	AGENDA ITEM EXECUTIVE SUMMARY	
	Title:	Recommendation to Approve a Class E-1 Liquor License for the Geneva Chamber of Commerce Sponsored Event “Sixty Men Who Can Cook” at the Kane County Fairgrounds
	Presenter:	Deputy Chief Kintz

Please check appropriate box:

<input type="checkbox"/>	Government Operations	<input checked="" type="checkbox"/>	Government Services 02.25.13
<input type="checkbox"/>	Planning & Development	<input type="checkbox"/>	City Council
<input type="checkbox"/>	Public Hearing	<input type="checkbox"/>	

Estimated Cost:	\$	Budgeted:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> X
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If NO, please explain how item will be funded:

All city costs are to be paid by the event sponsor, as done in the prior events.

Executive Summary:

The Geneva Chamber of Commerce is hosting its fifth annual “Sixty Men Who Can Cook” event at the Kane County Fairgrounds on Friday, April 19th, 2013, at the Prairie Events Center. Doors will open at 5:30 p.m. and close no later than 8:30 p.m.

The Geneva Chamber is requesting a Class E-1 Liquor License and will be required to comply with the requirements of that license, to include wristbands for those 21 and older and identification checks. There have been no issues with this event in past years.

The Police Department will coordinate with the event sponsor for any need for extra police presence at this event.

Attachments: *(please list)*

Liquor license application, insurance, site plan

Recommendation / Suggested Action *(briefly explain):*

The Police Department recommends approval of a class E-1 liquor license for the Geneva Chamber of Commerce sponsored event “Sixty Men Who Can Cook” at the Kane County Fairgrounds.

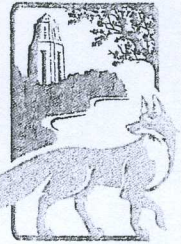
For office use only:

Agenda Item Number: 4.c

NON-REFUNDABLE

CITY OF ST. CHARLES

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



For Office Use
Received: 1/29/13
Fee Paid: \$ 50
Receipt # 91667

CITY LIQUOR DEALER LICENSE APPLICATION CLASS E1 – NOT-FOR-PROFIT LICENSE CLASS E3 – KANE COUNTY FAIR

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

The undersigned hereby makes application for a Liquor Dealer License, Class E1 – Not-For-Profit License or E3 – Kane County Fair
Commencing April 19 2013 and ending April 19 2013
Time Starting 5:30 pm and ending 8:30 pm
Location of Event Kane County Events Center 525 S. Randall

St Charles
60174

Name of Business Geneva Chamber of Commerce
Address of Business 8 S Third St Geneva Business Phone 630 232 6060
Is the Applicant a Not-For-Profit Organization: yes 501-c6
Authorized Agent Jean Ganes Title President
Has Applicant had a Class E1 License in the previous 365 days? No If YES, on what date:
Does Applicant have Dram Show Insurance? yes If YES, attach evidence of insurance.

Requirements of a Class E1 – Not-For-Profit License

- The Class E1 license fee is \$50.00 per day.
- A minimum of three (3) liquor supervisors shall monitor liquor service during all times of operation. **Please provide a list of all supervisors with this application.**
- Liquor supervisors shall be members of the organization holding the license.
- Beer and/or Wine are the only alcoholic beverages to be sold.
- Hours are restricted to 12 noon to 11:00 p.m.
- Licensee must rope/fence off the licensed premises.
- Are children/minors permitted in the licensed premises? N
- Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
- A sign limited beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
- Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
- A copy of site plan diagram to include roped area shall accompany this application.
- All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

“OFFICIAL SEAL”
MARY PATRICIA MILLER
Notary Public, State of Illinois
My Commission expires 03/27/14

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: Jean Ganes Signed: _____
Sworn to before me this 21 day of JANUARY, 2013.
Notary Public Mary Patricia Miller

ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: _____ Date: _____ Chief of Police: _____
Approved: _____ Date: _____ Liquor Commissioner: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MB
GENECH1

DATE (MM/DD/YYYY)
12/28/12

PRODUCER
VALLEY INSURANCE AGENCY, INC.
P.O. Box 231
422 E. State St.
Geneva IL 60134
Phone: 630-232-1640

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Lloyds of London
INSURER B: Hartford Insurance Company
INSURER C:
INSURER D:
INSURER E:

INSURED

Geneva Chamber of Commerce
Jean Gaines
P.O. Box 481
Geneva IL 60134

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	PAC6630024	03/16/13	03/16/14	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER	LIQ/54782	09/12/12	09/12/13	Liq Liab	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: City of St. Charles for Special Event - April 19, 2013
(30 Men vs. 30 Women) at Kane County Fairgrounds, 525 S. Randall Rd., St. Charles, IL 60174

CERTIFICATE HOLDER

CANCELLATION

CITYSTC

City of St. Charles
Fax 630-762-6922
2 E. Main Street
St. Charles IL 60174

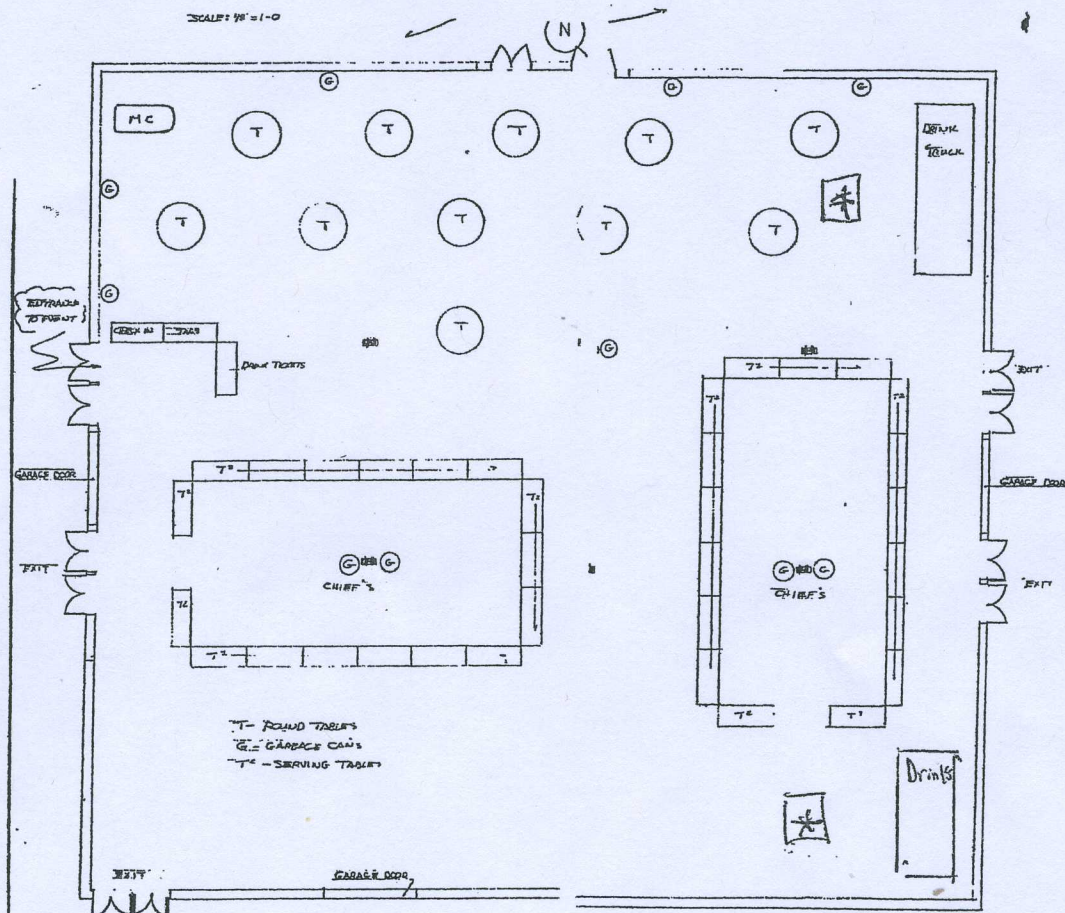
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Valley Insurance Agency

SECTION 3 - 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.



* ID Station
 * Beverage Tickets

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