -	
Budget Addition	112	100	1000	2020	10	02/12/2020	100110	52310	\$ 1,121.00	Equipment Purchasing - Grant
Budget Addition	112	100	1000	2020	10	02/12/2020	100900	31199	\$ (1,121.00)	Equipment Purchasing - Grant
112 Total									\$ -	
Budget Addition	113	100	1000	2020	10	02/14/2020	508667	56150	\$ 23,800.00	Design Engineering 1 W Main
Budget Addition	113	100	1000	2020	10	02/14/2020	508900	31199	\$ (23,800.00)	Design Engineering 1 W Main
113 Total									\$ -	
Budget Addition	114	100	1000	2020	10	02/18/2020	100210	54110	\$ 7,000.00	Funds for contract negotiation
Budget Addition	114	100	1000	2020	10	02/18/2020	100900	31199	\$ (7,000.00)	Funds for contract negotiation
Budget Addition	114	100	1000	2020	10	02/18/2020	200521	51205	\$ 4,239.00	IDES payment
Budget Addition	114	100	1000	2020	10	02/18/2020	200900	31199	\$ (4,239.00)	IDES payment
114 Total									\$ -	
Budget Transfer	115	100	1000	2020	10	02/18/2020	802210	55100	\$ (40,000.00)	To cover dental claims.
Budget Transfer	115	100	1000	2020	10	02/18/2020	802210	55101	\$ 40,000.00	To cover dental claims.
Budget Transfer	115	100	1000	2020	10	02/18/2020	802210	55104	\$ (7,500.00)	To cover dental claims.
Budget Transfer	115	100	1000	2020	10	02/18/2020	802210	55105	\$ 7,500.00	To cover dental claims.
115 Total									\$ -	
Budget Transfer	116	100	1000	2020	10	02/18/2020	100210	52101	\$ 500.00	Additional Funding
Budget Transfer	116	100	1000	2020	10	02/18/2020	100210	52100	\$ 500.00	Additional Funding
Budget Transfer	116	100	1000	2020	10	02/18/2020	100210	51300	\$ (1,000.00)	Additional Funding
116 Total									\$ -	
Budget Transfer	117	100	1000	2020	10	02/21/2020	100120	54110	\$ 7,000.00	Legal fees for LCC
Budget Transfer	117	100	1000	2020	10	02/21/2020	100111	54189	\$ (7,000.00)	Legal fees for LCC
117 Total									\$ -	
Budget Addition	118	100	1000	2020	10	02/26/2020	100650	54110	\$ 1,248.00	Eco Devo Legal Fees
Budget Addition	118	100	1000	2020	10	02/26/2020	100601	54180	\$ 704.00	Planning Transcript Svc
Budget Addition	118	100	1000	2020	10	02/26/2020	100900	31199	\$ (1,952.00)	Additional Fees
118 Total									\$ -	
Budget Addition	119	100	1000	2020	10	02/27/2020	513500	56101	\$ 178,000.00	CP5089 - Checkerboard
Budget Addition	119	100	1000	2020	10	02/27/2020	513999	44213	\$ (50,000.00)	CP5089 - Checkerboard
Budget Addition	119	100	1000	2020	10	02/27/2020	513900	31199	\$ (128,000.00)	CP5089 - Checkerboard
Budget Addition	119	100	1000	2020	10	02/27/2020	513511	56200	\$ (64,062.00)	CP5848 - Parking Deck
Budget Addition	119	100	1000	2020	10	02/27/2020	513900	31199	\$ 64,062.00	CP5848 - Parking Deck
119 Total									\$ -	

CITY OF ST. CHARLES
Budget Revision Listing

February 2020

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Transfer	120	100	1000	2020	10	02/28/2020	100603	54250	\$ (4,292.00)	Xfer to software maintenance
Budget Transfer	120	100	1000	2020	10	02/28/2020	100603	54251	\$ 4,292.00	Xfer to software maintenance
120 Total									\$ -	
Budget Addition	121	100	1000	2020	10	02/28/2020	100603	54110	\$ 10,000.00	BCE legal fees
Budget Addition	121	100	1000	2020	10	02/28/2020	100611	54601	\$ 41,670.00	SBA Funding
Budget Addition	121	100	1000	2020	10	02/28/2020	100900	31199	\$ (51,670.00)	Budget Shortages
121 Total									\$ -	
Grand Total									\$ -	

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:

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: *5c

Title:

Recommendation to approve an Ordinance Reserving and Authorizing the Transfer of Volume Cap in Connection with Private Activity Bond Issues and Related Matters

Presenter:

Chris Minick, Finance Director

Meeting: Government Operations Committee

Date: March 16, 2020

Proposed Cost: \$ N/A

Budgeted Amount: \$

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

Our private activity bond allocation cap this year is \$3,468,360. This amount is based on a private activity allocation of \$105 per capita from the State of Illinois (City's population estimate of 33,032 per State of Illinois 2020 Guidelines and Procedures). We have the right to reserve, transfer, or remand volume cap back to the State of Illinois. In the past, we have occasionally been able to sell our volume cap to other municipalities for applicable private activity developments and debt issuances occurring in those jurisdictions. Sale of the volume cap to another governmental entity is also approved by the attached ordinance.

The City has no current plans to utilize our volume cap during 2020, but Staff is recommending that we reserve our volume cap in the event an eligible project comes up during the year. In order to do so, we will need to pass the attached ordinance reserving our volume cap.

The City's volume cap allocation allows for private businesses to issue tax exempt debt for industrial expansion and job creation projects under certain circumstances. These entities are able to utilize the City's volume cap to issue the tax-exempt debt if all other IRS criteria are met. There is not typically large demand for volume cap, however projects do occasionally come up. Retaining our volume cap gives the City the maximum flexibility should an opportunity present itself.

Attachments *(please list):***Ordinance****Recommendation/Suggested Action** *(briefly explain):***Recommendation to Approve an Ordinance Reserving and Authorizing the Transfer of Volume Cap in Connection with Private Activity Bond Issues and Related Matters.**

City of St. Charles, Illinois
Ordinance No. 2020-M-____

**An Ordinance Reserving and Authorizing the Transfer of
Volume Cap in Connection with Private Activity Bond
Issues and Related Matter**

WHEREAS, the City of St. Charles, Kane and DuPage Counties, (the “City”), is a municipality and a home rule unit of government under Section 6 of Article VII of the 1970 Constitution of the State of Illinois; and

WHEREAS, Section 146 of the Internal Revenue Code of 1986, as amended (the “Code”), provides that the City has volume cap equal to \$105.00 per resident of the City in each calendar year, which volume cap may be reserved and allocated to certain tax-exempt private activity bonds; and

WHEREAS, the Illinois Private Activity Bond Allocation Act, 30 ILCS 345/1 *et seq.* (State Bar Ed. 2006), as supplemented and amended (the “Act”), provides that a home rule unit of government may transfer its allocation of volume cap to any other home rule unit of government, the State of Illinois or any agency thereof or any non-home rule unit of government; and

WHEREAS, it is now deemed necessary and desirable by the City to reserve all of its volume cap allocation for calendar year 2020 to be applied toward the issuance of private activity bonds (the “Bonds”), as provided in this Ordinance, or to be transferred, as permitted by this Ordinance;

NOW, THEREFORE, BE IT ORDAINED by the Mayor and City Council of the City of St. Charles, Kane and DuPage Counties, Illinois, as follows:

Section 1. That, pursuant to Section 146 of the Code and the Act, the entire volume

cap of the City for calendar year 2020 is hereby reserved by the City, which may issue the Bonds using such volume cap, or without any further action required on the part of the corporate authorities of the City, may transfer such volume cap to a home rule unit of government, non-home rule unit of government, the State of Illinois or any agency thereof for the issuance of private activity bonds by such government entity, and the adoption of this Ordinance shall be deemed to be an allocation of such volume cap to the issuance of the Bonds or authorization of the transfer of such volume cap for use in the issuance of such other bonds; *provided*, that any such transfer shall be evidenced by a written instrument executed by the Mayor, City Administrator, or Finance Director of the City.

Section 2. That the City shall maintain a written record of this Ordinance in its records during the term that the Bonds or any other such bonds to which such volume cap is allocated remain outstanding.

Section 3. That the Mayor, the City Clerk, City Administrator and all other proper officers, officials, agents and employees of the City are hereby authorized, empowered and directed to do all such acts and things and to execute all such documents and certifications as may be necessary to further the purposes and intent of this Ordinance and to comply with the provisions of the Act with respect to transfers of volume cap.

Section 4. That the provisions of this Ordinance are hereby declared to be separable, and if any section, phrase or provision of this Ordinance shall for any reason be declared to be invalid, such declaration shall not affect the remainder of the sections, phrases and provisions of this Ordinance.

Section 5. That all ordinances, resolutions or orders, or parts thereof, in conflict herewith are, to the extent of such conflict, hereby superseded; and that this Ordinance shall be in full force and effect upon its adoption and approval.

PRESENTED to the City Council of the City of St. Charles, Illinois, this ____day of April, 2020.

PASSED by the City Council of the City of St. Charles, Illinois, this ____day of April, 2020.

APPROVED by the Mayor of the City of St. Charles, Illinois, this ____day of April, 2020.

Raymond P. Rogina, Mayor

ATTEST:

City Clerk

COUNCIL VOTE:

Ayes: _____

Nays: _____

Absent: _____

Abstain: _____

APPROVED AS TO FORM:

City Attorney

Date

STATE OF ILLINOIS



GUIDELINES AND PROCEDURES

FOR THE

ALLOCATION OF PRIVATE ACTIVITY BONDING AUTHORITY

IN ACCORDANCE WITH THE TAX REFORM ACT OF 1986

AND 30 ILCS 345

OFFICE OF THE GOVERNOR

Effective January 1, 2020

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Questions regarding these guidelines and procedures may be directed to the Capital Markets Unit of the Governor's Office of Management and Budget at (312) 814-0023.

INTRODUCTION

The Federal Tax Reform Act of 1986 (the “Code”) as amended, imposes a limit on the aggregate amount of “tax exempt private activity” bonds (also known as “Volume Cap”) that can be issued by a state.. While the Code provides an allocation scheme for specific issuing authorities, it also provides that a state may, by law, provide a different formula for allocating the State ceiling among the governmental units in the State having authority to issue such bonds. The State of Illinois (“the State”) has adopted procedures for the allocation of Volume Cap pursuant to the Illinois Private Activity Bond Allocation Act, 30ILCS 345 (the “Illinois Allocation Act”).

The Governor’s Office is the entity charged with authority to allocate Volume Cap among the political subdivisions within the State. In the event of conflict between the Code and Illinois Allocation Act and these “2020 Guidelines and Procedures” (the “Guidelines”), the Code and the Illinois Allocation Act shall control. Any matters not covered by the Code or the Illinois Allocation Act or the Guidelines shall be decided by the Governor’s Office, and the Governor’s Office reserves the right to amend the Guidelines at any time.

These Guidelines are provided by the Governor’s Office to assist issuers in understanding how the allocation formula will be administered. They do not represent a binding legal interpretation of either the Code or the Illinois Allocation Act. The Governor’s Office will not make a legal determination of the applicability of the Code to an issuer nor will it determine an issuer’s compliance under the Code. Issuers should consult their own legal counsel to make these determinations.

The Guidelines require certain issuers to submit requests to the Governor’s Office for allocations of Volume cap. In addition, they require issuers within the State to report on reallocations and their use of Volume Cap.

PLEASE NOTE – ALL REQUESTS AND REPORTING SUBMISSIONS, AS DESCRIBED HEREIN, MUST BE SUBMITTED IN BOTH (i) HARD AND (ii) ELECTRONIC FORMATS (ADOBE ACROBAT “PDF”) TO THE FOLLOWING ADDRESSES:

HARD COPY SUBMISSIONS TO:

**Governor’s Office of Management and Budget
Capital Markets Unit– Volume Cap Submission
JRTC, 100 W Randolph Street – Suite 15-100
Chicago, IL 60601
Attn: Sophia Ronis**

ELECTRONIC (PDF) SUBMISSIONS TO:

OMB.VolumeCapRequest2020@illinois.gov

Please indicate the (i) name, (ii) status of your organization (Home Rule, Non-Home Rule or State Agency) and (iii) type of submission (either a “REPORT” or a “REQUEST”) in the “SUBJECT” line of your submission e-mail. Please include the following information for a primary and secondary contact person in the body of each electronic submission (email):

Name
Title
Department/Division
Phone Number
Email address

IMPORTANT NOTE – The time and date stamp of the email will be used for the purpose of determining the order in which the submissions are received unless otherwise noted herein.

Calendar Year 2020 State Ceiling and Allocations

2020 State Ceiling – Background and Calculation

Section 146 of the Code limits the amount of qualified private activity bond debt that may be issued in a state during a calendar year (“the State Ceiling”). Section 146(d) of the Code was amended by H.R. 5662, the “Community Renewal Tax Relief Act of 2000 (the “CRTF Act”),” to specify that beginning in calendar year 2002 the limit shall be the greater of \$75 multiplied by a state’s population or \$225 million. The CRTF Act further specifies that beginning in calendar year 2003 the volume limit may be adjusted annually for inflation. Pursuant to Revenue Procedure 2008-66 published by the Internal Revenue Service, the volume limit on qualified private activity bonds adjusted for inflation for calendar year 2020 is (\$105 multiplied by the state’s population).

Section 146(j) of the Code further requires that the calculation of the State Ceiling be based on the most recent resident population estimate released by the U. S. Bureau of the Census before the beginning of the calendar year. On December 30, 2019, the Population Division of the U.S. Census Bureau issued “Table 1: Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2019 (NST-EST2019-01)” which reports Illinois’s estimated population as **12,671,821**.

Illinois 2020 State Ceiling is **\$1,330,541,205.00** ($\$105 \times 12,671,821$).

Allocations

Pursuant to the Statute, the table below denotes the initial allocation of the 2020 State Ceiling.

Home Rule Units	\$ 853,480,740.00
Non-Home Rule Units	238,530,232.50
State Agencies/Authorities	238,530,232.50
Total	\$1,330,541,205.00

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HOME RULE UNITS

Allocation

January 1 Benchmark

As described in “2020 State Ceiling – Background and Calculation” above, each Home Rule community is allocated an amount equal to (\$105 multiplied by its population and Cook County, as a Home Rule county, is allocated an amount equal to \$105.00 multiplied by the population of its unincorporated area). Based on the most recent US Census estimates the total amount for all Home-Rule units has been determined to be \$853,480,740.00. Appendix C attached identifies the list of Home Rule units and the population count used by the Governor’s Office for the volume cap allocation. Special census estimates or other estimates for individual municipalities are not recognized by the Governor’s Office.

During the period from January 1, 2020 through May 1, 2020 Home Rule units may not apply to the State for an allocation under the Illinois Allocation Act. Rather, Home Rule units must determine and monitor their own private activity bond limits as provided in the Illinois Allocation Act. Please see reporting requirements detailed below in “Home Rule Reporting”.

June 1 Benchmark

Of the total amount available to each Home Rule unit of government with less than 2,000,000 inhabitants, the amount that has not been granted, transferred, or reserved by Home Rule units for specific projects or purposes as of May 1, 2020, shall be reserved to the Governor’s Office on June 1, 2020 (the “home Rule Pool”). From the period of June 1 through July 15, 2020, one-half of the Home rule Pool will be available to all Home Rule units with less than 2,000,000 inhabitants (the remaining half is available for allocation to the State or State Agencies as herein after described).

The Governor’s Office will accept Home Rule units’ requests for volume cap from the Home Rule Pool beginning on the first State business day on or after June 1, 2020. Requests will be accepted, via the methods described on page 3, only on or after 8:30 a.m., June 1, 2020. No requests can or will be accepted prior to this date and time. **On the first date that applications may be received all applications received between 8:30am and 5pm on such date shall be deemed equally first in line and the Governor’s Office shall grant cap as it may determine. If more than one request is received in a day, other than the first day that applications may be submitted, completed requests will be logged in by the time the electronic submission is received, and processed on a first-come, first-granted basis.**

If a determination is made that there is a sufficient amount of allocation remaining in the Home Rule Pool upon a request made, an allocation approval letter will be sent to the applicant. The approval letter will be mailed by first class U.S. Mail to the signatory of the application letter Express mail will be used upon request and at the issuer’s expense. The allocation is valid for a period of 60 calendar days from the date of the letter or December 28 of the year of the allocation. This period is set by Illinois Allocation Act and cannot be extended.

July 15 Benchmark

On and after July 15, 2020, the amount of the unused allocation from the Home Rule Pool shall be available to both Home Rule units of government (with less than 2,000,000 inhabitants) and to State agencies. Requests submitted prior to July 15 that are not completely fulfilled must be re-filed after July 15 if cap still is requested.

The Governor's Office will accept Home Rule units' requests for volume cap from the Home Rule pool beginning on the first State business day on or after July 15, 2020. Requests will be accepted, via the methods described on page 3, only on or after 8:30 a.m., July 15, 2020. No requests can or will be accepted prior to this date and time. **On the first date that applications may be received all applications received between 8:30am and 5pm on such date shall be deemed equally first in line and the Governor's Office shall grant cap as it may determine. If more than one request is received in a day, other than the first day that applications may be submitted, completed requests will be logged in by the time the electronic submission is received, and processed on a first-come, first-granted basis.**

Please Note –

- A completed "Allocation Request Letter" (Appendix A) and a copy of an "Official action", as defined in the Statute, must accompany all request submissions (June 1 or July 15). A submission will not be deemed complete unless a copy of Official action is included in the transmittal.
- No Home Rule unit may be granted more than 10% of the amount of total allocation initially available for Home Rule units for a single project. Home Rule units may submit separate requests for multiple projects. Requests must be for specific projects, not general use. Requests will be processed only for allocation to be used directly by the requesting Home Rule unit. Joint requests from more than one unit or requests from one unit for allocation that will also be used by other units of government will not be considered. Once an allocation is given to a specific unit, the Governor's Office will not object if units pool their allocations and join together in a bond issue as advised by legal counsel.
- The allocation approval letter to Home Rule units of government is valid for a period of 60 calendar days from the date of the letter or through December 31, 2020, whichever date comes first. If an issuer's allocation has expired, it may apply for a new allocation if allocation is still available. Such application will be processed by the Governor's Office in the same manner as any other new application.
- The State, a State agency or Home Rule unit may reallocate all or a portion of its ORIGINAL allocation to a Home Rule Unit, the State, a State agency or a Non Home Rule Unit of local government. Home Rule units may reallocate by official action of their governing body only as to volume cap reserved prior to May 1, 2020. Home Rule units MAY NOT reallocate any allocation granted by the Governor's Office after June 1. Please see "REALLOCATION PROVISIONS" for further details.

Home Rule Reporting

Confirmation of Issuance

Pursuant to Section 7 of the Illinois Allocation Act, any Home Rule unit utilizing Volume Cap (regardless of its source) is required to report, within 10 calendar days of issuance, the following:

- (a) Name of the Issuer;
- (b) Principal amount of the issue;
- (c) Purpose for which the private activity bonds were issued;
- (d) The amount, if any, used to refund any prior issue of private activity bond; and
- (e) IRS 8038

A form of the "Confirmation of Bond Issuance" letter is provided in Appendix A.

If the amount of bonds issued as stated in the confirmation letter is less than the amount approved for allocation for that project, the amount of unused allocation shall be added to the remaining pool allocation available. This "lapsed" volume cap will be offered first to all issuers who have requested volume cap whose requests were not completely fulfilled, in the order that such requests were initially filed. If more than one request was initially filed at the same time, the order of filing will be randomly assigned for purposes of offering lapsed cap. Volume cap is not considered lapsed unless the issuer or issuer's representative states in writing that all or a portion of the cap will not be used.

Mid-Year Reporting

No later than May 10, 2020, each Home Rule unit with less than 2,000,000 inhabitants must report to the Governor's Office in writing on volume cap (i) granted, (ii) transferred, or (iii) reserved by official action of the unit's governing body prior to May 1, 2020. The form described in Appendix A is provided for this purpose – "Report of Allocation Granted by Home Rule".

Once Volume Cap is properly reserved by a Home Rule unit prior to May 1, 2020, the Governor's Office will not object to the subsequent transfer or reallocation of such cap, or filing of a carry-forward of such volume cap, and no notice to the Governor's Office of any such subsequent action is required. {Please note, however, that Home Rule units must provide notice to the Governor's office, as provided in Section 6 of the Illinois Allocation Act, within fourteen days of said reallocation.}

Please Note - Copies of "Official Action", as defined in the Illinois Allocation Act, must accompany this reporting submission. Submission will not be deemed complete unless a copy of Official Action is included with the submissions.

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NON-HOME RULE UNITS

Allocation Requests

January 1 Benchmark

The 2020 allocation of Volume Cap available on or after January 1, 2020 to be issued by Non-Home Rule units of local government is expected to be \$238,530,232.50. Non-Home Rule units are defined as municipalities or counties, other than Home-Rule units. All other forms of government, such as local water districts or airport authorities, must apply for Volume Cap as a State Agency.

The Governor's Office will accept Non-Home Rule units' requests for Volume Cap from the Local Government Pool beginning on the first State business day on or after January 1, 2020 (January 2, 2020). Requests will be accepted, via the methods described on page 3, only on or after 8:30 a.m., January 2, 2020. No requests can or will be accepted prior to this date and time. **On the first date that applications may be received all applications received between 8:30am and 5pm on such date shall be deemed equally first in line and the Governor's Office shall grant cap as it may determine. If more than one request is received in a day, other than the first day that applications may be submitted, completed requests will be logged in by the time the electronic submission received, and processed on a first-come, first-granted basis.**

If a determination is made that there is a sufficient amount of allocation remaining in the total available allocation, an allocation approval letter will be sent to the applicant. The approval letter will be mailed by first class U.S. Mail to the signatory of the application letter. Express mail may be used upon request and at the issuer's expense.

July 15 Benchmark

Of the total amount allocated to Non-Home Rule units, the amount of remaining allocation as of July 14, 2020 (the "Non-Home Rule Pool") shall be reserved to the Governor's Office on July 15, 2020 to be allocated to the State, State agencies or Non-Home Rule units as described in the Illinois Allocation Act. Requests submitted prior to July 15 that are not completely fulfilled must be re-filed on or after July 15 if volume cap is still requested.

The Governor's Office will accept Non-Home Rule units' requests for Volume Cap from the Non-Home Rule Pool beginning on the first State business day on or after July 15, 2020. Requests will be accepted, via the methods described on page 3, only on or after 8:30 a.m., July 15, 2020. No requests can or will be accepted prior to this date and time. **On the first date that applications may be received all applications received between 8:30am and 5pm on such date shall be deemed equally first in line and the Governor's Office shall grant cap as it may determine. If more than one request is received in a day, other than the first day that applications may be submitted, completed requests will be logged in by the time the electronic submission is received, and processed on a first-come, first-granted basis.**

Please Note –

- A completed "Allocation Request Letter" (Appendix A) and a copy of an "Official Action", as defined in the Illinois Allocation Act, must accompany all request submissions (January 1 or July 15). A submission will not be deemed complete unless a copy of Official Action is included in the transmittal.
- No Non-Home Rule unit may be granted more than 10% of the amount of total allocation initially available to units of local government for a single project. Non-Home Rule units may submit separate requests for multiple projects. Requests must be for specific projects, not general use. Non-Home Rule units do not have power under statute to transfer or reallocate cap to other Non-Home Rule or Home-Rule units. Requests may be made only for cap that will be used within the Non-Home Rule unit's jurisdiction, as evidenced by such

documentation or evidence as the Governor's Office shall request. Letters of intent from lenders shall be deemed prima facie evidence. Units planning to pool their allocations must certify their intent to comply with this section in their request letter.

- The allocation approval letter is valid for a period of 60 calendar days from the date of the letter. This period is set by the Illinois Allocation Act and cannot be extended.
- Pursuant to Section 6 of Illinois Allocation Act, a Non-Home Rule unit IS NOT AUTHORIZED TO REALLOCATE all or any unused portion of its allocation. Direct and indirect reallocations by Non-Home Rule Units are strictly prohibited. This prohibition is discussed more fully in the "Reallocation Provisions" of these Guidelines.
- The proceeds from bonds utilizing Volume Cap allocated to a Non-Home Rule unit pursuant to these Guidelines must be used within the jurisdiction of the Non-Home Rule unit.

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Non-Home Rule Reporting

Confirmation of Issuance

Pursuant to Section 7 of the Illinois Allocation Act, Non-Home Rule units are required to report, within 10 calendar days of issuance, the following:

- (a) Name of the Issuer;
- (b) Principal amount of the issue;
- (c) Purpose for which the private activity bonds were issued;
- (d) The amount, if any, used to refund any prior issue of private activity bond; and
- (e) IRS 8038

A form of the “Confirmation of Bond Issuance” letter is provided in Appendix A.

If the amount of bonds issued as stated in the confirmation letter is less than the amount approved for allocation for that project, the amount of unused allocation shall be added to the remaining pool allocation available. This “lapsed” volume cap will be offered first to all issuers who have requested volume cap whose requests were not completely fulfilled, in the order that such requests were initially filed. If more than one request was initially filed at the same time, the order of filing will be randomly assigned for purposes of offering lapsed cap. Volume cap is not considered lapsed unless the issuer or issuer’s representative states in writing that all or a portion of the cap will not be used.

Annual Reporting of Housing Projects

The Illinois Allocation Act requires Non-Home Rule units to provide an annual report of all private activity bonds issued for any housing purposes which utilizes volume cap allocated by the State. Details on the reporting requirement can be located in the Section 7.5 of the Illinois Allocation Act. A form to aid reporting has been provided in Appendix B to these Guidelines. Calendar Year 2020 submissions are to be sent via the instructions set forth on page 3 of these Guidelines by February 1, 2020. An additional copy of this report only must also be submitted to the Illinois Housing Development Authority (“IHDA”) at the following address:

Illinois Housing Development Authority
Attention: General Counsel
401 North Michigan Avenue
Chicago, IL 60611

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STATE AGENCIES

Allocation Requests

For calendar year 2020 there is expected to be \$238,530,232.50 for use by State Agencies, (the “State Agency Pool”), defined as any State agency, commission, board, authority, or body politic and corporate of the State authorized by law to issue Private Activity Bonds, other than a Non-Home Rule or Home-Rule unit.

The Governor’s Office may allocate among all State agencies from the State Allocation Pool available after January 2, 2020. In addition, State agencies may apply beginning on or after the first State business day after June 1, 2020 for the allocation retained by the Governor’s Office from the Home-Rule Pool and beginning on or on July 15, 2020 for the allocation retained, if any, from the Non-Home Rule Pool. Requests submitted prior to June 1 which are not completely fulfilled and requests submitted prior to July 15 which are not completely fulfilled must be re-filed after July 15 if cap from the Non-Home Rule pool is requested. Please see “HOME RULE” and “NON-HOME RULE” sections for submission procedures.

Please Note-

- **Requests will be processed only for allocation to be used directly by the requesting State agency. Requests may be requested and granted on a lump-sum by private activity bond category or individual project basis as the Governor’s Office may determine. Joint requests from more than one State agency or units of government or requests from one State agency for an allocation that will be used by other units of government will not be considered. Once an allocation is given to a specific State agency, the Governor’s Office will not object if units pool their allocations and join together in a bond issue as advised by legal counsel.**
- **State agencies may submit requests for allocations of any amount. The 10% limit does not apply to State Agencies**
- **The Governor’s Office may consult with State agencies prior to submission of their allocation requests and determine the amount of allocation that shall be requested and approved. The allocation shall be valid through the end of the calendar year.**
- **State agencies may reallocate their unused allocation in the manner described in “REALLOCATION PROVISIONS” with the approval of the Governor’s Office. A State agency that issues bonds after receiving a reallocation from a Home-Rule unit or another State agency shall submit the information described in the “Reporting” section below.**
- **State agencies also may file a carry-forward of an allocation remaining at the end of one calendar year to the next under certain circumstances, with the approval of the Governor’s Office. Issuers should consult their legal counsel with respect to the applicability of this provision to their circumstances**

State Agency Reporting

Confirmation of Issuance

Pursuant to Section 7 of the Illinois Allocation Act. State Agencies are required to report, within 10 calendar days of issuance, the following:

- (a) Name of the Issuer;
- (b) Principal amount of the issue;
- (c) Purpose for which the private activity bonds were issued;
- (d) The amount, if any, used to refund any prior issue of private activity bond; and
- (e) IRS 8038

A form of the “Confirmation of Bond Issuance” letter is provided in Appendix A.

If the amount of the bonds issued as stated in the confirmation letter is less than the amount approved for allocation for that project, the unused allocation amount shall be retained by the State Agency unless otherwise directed by the Governor’s Office.

Annual Reporting of Housing Projects

Pursuant to the Illinois Allocation Act, State Agencies are required to provide an annual report of all private activity bonds issued for any housing purposes which utilizes volume cap allocated by the State. Details on the reporting requirement can be located in Section 7.5 of the Illinois allocation Act and a form has been provided in Appendix B for submission. Calendar Year 2020 Submissions are to be sent via the instruction set forth on page 3 of these guidelines by February 1, 2020. An additional copy of this report only must also be submitted to the Illinois Housing Development Authority (“IHDA”) at the following address:

Illinois Housing Development Authority
Attention: General Counsel
401 North Michigan Avenue
Chicago, IL 60611

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REALLOCATION PROVISIONS

Reallocations by the State, a State Agency or a Home Rule Unit

The State, any State Agency or Home Rule unit may voluntarily reallocate to any Non-Home Rule unit of local government, Home-Rule unit, the State or any State agency all or any portion of its unused allocation. {The State Agency or Home Rule unit reallocating all or a portion of its unused allocation must provide notice to the Governor's office within fourteen days of said reallocation.}

Consistent with the Illinois Allocation Act and these guidelines, entities that issue private activity bonds on the basis of reallocations must submit to the Governor's Office written evidence of such reallocation and a confirmation of bond issuance letter within ten calendar days from the date the bonds are issued.

Reallocations by a Non-Home Rule Unit Are Prohibited

Non-Home Rule units may not reallocate to any issuer. This prohibition applies to direct reallocations and to reallocations attempted via an intergovernmental or other agreement. Allocations made to Non-Home Rule units pursuant to the Illinois Allocation Act and these Guidelines may not be used in an issuance by another governmental entity on behalf of the Non-Home Rule unit or as a surrogate for the Non-Home Rule unit via an intergovernmental or other agreement.

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APPENDIX A

STANDARD FORM OF LETTERS

(Letterhead of Signatory)

**ALLOCATION REQUEST LETTER
FROM ALL ISSUERS**

(Date)

Office of the Governor
Governor's Office of Management and Budget
100 W. Randolph Street – Suite 15-100
Chicago, IL. 60601

Attn: Sophia Ronis

ATTENTION: Debt Management Unit

RE: Issuer: _____
Type: (Home-Rule, Non-Home Rule or State agency)
Maximum Principal Amount: _____
Bond Description: (project, beneficiary, location, type/category of bonds)

Dear Governor J B Pritzker:

In accordance with the Tax Reform Act of 1986 as passed by 99th Congress 2nd Session (1986), as amended, and *30 ILCS 345*, the (name of issuer) respectfully requests an allocation for the above-captioned private activity bonds. In preparation for this bond issue to date, all applicable Federal and State requirements have been complied with. A copy of the inducement resolution or similar official action for this issue has been attached herewith.

[(The following is required only of Non-Home Rule units which expect to join other units in a single bond issue as described in the guidelines): I hereby certify that (name of issuer) intends to comply with requirements set forth in the Governor's Office guidelines and will not transfer or reallocate any cap received from the Governor's Office to other Non-Home Rule or Home-Rule units and will use the cap only within our jurisdiction.]

I hereby certify under penalty of perjury, that to the best of my knowledge, the issuance of the Private Activity Bond was or will not be made in consideration of any bribe, gift, gratuity or direct or indirect contribution to any political campaign.

Please forward the allocation approval letter to the undersigned [or to: _____]. Bond counsel for these bonds [is expected to be _____, who may be reached at [phone number]] [has not yet been selected].

Sincerely,

(Name of issuer)

(Signature of authorized public official)

(Title)

(Phone number)

[Note: The Bond description cannot be materially changed after submission.]

(Governor's Letterhead)

BOND ALLOCATION APPROVAL LETTER

(Date)

Allocation Number (our assigned number)

(Name of issuer)

Attention: (Name of Official)

Re: Issuer: _____
Type: (Home-Rule, Non-Home Rule or State agency)
Maximum Principal Amount: _____
Bond Description: (project, beneficiary, location, type/category of bonds)

Ladies and Gentlemen:

In accordance with the Tax Reform Act of 1986, as amended, and 30 ILCS 345, the above-captioned Issuer has requested an allocation for Private Activity Bonds with respect to the above-captioned bonds. In support of this request, I have been presented with the resolution duly adopted by the Issuer or similar official action with respect to the above-captioned bonds.

I hereby allocate \$ _____ of the State's 2020 maximum limit on private activity bonds to the above-captioned Issuer.

Pursuant to Section 6 of the Illinois Private Activity Bond Allocation Act, this allocation is only valid if:

- (1) the proceeds from the bonds (the "Bonds") utilizing the bond volume cap are to originate single family mortgages to finance the purchase of homes located within the jurisdiction of the unit local government applying for the bond volume cap, or the costs associated therewith, or, if not so used, applied to redeem the Bonds; and
- (2) the unit of local government is the Issuer of the Bonds.

"Issuer" as used herein is the entity named on the Bonds and obligated for the repayment of the Bonds and does not include an entity for whom bonds have been issued by another party via an intergovernmental or other agreement.

This allocation is valid through and including _____. If the above-captioned bonds have not been issued by said date this allocation automatically expires and is available for reallocation.

Sincerely,
J B PRITZKER

Governor

(Letterhead of Signatory)

**CONFIRMATION OF BOND ISSUANCE
TO BE PROVIDED BY ISSUER**

(Date) [Within 10 calendar days of issuance]

Allocation Number: (assigned by us in the allocation approval letter)

Office of the Governor
Governor's Office of Management and Budget
100 W. Randolph Street – Suite 15-100
Chicago, IL. 60601
Attn: Sophia Ronis

ATTENTION: Debt Management Unit

Re: Issuer: _____
Type: (Non Home-Rule, Home-Rule or State agency)
Date of Issuance: _____
Principal Amount Issued: _____
Bond Description: (project, beneficiary, location, type/category of bonds)

Dear _____:

In accordance with the Tax Reform Act of 1986, as amended, and 30 ILCS 345, the above-captioned Issuer is giving notice that the above-captioned private activity bonds have been issued. With regard to the issuance of these bonds, all applicable federal and state requirements have been complied with. The total allocation provided for this bond issue in the Allocation Approval Letter dated _____ was \$ _____. The total principal amount actually issued was \$ _____ and, therefore, the amount of \$ _____ is unused allocation that may be added to the total available allocation.

Sincerely,

(Name of issuer)

(Signature of authorized public official)

(Title)

Attachments

[Note: If the bonds were issued on the basis of a voluntary reallocation of unused allocation or as a result of a carry-forward of allocation from a prior year, this fact should be so stated in this confirmation letter and a copy of the written evidence of such reallocation or carry-forward should be attached.]

(Letterhead of Signatory)

**REPORT OF ALLOCATION GRANTED
BY HOME-RULE UNITS**

(Date) [Due Thursday, May 10, 2020]

Office of the Governor
Governor's Office of Management and Budget
100 W. Randolph Street – Suite 15-100
Chicago, IL. 60601
Attn: Sophia Ronis

ATTENTION: Debt Management Unit

Re: Issuer: (Home-Rule unit)
Total 2020 Volume Cap Allocation: [see list attached to guidelines for population,
multiplied by \$105.00]

Volume Cap allocations granted, transferred, or reserved by Issuer resolution prior to May 1, 2020:

1. Principal Amount of Issue: _____
Bond Description: (Type of bond)
(Repeat as necessary identify all specific allocations)
If reallocated to another issuer, state name of issuer: _____

Copies of allocation resolutions or ordinances are attached. [Note: Memorandums of agreements with businesses need not be attached.]

Total Allocation Granted or Reallocated \$ _____

Sincerely,

(Name of issuer)

(Signature of authorized public official)
(Title)
(Phone number)

APPENDIX B

ANNUAL HOUSING REPORT

SAMPLE FORM

Bond Issuer Annual Reporting Form		
Statutory Requirement (30 ILCS 345/7.5)	Explanation/Detail	Insert Required Information
Information Required for All Bond Issues		
Bond Issuer	Entity Issuing Bonds:	
Person Completing Report (Drafter)	Name:	
Drafter Contact Information	Company:	
	Address:	
	Address:	
	City, State, Zip:	
	Phone:	
	E-mail Address:	
Reporting Period	Calendar Year:	
Date of Report	Date (no less than 45 days prior to end of Reporting Period):	
Bond Proceeds Used for Projects and Loans	Percentage of Total Issuance:	
Total Cost of Issuance	Amount:	
Bond Proceeds Used to Refund Prior Bonds	Amount:	
Unused Proceeds at Time of Report	Amount:	
Plan for Use of Any Unused Proceeds	<i>Attach Narrative and Supporting Documentation Showing Commitments to Utilize Proceeds, including timetable for use.</i>	
For Multifamily Rental Units Only		
Total Number of Developments	Total:	
Total Number of Units	Total:	
Income Levels for All Units (using Area Median Income, or "AMI")	No. Units at 30% AMI or less:	
	No. Units at 40% AMI:	
	No. Units at 50% AMI:	
	No. Units at 60% AMI:	
	No. Units at 80% AMI:	
	No. of Other Restricted Units (% AMI):	
	No. of Other Restricted Units (% AMI):	
	No. of Other Restricted Units (% AMI):	
	Unrestricted (Market Rate):	
Annual Comprehensive Housing Plan Priorities (see below for priority key)	<i>Attach detail showing the number units serving the priority populations described below, along with documentation showing efforts to serve Priority Populations, when available.</i>	
For Single Family Units Only		
Loans and Households Achieving Homeownership with Bond Proceeds	Number of Mortgage Loans:	
	Number of Households:	
Loan Amounts, Actual and Effective Interest Rates	<i>Attach List of Individual Loan Amounts, detailing the actual and effective interest rate for each loan.</i>	
Annual Comprehensive Housing Plan Priorities (see below for priority key)	<i>Attach detail showing the number units serving the priority populations described below, along with documentation showing efforts to serve Priority Populations, when available.</i>	
First-time Homebuyers	Number:	
Homeownership Counseling	No. of assisted homeowners who received any homeownership counseling:	
Key to Priorities		
Disabled - No. Units Serving People with Disabilities (as defined in the Illinois Comprehensive Housing Plan, found at www.ihda.org ; choose "Housing Policy and Planning" in the left margin)		
Extremely Low Income - No. Units Serving Very Low-Income (less than 30% AMI) Households and Families		
Homeless - No. Units Serving Homeless People and Families and Those At-Risk of Homelessness		
Live Near Work - No. Units Serving Low and Moderate-Income Families and People Unable to Find Affordable Housing Near Employment or Transportation		
Preservation - No. of Units for Low-Income Families and People Living in Existing Affordable Housing that is in Danger of Becoming Unaffordable		
Very Low Income - No. Units Serving Very Low-Income (31 to 50% AMI) Households and Families		
QUESTIONS?????		
Any questions on how to complete this form should be directed to Charlotte Flickinger at the Illinois Housing Development Authority at 312-836-5200 or TTD 312-836-5222.		

APPENDIX C
POPULATION ESTIMATES

Home Rule Unit ¹	Population ²
Addison Village	36,724
Alsip Village	18,880
Alton City	26,528
Arlington Heights Village	75,249
Aurora City	199,602
Bannockburn Village	1,602
Barrington Hills Village	4,207
Bartlett Village	40,931
Bartonville Village	6,172
Batavia City	26,316
Bedford Park Village	601
Belleville City	41,290
Bellwood Village	18,839
Belvidere City	25,194
Benton City	6,913
Berkeley Village	5,073
Berwyn City	54,917
Bloomington Village	21,894
Bloomington City	77,962
Bolingbrook Village	75,178
Bridgeview Village	16,187
Bryant Village	215
Buffalo Grove Village	40,853
Burbank City	28,534
Burnham Village	4,119
Cahokia Village	14,009
Calumet City City	36,240
Calumet Park Village	7,672
Carbon Cliff Village	1,981
Carbondale City	25,376
Carlock Village	563
Carol Stream Village	39,601
Carpentersville Village	37,744
Cartersville City	5,866
Champaign City	88,029
Channahon Village	13,086
Chicago City	2,705,994
Chicago Heights City	29,571
Chicago Ridge Village	14,050
Christopher City	2,731
Cicero town	81,597
Collinsville City	24,621
Cook County, Unincorporated	102,420
Country Club Hills City	16,511
Countryside City	5,954
Crainville Village	1,411
Crystal Lake City	40,036
Danville City	30,898
Darien City	21,954
Decatur City	71,290
Deerfield Village	18,779
DeKalb City	42,611
De Pue Village	1,705
Des Plaines City	58,959
Dolton Village	22,547
Downers Grove Village	49,387
Du Quoin City	5,748

Home Rule Unit ¹	Population ²
East Dundee Village	3,192
East Hazel Crest Village	1,511
East St. Louis City	26,346
Edwardsville City	24,969
Elgin City	111,683
Elk Grove Village Village	32,458
Elmhurst City	46,558
Elmwood Park Village	24,263
Elwood Village	2,260
Evanston City	74,106
Evergreen Park Village	19,325
Fairview Heights City	16,448
Flora City	4,883
Forest View Village	678
Freeport City	23,920
Galesburg City	30,432
Gilman City	1,682
Glendale Heights Village	33,928
Glen Ellyn Village	27,928
Glenview Village	47,258
Glenwood Village	8,792
Golf Village	496
Granite City City	28,476
Gurnee Village	30,576
Hanover Park Village	37,747
Harvey City	24,641
Harwood Heights Village	8,413
Hazel Crest Village	13,694
Herrin City	12,838
Highland Park City	29,622
Highwood City	5,272
Hillside Village	7,958
Hodgkins Village	1,885
Hoffman Estates Village	51,197
Homer Glen Village	24,582
Hopkins Park Village	600
Huntley Village	27,440
Inverness Village	7,438
Jacksonville City	18,749
Johnston City City	3,441
Joliet City	148,099
Kankakee City	26,052
Lake Barrington Village	4,879
Lake Bluff Village	5,617
Lake Forest City	19,544
Lake in the Hills Village	28,835
Lansing Village	27,657
LaSalle City	9,064
Lincolnshire Village	7,925
Lincolnwood Village	12,349
Lockport City	25,508
McCook Village	221
McHenry City	27,022
Manhattan Village	7,999
Marion City	17,620
Mascoutah City	8,029
Maywood Village	23,368

1. Home Rule Communities: Secretary of State – Index Department

2. Population Data Source: Population Division of the U.S. Census Bureau - "Table 1: Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2018 (NST-EST2018-01) on December 30, 2019

<u>Home Rule Unit¹</u>	<u>Population²</u>
Melrose Park Village	24,925
Mettawa Village	551
Midlothian Village	14,476
Moline City	41,902
Monroe Village	5,122
Monmouth City	8,998
Morton Grove Village	22,943
Mound City City	519
Mount Prospect Village	54,198
Mount Vernon City	14,849
Muddy Village	64
Mundelein Village	31,234
Murphysboro City	7,477
Naperville City	148,304
Naples town	119
Nauvoo City	1,065
New Lenox Village	26,780
Niles Village	29,184
Normal town	54,742
Norridge Village	14,281
Northbrook Village	33,167
North Chicago City	29,770
Northfield Village	5,422
Northlake City	12,235
North Utica Village	1,346
Oakbrook Terrace City	2,119
Oak Forest City	27,406
Oak Lawn Village	55,511
Oak Park Village	52,265
O'Fallon City	29,584
Old Mill Creek Village	173
Onarga Village	1,287
Orland Park Village	58,312
Oswego Village	35,237
Palatine Village	68,053
Park City City	7,457
Park Forest Village	21,429
Park Ridge City	37,240
Pekin City	32,255
Peoria City	111,388
Peoria Heights Village	5,778
Peru City	9,798
Phoenix Village	1,925
Plainfield Village	44,138
Posen Village	5,851
Prairie Grove Village	1,866
Quincy City	40,042
Rantoul Village	12,691
Riverdale Village	13,205
River Grove Village	9,979
Riverwoods Village	3,595

<u>Home Rule Unit¹</u>	<u>Population²</u>
Robbins Village	5,464
Rockdale Village	1,931
Rock Island City	37,678
Rolling Meadows City	23,748
Romeoville Village	39,624
Rosemont Village	4,107
Round Lake Beach Village	27,325
St. Charles City	33,032
Sauget Village	166
Schaumburg Village	73,509
Schiller Park Village	11,515
Sesser City	1,875
Sherman Village	4,684
Shorewood Village	17,385
Skokie Village	63,280
South Barrington Village	4,993
South Chicago Heights Village	4,042
South Holland Village	21,503
Springfield City	114,694
Standard Village	205
Stickney Village	6,620
Stone Park Village	4,844
Streamwood Village	39,570
Summit Village	11,188
Sycamore City	18,083
Thornton Village	2,419
Tilton Village	2,647
Tinley Park Village	56,204
Tuscola City	4,352
University Park Village	6,958
Urbana City	42,046
Valier Village	641
Valmeyer Village	1,245
Vernon Hills Village	26,641
Volo Village	5,580
Warrenville City	13,260
Washington City	16,704
Watseka City	4,860
Waukegan City	86,792
West Chicago City	27,045
West City Village	642
West Dundee Village	8,258
West Frankfort City	7,882
Wheaton City	53,150
Wheeling Village	38,878
Williamsville Village	1,491
Willowbrook Village	8,493
Wilmette Village	27,265
Winnetka Village	12,385
Woodridge Village	33,566
Woodstock City	25,268

1. Home Rule Communities: Secretary of State – Index Department

2. Population Data Source: Population Division of the U.S. Census Bureau - "Table 1: Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2018 (NST-EST2018-01) on December 30, 2019

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5d

Title:

Fiscal Year 2020-2021 Budget Presentation – *Information Only*

Presenter:

Chris Minick, Finance Director

Meeting: Government Operations Committee

Date: March 16, 2020

Proposed Cost: N/A

Budgeted Amount: N/A

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

Staff will be presenting highlights related to the Fiscal Year 2020-2021 Budget for the City. Relevant assumptions, changes, and highlights related to the City's budget will be presented and there will be an opportunity for discussion and questions.

After the March 16 presentation, the next step in the budget process will be a Public Hearing on the FY 2020-2021 budget during the City Council Meeting to be held at 7:00 PM on Monday, April 6, 2020. The final step in the process is consideration of approval of an ordinance adopting the budget for the City for fiscal year 2020-2021. Pending the results of the discussions of March 16 and April 6, staff plans to present that ordinance for consideration at the City Council meeting on April 6.

Attachments *(please list):***Recommendation/Suggested Action** *(briefly explain):**For Information Only*