



PEORIA POLICE DEPARTMENT



May 20, 2014

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

RE: Temporary Liquor License Application
Peoria Fire Fighters IAFF Local 50
200-600 Block of Water St.
Class H (outdoor event)

Dear Mr. Ardis,

Enclosed is an application from the Peoria Fire Fighters Local 50 for a Class H temporary liquor license. Peoria Fire Fighters Local 50 wishes to sell beer at a fundraiser for the Funds of the Heart Foundation fundraiser on June 12, 2014. The fundraiser will be held in the 200 to 600 block of Water St. The hours of the event will be from 4:00 p.m. until 11:00 p.m. There will be live music and food at this fundraiser. The area will not be fenced; however wristbands will be required for those patrons consuming alcohol on Water St. The area for alcohol consumption will be confined to Water St.

Officer Scott Jordan conducted a background investigation of the officers of this not for profit organization. Nothing was found that would prevent Local 50 from receiving the requested license.

The Peoria Police Department has no objections to this request.

Sincerely,

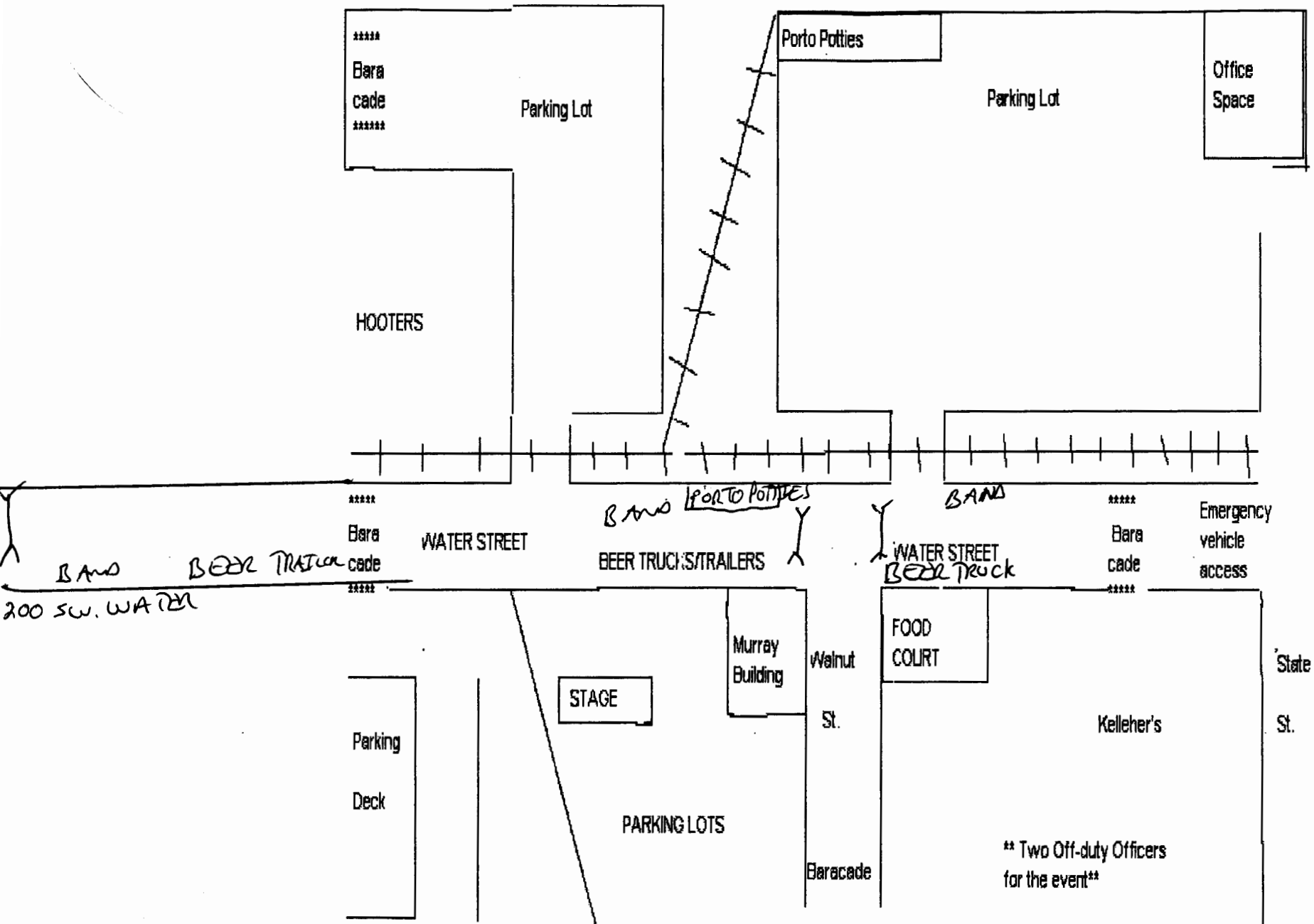
A handwritten signature in black ink, appearing to read "Steven M. Settingsgaard".

Steven M. Settingsgaard
Chief of Police

SMS/sj

cc: Deputy Liquor Commissioner
City Clerk
Corporation Counsel
Special Investigations Division
Special Operations Division

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



Barcade

Parking Lot

Porto Potties

Parking Lot

Office Space

HOOTERS

Barcade

WATER STREET

BAND PORTO POTTIES
BEER TRUCKS/TRAILERS

WATER STREET
BEER TRUCK

Barcade

Emergency vehicle access

200 SW. WATER

Parking Deck

STAGE

PARKING LOTS

Murray Building

Walnut St.

FOOD COURT

Kelleher's

Barcade

** Two Off-duty Officers for the event**

State St.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/12/2014

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 Hediger and Meyers, Inc. 4208 W. Partridge Way P.O. Box 3858 Peoria, IL 61612 Steven Malpede	CONTACT NAME: Steven Malpede PHONE (A/C, No, Ext): 309-691-5001 FAX (A/C, No): 309-691-9402 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : U.S. Insurance Company of Amer</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : U.S. Insurance Company of Amer		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															
INSURED Firefighters Local 50 Funds of the Heart Foundation 4125 N Sheridan Peoria, IL 61614															

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"/> 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			BINDER	06/12/2014	06/13/2014	Each Cau 1,000,000 Aggregate 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

CITYPE2 City of Peoria Office of the City Clerk Liquor Liability 419 Fulton Street, Suite 401 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
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