



ST. CHARLES  
SINCE 1834

### AGENDA ITEM EXECUTIVE SUMMARY

Title: Recommendation to Approve a Class E-2 Temporary Liquor License for an Event at the Kane County Fairgrounds

Presenter: Chief James Lamkin

*Please check appropriate box:*

|                                     |                        |   |                              |
|-------------------------------------|------------------------|---|------------------------------|
| <input checked="" type="checkbox"/> | Government Operations  | X | Government Services 01.28.13 |
| <input type="checkbox"/>            | Planning & Development |   | City Council                 |
| <input type="checkbox"/>            | Public Hearing         |   |                              |

|                 |   |           |     |   |    |  |
|-----------------|---|-----------|-----|---|----|--|
| Estimated Cost: | * | Budgeted: | YES | X | NO |  |
|-----------------|---|-----------|-----|---|----|--|

If NO, please explain how item will be funded:

\*Any costs associated with this event are the responsibility of the sponsor.

#### Executive Summary:

The Geneva Park District is sponsoring the Super Bowl Shuffle 5k on Sunday February 3, 2013. They have arranged for the operators of the Damn Bar and Grill in Geneva, who also operate Alley 64 in St. Charles, to assist with food and beverage service for the after-run event from 10:00 am until 3:00 pm. The party will be held in Robinson Hall at the Kane County Fairgrounds. Alley 64 has applied for a Class E-2 Temporary Liquor License for this function. The establishment is eligible for this license due to their Class B-3 license in St. Charles. All applicable requirements to include ID check and wristbands shall be the responsibility of Alley 64. The police department will review the event and determine any requirement for extra duty police service at Alley 64's expense.

#### Attachments: (please list)

Application and Site Drawing

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

Recommendation to approve a Class E2 Temporary Liquor License for an event at the Kane County Fairgrounds on Sunday, February 3, 2013.

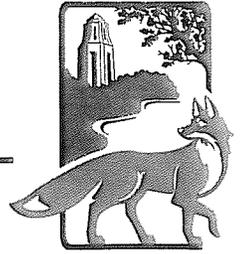
*For office use only:*

*Agenda Item Number: 4.j*

For Office Use  
Received: 1/22/13  
Fee Paid: \$  
Receipt #

# CITY OF ST. CHARLES

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



## CITY LIQUOR DEALER LICENSE APPLICATION CLASS E2 - SPECIAL EVENTS

Pursuant to the provisions of Chapter 5.08, Alcoholic Beverages, of the City of St. Charles Municipal Code regulating the sale of alcoholic liquors in the City of St. Charles, State of Illinois and all amendments thereto now in force and effect.

The undersigned hereby makes application for a Liquor Dealer License,  
**Class E2**  
Commencing 2/3/13 and ending 2/3/13  
Time Starting 10:00 am and ending 3:00 pm  
Location of Event KC Jangbonds - Robinson Hall

Name of Business Alley 64  
Address of Business 212 W Main St Business Phone 630 513 6464  
Has Applicant had a Class E1 License in the previous 365 days? NO. If YES, on what date:  
5.08.050A1 Circle Choice to Show: Individual Partnership Corporation Other: \_\_\_\_\_

### Requirements of a Class E2 - Special Civic Event License

1. The Class E2 license fee is \$100.00 per day.
2. A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. **Please provide a list of all supervisors with this application.**
3. Beer and/or Wine are the only alcoholic beverages to be sold.
4. Hours are restricted to 12 noon to 12:00 midnight.
5. Licensee must rope/fence off the licensed premises.
6. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
7. Are children/minors permitted in the licensed premises? Y/N
8. A sign limited beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
9. **Each server of alcohol must be BASSET certified - need copy of BASSET certification.**
10. A copy of site plan diagram to include roped area shall accompany this application.
11. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

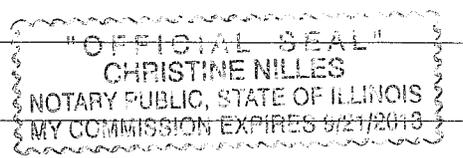
1. Name of class B, Class C or Class I Liquor License: B3
2. Has the applicant had a Class E2 License in the previous 365 days? NO If Yes, on what date? \_\_\_\_\_
3. Is license to be used in conjunction with a special event approved by the City Council?  
If yes, provide name of event: Geneva Park District Super Bowl Shuffle 5K
4. Is license to be used in conjunction with a picnic, bazaar, fair or similar assembly with food dispensing and/or sale the predominate purpose of the event? Yes
5. Location/address of event. Important: Attached drawing of location to this application. KC Jangbonds
6. Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency.

### Affidavit

State of Illinois )  
County of Kane )

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to issue the Liquor Dealer License, Class E1 to me/us for the location hereinbefore indicated; that I/we will not violate any of the laws of the United States, the State of Illinois or the City Ordinances of the City of St. Charles.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Sworn to before me this 22 day of January, 2013.  
Notary Public Christine Nilles



### ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Chief of Police: \_\_\_\_\_  
Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Liquor Commissioner: \_\_\_\_\_

Cabinets Wall

2-5m

Womens

Mens

2.00



1.80



1.80



1.80

Table Area



1.80

2.00



1.80



# CERTIFICATE OF LIABILITY INSURANCE

ALL290C

OP ID: BP

DATE (MM/DD/YYYY)

07/06/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |   |   |
|--|--|---|---|
| <b>PRODUCER</b><br>Serpe Insurance Agency<br>2538 N. Lincoln Avenue<br>Chicago, IL 60614<br>Serpe Insurance Agency |  | 773-871-0808<br>773-871-2976              | <b>CONTACT NAME:</b><br>_____<br><b>PHONE (A/C, No, Ext):</b><br>_____<br><b>E-MAIL ADDRESS:</b><br>_____<br><b>FAX (A/C, No):</b><br>_____ |
| <b>INSURED</b><br>Alley 64, Inc<br>212 W. Main Street<br>St. Charles, IL 60174                                     |  | <b>INSURER(S) AFFORDING COVERAGE</b>      |   |
|  |  | <b>INSURER A:</b> Badger Mutual Insurance | <b>NAIC #</b><br>13420  |
|  |  | <b>INSURER B:</b> _____                   |   |
|  |  | <b>INSURER C:</b> _____                   |   |
|  |  | <b>INSURER D:</b> _____                   |   |
|  |  | <b>INSURER E:</b> _____                   |   |
|  |  | <b>INSURER F:</b> _____                   |   |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|------------|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |            | 0063836303    | 06/01/12                | 06/01/13                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |            |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10000   |           |            | 0063836303    | 06/01/12                | 06/01/13                | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | Y/N<br>N/A |               |                         |                         | WC STATUTORY LIMITS<br>OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Liquor Liability   |           |            | 0063836303    | 06/01/12                | 06/01/13                | <b>CSL</b> 1,000,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**

CITSTCH

City of St. Charles  
 Two East 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  
 Serpe Insurance Agency

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