



Office of the City Clerk
100 East Broadway
Monmouth, IL 61462
(309) 734-2141

SPECIAL EVENT LICENSE APPLICATION

Organizer Information

Name: Amy Patterson
Address: 89 Public Square
Contact/Manager: _____
Contact/Manager's Address: _____
Phone: 309-734-3181
Email: amy.p@monmouthilchamber.com

If the organizer is a Merchant's Association, please list the participating businesses:

Event Information

Event Name: Market Alley Music
Type of Event: Community Gathering
Event Date(s): June 13, 20, & 27, July 11, 18, 25 and August 8, 15, 22
Setup Time: 10:30 am Tear Down Time: 1:15 pm
Event Start Time: 11:30 am Event End Time: 1:00 pm
Estimated staff/volunteers: 5-10 Estimated attendees: 50-100 at each event.
Will food be served? Circle YES or NO. Prepared on site? Circle YES or NO.

If applicable, please list the food vendors (attach an additional sheet if necessary):

Alfon's, Midwest Bank

If there will be amplified entertainment at the event, please describe:

small speaker, acoustic instruments



CITIZEN/ORGANIZATION AGENDA REQUEST

Council Meeting Date _____

(Requests may be faxed to City Clerk at 309-734-4943)

CITIZEN/ORGANIZATION: Monmouth Area Chamber of Commerce

Citizen/Representative: Amy Patterson

Address: 89 Public Square

E-mail Address: amy.p@monmouthilchamber.com

Phone Number: 309-734-3181

Event Date and Hours of Event: June 13 & 27; July 11 & 25; and August 8 & 22nd from 11:30 to 1 pm. June 20, July 18 and August 15th from 5 to 7 pm

Type of Event and Reason for Request: _____

Market Alley Music is a Community Event that features live music and local food. Paid for by Sponsors and volunteer workers. Was previously a Monmouth Business Council Event now under the Chamber.

Requirements for events (these requirements must accompany the request at time of meeting or before, **NO EXCEPTIONS**):

- 1) Certificate of Liability Insurance – (private citizen or not-for-profit group)
- 2) If request includes or affects other citizens, a form signed by such citizens showing their approval is to be brought to meeting. (Ex: vacating an alley, blocking off street)
- 3) Diagrams or maps, if pertinent to approving the request.

asking for a local festival ordinance to enhance the experience.

Amy Patterson
Citizen/Organization Representative

4/23/19
Date

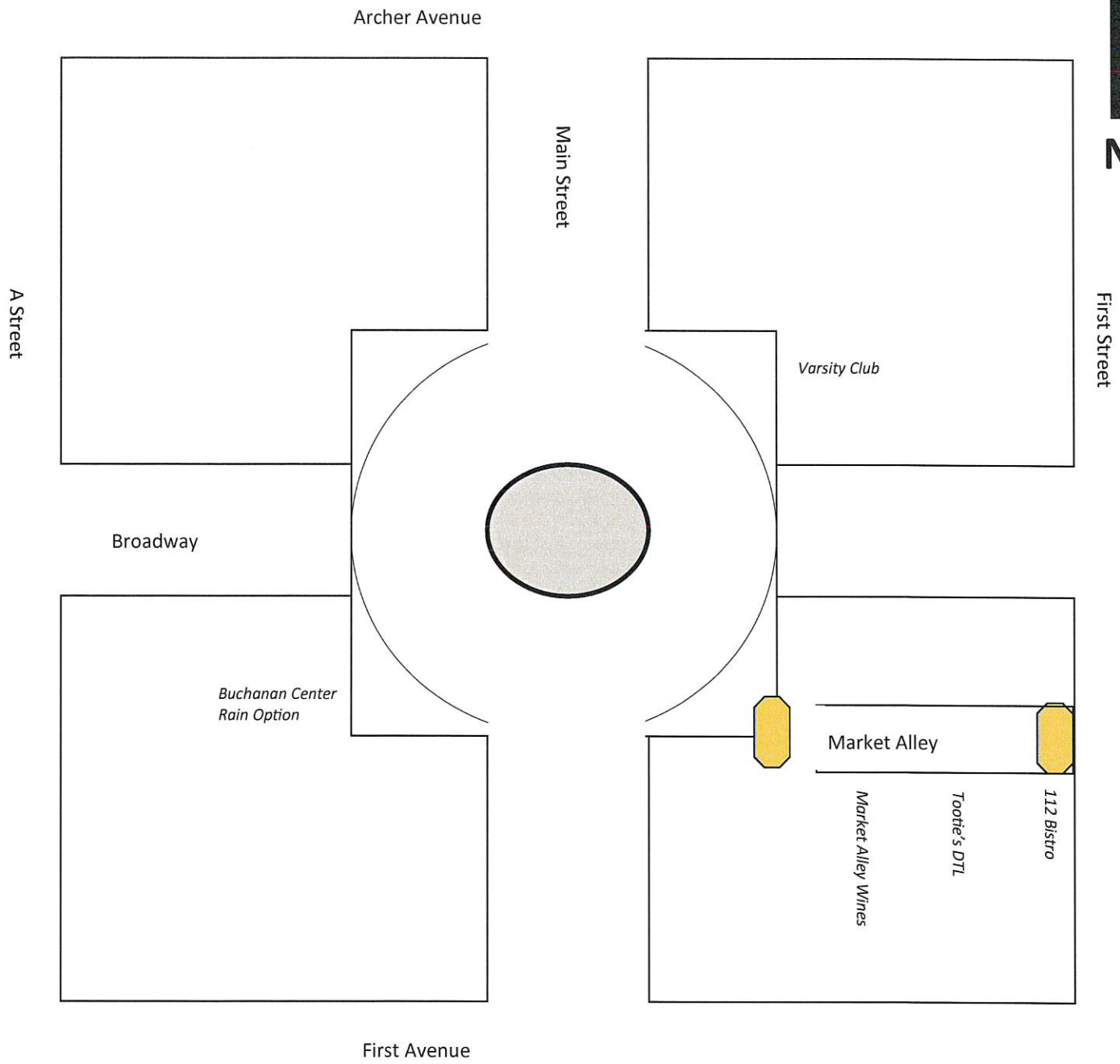
Susan L. Trevor
City Clerk

4-23-19
Date

PLEASE NOTE: 1) *In order to be placed on the agenda of a Council Meeting, ALL requests MUST be received the Wednesday morning prior to the next Council meeting!*
2) *Representative must be present at meeting unless exempted under annual request policy.*

Downtown Monmouth Illinois

MAM



Barricades with "No Alcohol Past This Point" signage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2019

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 Stanton Insurance, Inc. 96 Public Square Monmouth IL 61462		CONTACT NAME: Monmouth Office PHONE (A/C, No, Ext): (309) 734-2171 FAX (A/C, No): (309) 734-4661 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Owners Insurance Co.	NAIC # 32700
INSURED		INSURER B:	
Monmouth Area Chamber Of Commerce 89 Public Sq Monmouth IL 61462-1773		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1941902721 **REVISION NUMBER:**

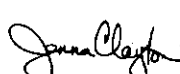
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		07077733	09/28/2018	09/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Premises/Operations \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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						\$ \$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	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 \$

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

City of Monmouth is an additional insured for all designated special events

CERTIFICATE HOLDER**CANCELLATION**

City of Monmouth 100 E. Broadway Monmouth IL 61462	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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Market Alley Music 2019

Any patron of Market Alley Music that will be drinking an alcoholic beverage will be IDed. The responsibility for checking IDs are Market Alley Wines, 112 Bistro and Tootie's DTL. Alcoholic beverages will be served in plastic cups (or aluminum beer cans- no glass allowed).

We will set up No alcohol Beyond this Point signs at each end of Market Alley. The signs will be up between 11:15 am and 1:30 pm for the afternoon events and between 4:45 and 7:30 pm during evening events.