



PEORIA POLICE DEPARTMENT



June 23, 2017

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. The American Cancer Society is hosting their 2nd annual *Farm to Table Peoria* fundraiser in the parking lot at Junction City Shopping Center, 5901 N. Prospect Rd., Peoria, Illinois. This license will be used on Thursday, September 21, 2017 between the hours of 5:00 p.m. to 9:00 p.m. and allow for 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 proceeds from the fundraiser will benefit the American Cancer Society.

Officer Kevin Slavens conducted a background check on the officers listed on the application. Ms. Sherry L. Parker, 2566 Centennial Dr., Washington, Illinois is the president and Ms. Kelli D. Evans, 1138 W. Beach St., Chillicothe, Illinois is the secretary of the organization. Ms. Kelsey Kleveland will be the event chairman. 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,

A handwritten signature in cursive script, appearing to read "Jerry E. Mitchell".

Jerry E. Mitchell
Chief of Police

JEM/ks

cc: Deputy Liquor Commissioner
City Clerk
Corporation Counsel

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/20/2017

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 Commercial Lines - (404) 923-3700 Wells Fargo Insurance Services USA, Inc. 3475 Piedmont Road NE, Suite 800 Atlanta, GA 30305-2886	CONTACT NAME: Jennifer Lefler PHONE (A/C, No, Ext): 404-923-3663 FAX (A/C, No): 877-362-9069 E-MAIL ADDRESS: jennifer.l.lefler@wellsfargo.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Starr Indemnity and Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Starr Indemnity and Liability Company	38318	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURED American Cancer Society, Inc. 250 Williams Street Atlanta, GA 30303																					

COVERAGES **CERTIFICATE NUMBER:** 11953986 **REVISION NUMBER:** See below

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"/> PRO-JECT <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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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				<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	GL/Liquor Liability			1000109300	09/21/2017	09/22/2017	\$1,000,000 Each Occurrence \$2,000,000 General Aggregate

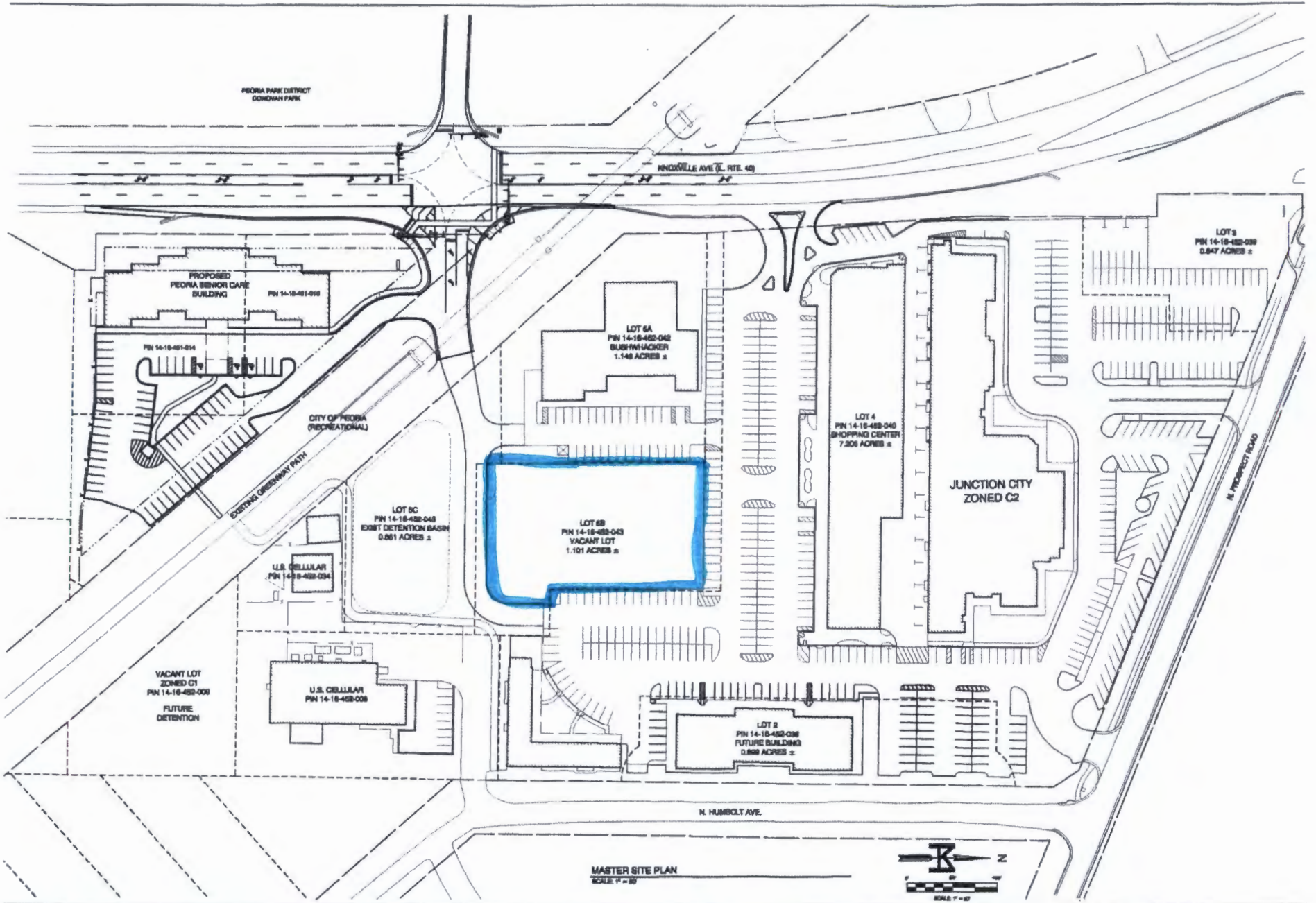
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Farm to Table Event 9/21/2017 to 9/22/2017
 Location: Junction Ventures, 5901 North Prospect Road, Peoria, IL 61614

event is 5pm-9pm on 9/21/17

Junction Ventures and City of Peoria are included as Additional Insureds as required by written contract, per policy terms and conditions.

CERTIFICATE HOLDER City of Peoria 419 Fulton Street Peoria IL 61602	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 
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MASTER SITE PLAN
SCALE: 1" = 80'



4 MOHR & KERR ENGINEERING & LAND SURVEYING, P.C.
 5801 N. Prospect Road, Suite 200
 Peoria, Illinois 61614
 www.mohr-kerr.com

DATE	DESCRIPTION	BY	CHECKED
08-15-18	ISSUED FOR PERMITS	JMK	JMK
08-15-18	REVISED	JMK	JMK
08-15-18	REVISED	JMK	JMK

CRITERION DEVELOPMENT
 5091 N. PROSPECT ROAD, SUITE 200
 PEORIA, ILLINOIS 61614

TITLE: MASTER SITE PLAN