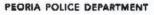
To:8574







July 27, 2016

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

RE: Temporary Liquor License Application American Cancer Society Junction City / 5901 N. Prospect Rd. Class H (outdoor event)

Dear Mr. Ardis,

Enclosed is an application from the American Cancer Society for a Class H temporary liquor license to be used on Thursday, September 29, 2016, during their inaugural Farm to Table Peoria fundraiser being held in the parking lot at Junction City Shopping Center, 5901 N. Prospect Rd., Peoria, Illinois. This license will allow the sale and consumption of alcoholic beverages during the event. This event will be held in a large tent with one entrance and exit and secured by temporary fencing. The hours of the event are from 5:00 p.m. to 9:00 p.m. The American Cancer Society will provide two security guards for this event. The proceeds from this event will benefit the American Cancer Society.

Ms. Kelli D. Evans, 15524 N. River Beach Dr., Chillicothe, Illinois, is the president of the organization and Ms. Jennifer M. Funk, 824 W. Eleanor Pl., Peoria, Illinois is the secretary. Mr. Roger Crawford is the event chairman. Officer Kevin Slavens completed a background investigation of the applicants and nothing was found that would disqualify this organization from receiving the requested license.

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

Sincerely,

JEM/ks

Jerry E. Mitchell Chief of Police

CC:

Deputy Liquor Commissioner

City Clerk

Corporation Counsel

8 Miles

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2016

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).

this certificate does not confer rights t	o the cert	tificate holder in lieu of si	CONTACT				
PRODUCER Commercial Lines – (404) 923-3700			NAME: Jellillet Lellet				
Wells Fargo Insurance Services USA, Inc.			(A/C, No, Ext): 404-923-3003 (A/C, No): 077-302-9009				377-362-9069
			ADDRESS: jennife	r.l.lefler@well	stargo.com		
3475 Piedmont Road NE, Suite 800			INSURER(S) AFFORDING COVERAGE			NAIC#	
Atlanta, GA 30305-2886			INSURER A: Philadelphia Indemnity Insurance Company			18058	
INSURED			INSURER B:				
American Cancer Society, Inc. 250 Williams Street			INSURER C:				
			INSURER D:				
			INSURER E :				
Atlanta, GA 30303		INSURER F:					
		E NUMBER: 10709580			REVISION NUM		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	RESPEC	T TO WHICH THIS
NSR LTR TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE		S
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		\$
					MED EXP (Any one		S
					PERSONAL & ADV	INJURY	S
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG	GATE :	\$
POLICY PRO- JECT LOC					PRODUCTS - COMP	P/OP AGG	\$
OTHER:							S
AUTOMOBILE LIABILITY					(Ea accident)	LIMIT	\$
ANY AUTO					BODILY INJURY (Pe	er person)	\$
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Pe	-	S
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAG (Per accident)	žE ;	\$
							\$
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	CE :	\$
EXCESS LIAB CLAIMS-MADE					AGGREGATE		\$
DED RETENTION\$					1 255		\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH- ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A				E.L. EACH ACCIDENT \$		\$
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$		S
If yes, describe under DESCRIPTION OF OPERATIONS below				210010010	E.L. DISEASE - POLICY LIM		\$
A Liquor liability		PHPK1528441	8/25/2016	9/30/2016	\$1,000,000	i	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC RE: Farm to Table gala 9/29/2016, 5-9 pm		D 101, Additional Remarks Schedu	le, may be attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER	CANCELLATION						
OLK II FIOATE HOLDER	-		- ANGELEATION			***	
City of Peoria 419 Fulton Street 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 Grandson					

