



PEORIA POLICE DEPARTMENT



April 14, 2015

The Honorable James E. Ardis III
Local Liquor Commissioner
City of Peoria, Illinois

RE: Temporary Liquor License Application
Neighborhood House Association
1819 SW Adams
Class H

Dear Mr. Ardis,

Enclosed is an application from the Neighborhood House Association for a Class H temporary liquor license to be used on Saturday, May 16, 2015, from 9:00 a.m. until 11:00 a.m. at 1819 SW Adams. Neighborhood House is hosting a 5K race and this location will be one of 4 locations along the race route in which participants may consume alcoholic beverages. These locations will also provide non-alcoholic drinks. As part of the race, participants may partake in a contest in which they have a card punched after visiting each location. There is no requirement to consume alcoholic beverages as part of the contest. This license will allow the service and consumption of alcoholic beverages during the race at this location. Security will be provided by on duty police officers, employees of Neighborhood House and volunteers.

Officer Scott Jordan completed a background check on the listed officers of this organization. Ms. Rebecca Rossman, 2268 Partridge Ln., Washington, Illinois is the president of the association. Mr. Tom Wiegand, 214 Cypress Point, Washington, Illinois, is the event chairman. Nothing was found that would prohibit the approval of this application.

The Peoria Police Department has no objections to this temporary license request.

Sincerely,

Jerry E. Mitchell
Chief of Police

JEM/sj

cc: Deputy Liquor Commissioner
City Clerk
Corporation Counsel

600 S. W. Adams Street
Peoria, IL 61602-1592
Phone 309.494.8300

April 1, 2015

UFS
1800 SW Adams St.
Peoria, IL 61602

City of Peoria,

The 1st Annual George Jacob Gut Buster Fun Run and Brewapalooza is May 16, 2015. I, Tom Wiegand , of UFS located at 1819 SW Adams St. have given Neighborhood House permission to serve alcohol during the Gut Buster Fun Run to registered participants.



Signature



Date



Imagery ©2015 Google, Map data ©2015 Google 100 ft



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2015

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 Hawk Agency Inc. 7131 N. Knoxville Ave Peoria IL 61614		CONTACT NAME: Kari Gardner PHONE (A/C, No, Ext): (309) 690-9800 E-MAIL ADDRESS: kgardner@hawkinsurance.com		FAX (A/C, No): (309) 690-7828	
INSURED Neighborhood House, DBA: (Gut Buster) 1020 S. Matthew Peoria IL 61605		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Ins. Co.		NAIC #	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: CL1531701460

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		A010635 00	5/16/2015	5/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X		A010641 00	5/16/2015	5/17/2016	\$1,000,000

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

The City of Peoria and State of Illinois are additional insured's.

Gut Buster 5K & Fun Run-5/16/2015

Location: 1819 SW Washington Street

Peoria, IL 61602

E&M Properties Peoria LLC 1028 SW Washington, Peoria: UFS Savings Center 1819 SW Washington St, Peoria: Running Central 311 SW Water Street, Peoria: Dozer Park 730 SW Jefferson, Peoria are all listed as additional insureds.

CERTIFICATE HOLDER**CANCELLATION**

City of Peoria 419 Fulton Street Room 111 Peoria, IL 61602	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 Tom Fliege/GAKA 
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- = First Aid
- = Portable Toilets
- = Water Station
- = Liquor Liscence Areas

Water Stations - Pasquel, Museum, Dozer Park

Liquor Liscence Areas - UFS, Dozer Park

