





March 3, 2015

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

RE: Temporary Liquor License Application
Illinois Chapter of Concerns of Police Survivors, Inc.
5901 N Prospect Rd.
Class H (outdoor event)

Dear Mr. Ardis,

Enclosed is an application from the Illinois Chapter of Concerns of Police Survivors, Inc. for a Class H liquor license. The Illinois Chapter of Concerns of Police Survivors, Inc. is sponsoring a "Run to Remember Fallen Officers" on May 2, 2015. This liquor license will allow the sale and consumption of alcohol at the staging area in the Junction City parking lot. The hours of the event are from 6:00 a.m. until 1:00 p.m. The area for consumption will be roped off and there will be only one entrance. Volunteers will provide security.

Officer Scott Jordan completed a background investigation of this organization. Ms. Shelly Kellums, 829 Chasewood Dr., South Elgin, Illinois, is the president of the organization. Mr. Joseph Mulay, 311 6th St., Dunlap, Illinois is the event coordinator. Nothing was found that would disqualify this organization from holding the requested license. Proceeds will benefit the Illinois Chapter of Concerns of Police Survivors; Inc., a charitable organization.

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

Sincerely,

Jerry E. Mitchell Chief of Police

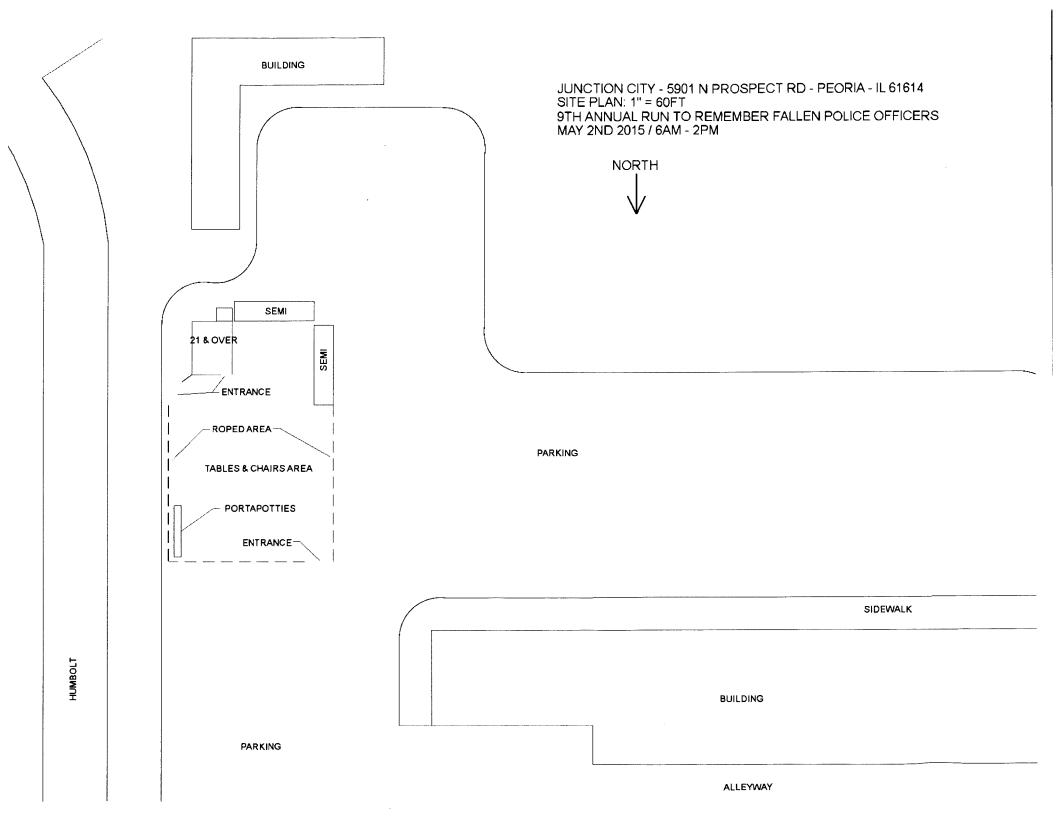
JEM/sj

cc: Deputy Liquor Commissioner City Clerk

luz 5 West Sol

Corporation Counsel

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2015

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

PRODUCER Crum-Halsted Agency Inc						CONTACT Michelle Holman, CISR PHONE [A/C. No. Ext): (815) 756-2906 [FAX (A/C. No. Ext): (815) 756-2138					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
Sycamore IL 60178						INSURER A : Scottsdale Ins Co					
INSURED Illinois Chapter of Concerns of						INSURER B:Lloyd's Illinois, Inc,					
Police Survivors Inc						INSURER C:					
c/o Joe Mulay						INSURER D :					
PO BOX 414						INSURER E :					
Dunlap IL 61525					INSURER F:						
COVER	RAGES CEI	RTIFIC	CATE	NUMBER:2015				REVISION NUMBER:			
INDIC/ CERTI	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCI	EQUIF PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$		
<u> </u>	NERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
X	COMMERCIAL GENERAL LIABILITY					F /0 /001 F	F (0 (001 C	PREMISES (Ea occurrence)	\$	100,000	
A	CLAIMS-MADE X OCCUR	X		CPS2150601		5/2/2015	5/2/2016	MED EXP (Any one person)	\$	5,000	
<u> </u>			·					PERSONAL & ADV INJURY	\$	1,000,000	
-								GENERAL AGGREGATE	\$	1,000,000	
-	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	POLICY PRO- JECT LOC		1					COMBINED SINGLE LIMIT	\$		
AU	TOMOBILE LIABILITY							(Ea accident)	\$		
-	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
<u> </u>	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)	\$		
	Lusposi A Liab	-	-							<u> </u>	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
-	EXCESS LIAB CLAIMS-MAD	4						AGGREGATE	\$		
wo	DED RETENTION \$ PRKERS COMPENSATION	+						WC STATU- OTH- TORY LIMITS ER	\$		
ANI	DEMPLOYERS' LIABILITY	1							-		
OFF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
l Ìf ve	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE			
	SCRIPTION OF OPERATIONS below	<u> </u>				F /0 /001 F	F /2 /201 F	E.L. DISEASE - POLICY LIMIT	Þ		
B Li	quor Liability			LIQ/219799		5/2/2015	5/3/2015	Limit		1,000,000	
Re: R	TION OF OPERATIONS / LOCATIONS / VEH cun/Walk Event to be hel of Peoria is added as a	.d 05	5-02	-2015 at 5901 N P	rospe	ct Rd, Pe	eoria, IL	Liability.			
CERTIFICATE HOLDER						CANCELLATION					
City of Peoria 419 Fulton St						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Peoria II. 61603					AUTHORIZED REPRESENTATIVE						

Esunda Porena

E Rosenow, CPA/MT