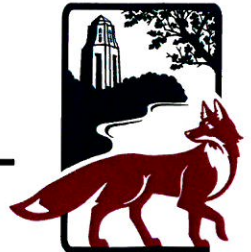
	AGENDA ITEM EXECUTIVE SUMMARY					
	Title:		Recommendation to Approve a Class E7 Special Events Liquor License for Blue Goose Market from October 10, 2014 through October 12, 2014 at 300 N 2 nd Street, St. Charles			
	Presenter:		Mayor Rogina			
Please check appropriate box:						
	Government Operations				Government Services	
X	Planning & Development (9/8/14)				City Council	
	Public Hearing				Liquor Control Commission	
Estimated Cost:			Budgeted:	YES		NO
If NO, please explain how item will be funded:						
Executive Summary:						
<p>At the August 4, 2014 City Council meeting an Ordinance 2014-M-25 Amending Title 5 “Business Licenses and Regulations,” Chapter 5.08 “Alcoholic Beverages,” Section 5.08.090 License Classifications” of the St. Charles Municipal Code where a Class E7 Temporary License Permit shall authorize the sale of beer and wine for consumption on the premises only. Class E7 licenses shall be issued to only Class A-2 and A-2B liquor licensees for special events or catered functions where the dispensing of food predominates with hours of service for beer and wine under this E7 Temporary License Permit and shall be restricted to the hours of 12:00 noon to 9:00 p.m.</p> <p>Tonight Blue Goose Market is coming before this committee to ask for a recommendation for such said license to operate his venue on October 10 – 12, 2014 (Scarecrow Festival weekend). The premise for this license is to allow Blue Goose to have some of their food vendors present food products sold at the Blue Goose Market to help promote the sale of these food products. These food samplings will also be paired with selected wines and beer.</p>						
Attachments: (please list)						
E7 Temporary License Application Dram Shop Insurance Certificate Site Diagram						
Recommendation / Suggested Action (briefly explain):						
Recommendation to approve a Class E7 Special Events Liquor License for Blue Goose Market from October 10, 2014 through October 12, 2014 at 300 N 2nd Street, St. Charles.						
For office use only:		Agenda Item Number: 4a				

For Office Use
Received: 9/2/14
Fee Paid: \$ 300
Receipt #

CITY OF ST. CHARLES

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

NON-REFUNDABLE



CITY LIQUOR DEALER LICENSE APPLICATION CLASS E7 – SPECIAL EVENTS

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

The undersigned hereby makes application for a Liquor Dealer License,

Class E7

Commencing October 10, 2014 and ending October 12, 2014.

Time Starting 12:00 NOON and ending 9:00 PM.

Location of Event Blue Goose Park Lot.

300 S 2nd St, St Charles

Name of Business Blue Goose Market

Address of Business 300 S 2nd St, St Charles IL Business Phone 630-890-5739

Has Applicant had a Class E7 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 E7 – Special Civic Event License

1. Class E7 licenses are restricted to A2 and A2(B) license holders.
2. The Class E7 license fee is \$100.00 per day.
3. 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.**
4. Beer and/or Wine are the only alcoholic beverages to be sold.
5. Hours are restricted to 12 noon to 9:00 p.m.
6. Licensee must rope/fence off the licensed premises.
7. Each patron **must wear a wristband** after having identification checked for legal alcohol consumption age.
8. Are children/minors permitted in the licensed premises? Y/N
9. A sign limiting beer and/or wine consumption to the roped off area must be conspicuously displayed at all times.
10. **Each server of alcohol must be BASSET certified – need copy of BASSET certification.**
11. A copy of site plan diagram to include roped area shall accompany this application.
12. All security/police resources needed shall be attached to this application with approval of the Chief of Police before final issuance by Liquor Commissioner.

1. Is license to be used in conjunction with a special event approved by the City Council? No
If yes, provide name of event: _____
2. 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 - Harvest Homecoming
3. Location/address of event. Important: Attached drawing of location to this application. 300 S 2nd St
4. Important: If location is out of doors, attach proof of liability insurance (photocopy) from an approved insurance agency.

Affidavit

State of Illinois)
County of Kane)

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

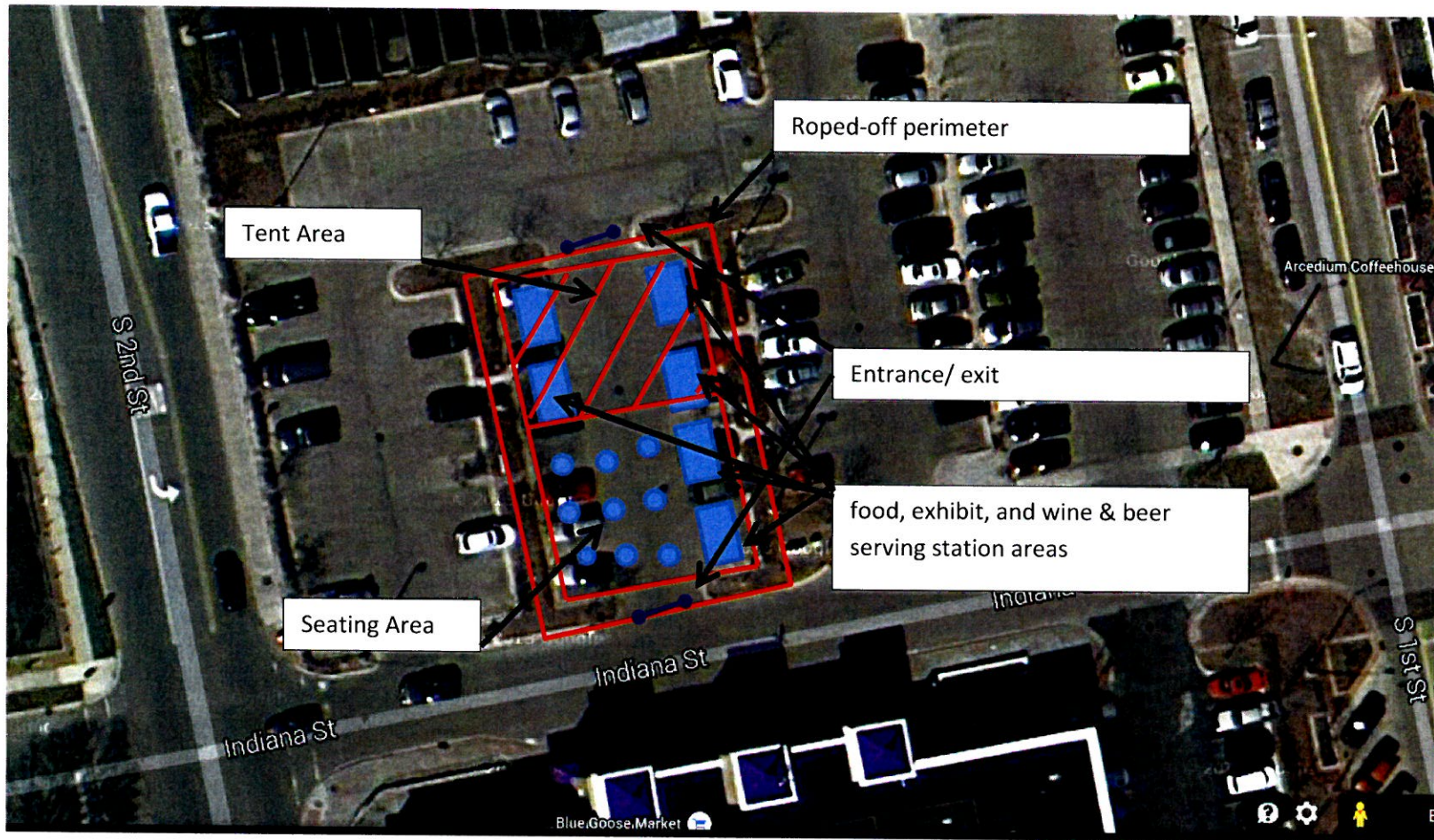
Signed: [Signature] Signed: _____
Sworn to before me this 29 day of August, 2014.
Notary Public Christine Nilles



ENDORSEMENT OF THE LIQUOR CONTROL COMMISSIONER

Approved: _____ Date: _____ Chief of Police: _____

Approved: _____ Date: _____ Liquor Commissioner: _____



Exact size of tent area, and number of tables subject to non-material change.



CERTIFICATE OF LIABILITY INSURANCE

BLUEG-1

OP ID: JL

DATE (MM/DD/YYYY)

09/27/2013

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).

PRODUCER
Connor & Gallagher Ins. Serv.
4933 Lincoln Avenue
Lisle, IL 60532
Bob Glonek

Phone: 630-810-9100

Fax: 630-810-0100

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

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Harleysville

INSURER B: The Zenith Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Blue Goose Super Market, Inc.**
164 South First Street
St. Charles, IL 60174

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	<input checked="" type="checkbox"/> GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		SPP00000078824N	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Liquor Liab			SPP00000078824N	10/01/2013	10/01/2014	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							Liquor Li \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			BA00000092124N	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB			CMB00000078823N	10/01/2013	10/01/2014	AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Z072310401	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

RE: 300 S 2nd St., St Charles, IL 60174
Additional Insured: City of St. Charles

CERTIFICATE HOLDER**CANCELLATION**

STCHARL

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