



PEORIA POLICE DEPARTMENT



June 14, 2016

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

RE: Temporary Liquor License Application
Illinois CancerCare Foundation
7610 N. Orange Prairie Rd. (Hy-Vee)
Class H (outdoor event)

Dear Mr. Ardis,

Enclosed is an application from the Illinois CancerCare Foundation for a Class H temporary liquor license to be used during a fundraising event on Saturday, July 2, 2016, from 11:00 a.m. until 10:00 p.m. Illinois CancerCare Foundation is hosting a "BBQ Cook Off and Sangria World's Record" in the parking lot of Hy-Vee, 7610 N. Orange Prairie Rd., Peoria, Illinois. The event will include food, music and family oriented activities for the participants. Security and ID check for this event will be provided by employees of Hy-Vee and the enclosed area for alcoholic beverage consumption will be fenced with one entry and exit. Proceeds for the event will benefit the Illinois CancerCare Foundation, a registered charity with the Illinois Attorney General.

Officer Kevin Slavens conducted a background investigation on the officers listed on the application. Mr. Greg J. Gerstner, 10430 N. Attingham Park, Peoria, Illinois, is the president and Ms. Nquyet A. Le-Lindqwister, 4322 W. Longmeadow Ct., Peoria, Illinois, is the secretary of the Illinois CancerCare Foundation. Ms. Tonda L. Thompson is the event chairman. Nothing was found that would prevent the Illinois CancerCare Foundation from receiving the requested temporary liquor license.

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

Sincerely,

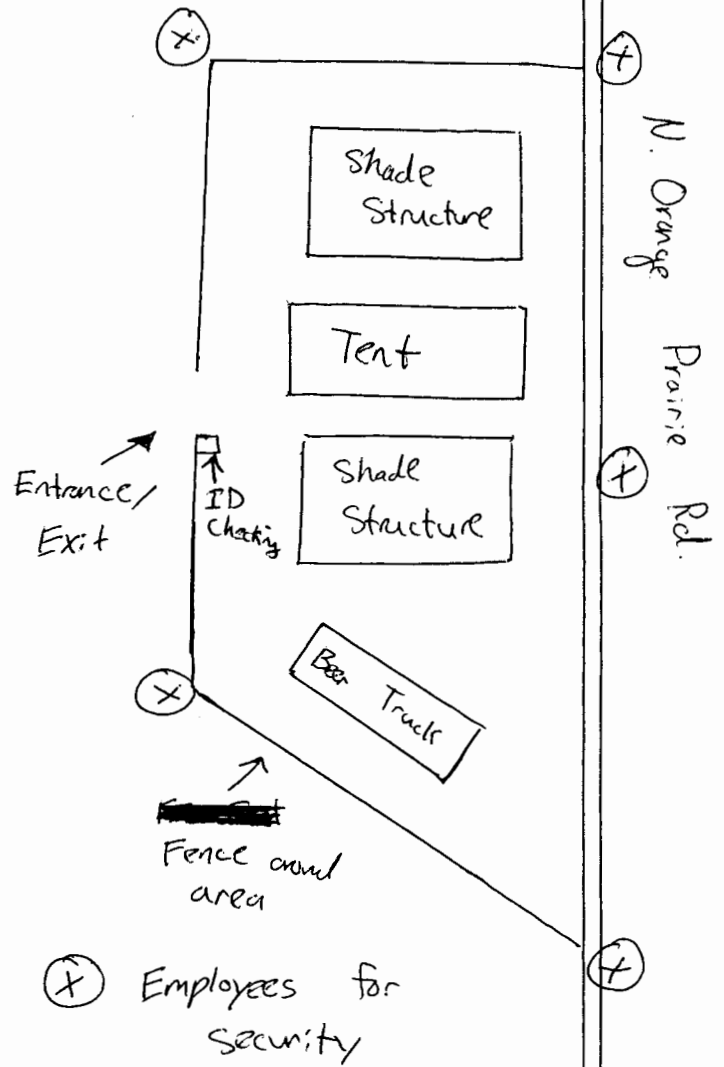

Jerry E. Mitchell
Chief of Police

JEM/ks

cc: Deputy Liquor Commissioner
City Clerk
Corporation Counsel

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

Parking Lot



Store Front



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2016

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 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 JR Runkel	CONTACT NAME: Fortner Insurance Agency, Inc.	
	PHONE (A/C, No, Ext): 309-682-0519	FAX (A/C, No): 309-682-0553
E-MAIL ADDRESS: information@fortnerins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hartford Insurance Group		38228
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Illinois CancerCare Foundation 8940 N. Wood Sage Rd. Peoria, IL 61615	CERTIFICATE NUMBER:	REVISION NUMBER:
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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
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		83 SBA VV8685	11/19/2015	11/19/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			83 SBA VV8685	11/19/2014	11/19/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	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	N/A	83 WEC IQ5344	11/19/2015	11/19/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
X	LIQUOR LIABILITY			LIQ/223661	07/02/2016	07/04/2106	CSL 1,000,000

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

BBQ Cook-Off and Sangria World's Record Fundraiser Hy-Vee
 7610 N Orange Prairie Rd parking lot
 Peoria, IL 61615
 Date of event: 7-2-2016

CERTIFICATE HOLDER

CANCELLATION

CITY OF PEORIA CITY HALL 419 FULTON STREET, STE 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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