



CITY OF
PEORIA

PEORIA POLICE DEPARTMENT

August 9, 2019

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

RE: Temporary Liquor License Application
Peoria Firefighters Local 50
100 block of State St.
Class H (outdoor event)

Dear Mr. Ardis,

Enclosed is an application from *Peoria Firefighters Local 50* for a Class H temporary liquor license. Peoria Firefighters Local 50 is hosting the 2nd annual *Peoria Beer Mile* and post-race gathering in the 100 block of State Street. This license will be used on Friday, August 30, 2019 from 5:00 p.m. to 11:59 p.m. Approval of this license will allow for the sale and on-site consumption of alcoholic beverages during this fundraiser. Alcoholic beverage consumption for this event will be confined to the sidewalk area of the 100 block of State Street (even side) and the 600 block of SW Commercial Street. Security for this event will be provided by members from the organization and proceeds from this fundraiser will benefit Peoria Firefighters Local 50.

Officer Kevin Slavens completed a background check of the officers listed on the application. Mr. Ryan Brady is the president and Mr. Jay Simmons is the secretary of the organization. Mr. Bradley Henz will be the event chairman. Nothing was found that would disqualify these individuals or this fraternal organization from holding the requested liquor license.

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

Sincerely,

Loren Marion III
Chief of Police

LM/ks

cc: City Clerk
Corporation Counsel



ONED-E1

OP ID: TL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2019

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 Fortner Insurance Agency, Inc. 3304 North Prospect Road. Peoria, IL 61603 Daniel J. Gschwendtner	309-682-0519		CONTACT NAME: Fortner Insurance Agency PHONE (A/C, No, Ext): 309-682-0519 E-MAIL ADDRESS: information@fortnerins.com	FAX (A/C, No): 309-682-0553
	INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Firefighters Local 50	INSURER A : Guild Insurance, Inc			
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			


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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			LIQ230771	08/30/2019	09/02/2019	Liability 1,000,000

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

This Certificate of Insurance is for the Peoria Beer Mile held on 8/30/19

CERTIFICATE HOLDER City of Peoria 419 Fulton St. Peoria, IL 61603	CITY-P4	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 
---	----------------	--

