

**RESOLUTION NO. 19 - 23**

**A RESOLUTION APPROVING A SPECIAL EVENT PERMIT FOR A CARNIVAL**

**WHEREAS**, the Village of Chatham (“Village”) is an Illinois Municipal Corporation existing and operating under the Illinois Municipal Code and the laws of the State of Illinois; and

**WHEREAS**, the Chatham American Legion #759 submitted a Special Event Permit Application (“Permit Application”) for a carnival, which Permit Application is attached hereto as **Exhibit A**; and

**WHEREAS**, the Permit Application contains a request that West Mulberry Street between Market Street and Main Street, North Market Street between Mulberry Street and Chestnut Street, and West Chestnut Street between Market Street and Main Street be closed beginning with set-up and extending through complete dismantle; and

**WHEREAS**, West Chestnut Street between Market Street and Main Street must be open by 6:00 a.m. on Sunday morning to prevent interference with Sunday services; and

**WHEREAS**, the Village Board believes it to be in the best interest of the Village to approve the Permit Application as revised to require West Chestnut Street between Market Street and Main Street be open by 6:00 a.m. on Sunday.

**NOW THEREFORE, BE IT RESOLVED** by the President and Board of Trustees of the Village of Chatham, Sangamon County, Illinois, as follows:

**Section 1.**     Recitals. The foregoing recitals shall be and are hereby incorporated into and made a part of this Resolution as if fully set forth in this Section 1.

**Section 2.**     Authorization. The Village Board of Trustees hereby authorizes the Village to approve the Permit Application attached hereto as **Exhibit A** with the requirement that West Chestnut Street between Market Street and Main Street be open by 6:00 a.m. on Sunday. The Village President and / or Village Manager and Clerk are hereby authorized to approve the Permit

Application and further authorized to execute any documents necessary to complete the transactions contemplated therein on behalf of the Village.

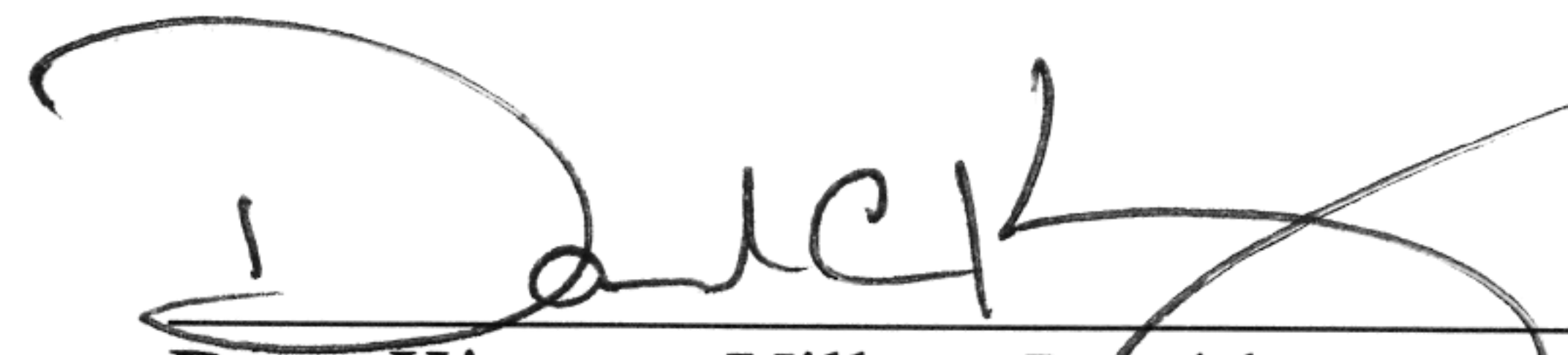
**Section 3. Effective Date.** This Resolution shall be in full force and effect from and after its passage and approval.

**SO RESOLVED** this 9 day of May, 2023 at the Village of Chatham, Sangamon County, Illinois.

	AYE	NAY	ABSTAIN	ABSENT
KRISTEN CHIARO				
MEREDITH FERGUSON				
JOHN FLETCHER				
BRETT GERGER				
TIM NICE				
CARL TRY				
DAVE KIMSEY				
TOTAL				

will vote

**APPROVED** by the President of the Village of Chatham, Illinois this 9 day of May, 2023.

  
\_\_\_\_\_  
Dave Kimsey, Village President

Attest:  
  
\_\_\_\_\_  
Dan Holden, Village Clerk

**EXHIBIT A**

**SPECIAL EVENT PERMIT APPLICATION**

# VILLAGE OF CHATHAM

## Special Event Permit Indemnification & Event Agreement

Organizers of runs and other race events are responsible for providing traffic and/or crowd control, which shall be handled by the Chatham Police Department. Depending on the nature of the event, the village may require police assistance with traffic/crowd control. Additional fees for these services may be incurred.

I hereby certify that I am the authorized representative of the applying group, and that I am at least 18 years of age. I understand that if any information is found not to be accurate, additional fees and/or fines may be assessed and/or my permit may be revoked.

I agree to comply with all village ordinances, rules, regulations, and other applicable laws.

I agree to save and keep Chatham free and harmless from any and all loss or damages or claims for damages, including attorney's fees and litigation costs, arising from or out of the special event.

I understand that if the event is cancelled, I will receive a refund of my application fee less \$15 administrative fee.

In consideration of permission to use the property of the Village of Chatham and to the fullest extent permitted by law AMERICAN LEGION (hereinafter "INDEMNIFIER"), hereby agrees to defend, indemnify and hold harmless the Village of Chatham, its officials, agents, employees, and/or independent contractors (hereinafter "BENEFITED PARTIES"), against all injuries, deaths, loss, damages, claims, suits, liabilities, judgments, costs and expenses, which may in any way accrue against the BENEFITED PARTIES, arising in whole or in part, or in consequence of the performance of the above-referenced event (hereinafter "EVENT") by INDEMNIFIER, its employees, participants, invitees, agents or contractors, or which may in any way result, except those causes of action arising out of the sole and willful misconduct of the Village of Chatham.

INDEMNIFIER shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising thereof, or incurred in connection therewith, and if any judgment shall be rendered against the BENEFITED PARTIES in any such action, INDEMNIFIER, at their own expense, shall satisfy and discharge the same. INDEMNIFIER acknowledges there are risks associated with the EVENT and assumes all liability for same. INDEMNIFIER further agrees to be responsible for any and all property damage associated with the EVENT and to carry insurance to cover said EVENT.

INDEMNIFIER shall maintain and keep in force, for the benefit of the BENEFITED PARTIES, general commercial liability insurance against claims for personal injury, death and property damage which may arise from or in connection with the EVENT, to afford protection to the limit of not less than

# VILLAGE OF CHATHAM

## Special Event Permit Application

This event needs a Class SE liquor license If not, go to next section

Private Event Expected adult attendance \_\_\_\_\_ # of days \_\_\_\_\_ x \$ 50/day = \$ \_\_\_\_\_

Public Event Expected adult attendance 250 or less \_\_\_\_\_ # of days \_\_\_\_\_ x \$ 50/day = \$ \_\_\_\_\_

Expected adult attendance over 250 \_\_\_\_\_ # of days \_\_\_\_\_ x \$100/day = \$ \_\_\_\_\_

This event does not need a liquor license

Private Event  Public Event Expected attendance 250+

**Accommodations needed:**

Police assistance necessary  Yes  No If yes, complete the Request for Off-Duty Officer form

Park Reservation necessary  Yes  No If yes, complete the Park Reservation form (VILLAGE SQUARE)

Request for temporary electric hookup  Yes  No

Installation fee per meter: \$100 / # of meters needed \_\_\_\_\_ / Cost per Day: \$25 / # of days needed: \_\_\_\_\_

Request to close off any streets  Yes  No If yes, Street name(s): NORTH, WEST, SOUTH STREETS

**Event information:**

Name of event: LEGIONNAIRES SPRING CARNIVAL Park Location: VETERAN'S SQUARE

Date(s) of Event: 5/25/23 through 5/27/23 Time of event: 5 P to 10 P

Must occur between 8am and 10pm

**Contact information:**

Name: PAT SCHAD Mailing address: 109 BUCKINGHAM RD

Phone #: (217) 720-3429 Email address: PFSCHAD@GMAIL

Individual in charge at Event: PAT SCHAD

Phone #: SAME Email address: SAME

Sponsoring Corporation: AMERICAN LEGION Contact Person: PAT SCHAD

Phone #: SAME Email address: SAME

**Briefly describe the provisions that will be made for the following:**

Toilet Facilities: PORTA POTTIES Trash Disposal: LEGION DUMPSTER

Parking: STREET Electrical Power Needs: NA

Will food be served?  Yes  No Has Health Dept. permit been issues?  Yes  No

Types of containers and cooking equipment: FOOD & BEVERAGE TENT

Will there be:  Music  PA System  Loud Activities NO

If any of the above are checked, please describe: \_\_\_\_\_

Will there be:  Signs  Banners  Tents  Stages  Chairs  Nets  Decorations

If any of the above are checked, please describe \_\_\_\_\_

Will souvenirs t-shirts, food, drinks or other products be sold on public property?  Yes  No

NO ALCOHOL

If yes, please describe and provide the name and contact information for each vendor.

CONNER FAMILY AMUSEMENTS, JUNE CONNER

Is this event a carnival?  Yes  No

If yes, please provide the following information for the Carnival Operator: company name, company license # or permit #, company address, company contract person with phone number and email address.

CONNER FAMILY AMUSEMENTS 1906 JACKSON  
AVE BEARDSTOWN IL 62618 217-248-4099 CONNER@

Date / Time of Set-up: 5/24/2023

CASSCOMM.COM

Date / Time Dismantle Completed: 5/28/2023

Provide the Carnival Operator's certificate of insurance which shows at least \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate of general liability insurance together with a certification that the company affording coverage has a current A. M. Best Company rating of "B+" or better and a current A. M. Best's financial class of "V" or better.

### Special Event Terms and Conditions

Please check each box and sign below:

The applicant must promptly reimburse the Village for any and all damages of any kind to Village property which may result from the use by the applicant of the Village's premises under the permission granted herein, and the applicant further agrees that it will not hold liable the Village for, or in account of, any loss or damage to property owned by it or controlled by the applicant or for, or on account of, any loss or damage sustained by the applicant as a result of injuries to employees or agents of the applicant.

I agree that within 30 days of receipt of the invoice I will reimburse the city for costs associated with city services, police assistance, materials, equipment, etc.

I understand that I cannot assume that all aspects of the event will be approved; I may be asked to make some changes to my plan based on the availability of services, costs, the need for access to surrounding businesses, and scheduling of other events.

I agree to these Terms and Conditions and to the General Information and Stipulations.

I agree that the information in this Special Event Permit Application is true and correct to the best of my knowledge.

AGREED TO AND ACCEPTED IN FULL BY:

AMERICAN LEGION  
Print Name of Indemnifier (Person or Legal Entity)

5/2/23  
Date

[Signature]  
Signature of Person or Authority Agent if Legal Entity



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/01/2023

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 Windham Insurance Agency, LLC P.O Box 131517 Houston TX 77219-	CONTACT NAME: Madge Blurton	FAX (A/C, No): (000)000-0000	
	PHONE (A/C, No, Ext): (832)771-4366	E-MAIL ADDRESS: madge@windhaminsuranceagency.com	
INSURED Conner Family Amusements, Inc 1906 Jackson Avenue Beardstown IL 62618-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Everest National Insurance Co.		10120
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**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
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:		<input checked="" type="checkbox"/>	SI8ML02200231	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			SI8ML02200231	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 1,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB 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			PER STATUTE 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)  
The following are additional insured with respects to operations of the named insured:  
Chatham American Legion and the Village of Chatham, Illinois  
For the dates: May 25,26,27, 2023  
Location: Chatham Park  
Event: Chatham American Legion Spring Carnival

<b>CERTIFICATE HOLDER</b> Chatham American Legion 206 West Chestnut Street Chatham IL 62629-	<b>CANCELLATION</b> 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 <i>Sharon C. Brown</i>	AI 001022
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# VILLAGE OF CHATHAM

## General Information and Stipulations

### 111.17(J) Special Event Liquor License Permit

NA

**SPECIAL EVENT RETAILER.** An educational, fraternal, civic, religious or nonprofit organization which sells or offers for sale, beer, wine or liquor, only for consumption at the location and on the dates designated by a special event license.

(J) A Class SE "Special Event" license shall authorize the sale at retail during a special event on the premises specified, and during the time specified therein, of alcoholic liquor by a special event retailer. The term of the license shall not exceed five days. The license application shall set forth whether or not the event is open to the public and shall contain an estimate of the largest number of adult persons expected to be in attendance at any time during the event. The estimate shall be based on historical attendance experiences for similar events after consultation by the license applicant with the Chief of Police.

#### **Permit Application Fee:**

(1) If the special event is not open to the public, or if it is open to the public and less than 250 adult persons are expected to be in attendance at the event at any time: \$50 per day or portion of a day;

(2) If the special event is open to the public and 250 adult persons or more are expected to be in attendance at any time: \$100 per day or portion of a day.

**--Portable Toilets:** Outside portable sanitary facilities must be provided by the licensee as required. Portable toilets may not be set up more than 48 hours prior to the activity and must be removed within 48 hours afterwards. Location of portable toilets must be coordinated with the Parks Foreman.

**Litter:** Event Director will be responsible for litter pickup of areas used. All food litter must be removed

**Obstructions:** Obstruction of any right-of-way, parking areas or public streets is prohibited.

**Music:** Any amplified music within the park must be set up by the picnic shelter unless otherwise approved by the Parks Foreman. The volume of the music must fall within limits set by Village Ordinance. This ordinance will be enforced by Chatham Police and/or other village personnel.

**Tents, Banners, Stages, Nets, Etc.:** Any tents, banners, stages, trailers, nets, etc. on public property, may not be set up more than 48 hours prior to the activity, and must be removed within 48 hours afterwards.

**Traffic/Crowd control and other Public Safety Requirements:** Organizers of runs and other race events are responsible for providing traffic and/or crowd control which shall be handled by the Chatham Police Department. Depending on the nature of the event the Village Manager may require police assistance with traffic/crowd control, additional fees for these services may be incurred.

**Decorations:** No balloons may be used as part of any decorations placed on public property. All decorations (flowers, streamers, etc.) must be removed from the site immediately following the event.

**Alcoholic Beverages:** The Village of Chatham prohibits the consumption of alcoholic beverages on any public property without proper license.



\$1,000,000.00 per occurrence for bodily injury and death, \$500,000.00 per occurrence for property damage, and \$2,000,000.00 aggregate of general liability insurance, or such other insurance as shall be approved by the Village Board. The BENEFITED PARTIES shall be named as an additional insured on the insurance and an endorsement issued. A certificate of insurance shall be provided, along with the endorsement, to the Clerk of the Village of Chatham at least forty-eight (48) hours prior to the EVENT. The insurance held by the INDEMNIFIER shall be the primary insurance and any insurance policy held by the Village of Chatham shall be secondary. If signing on behalf of a corporation or other legal entity, the undersigned acknowledges and affirms that he or she has the authority to approve this Agreement and to bind the company as its agent.

INDEMNIFIER further agrees to comply with and be bound by the Village's requirements on Special Event Permits as set forth in Chapter III, Section 17J of the Village Code.

**AGREED TO AND ACCEPTED IN FULL BY:**

*NA*

\_\_\_\_\_  
Print Name of Indemnifier (Person or Legal Entity)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person or Authority Agent if Legal Entity

**ADDITIONAL CONTACT INFORMATION OF INDEMNIFIER (REQUIRED)**

\_\_\_\_\_  
Print Full Name of Person Signing Above

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Legal Entity Name (if applicable)

\_\_\_\_\_  
Title of Person Signing (if applicable)

\_\_\_\_\_  
Cell Phone (if applicable)

\_\_\_\_\_  
Work Phone

**TO BE COMPLETED BY VILLAGE**

Accepted & Received by: \_\_\_\_\_ Date: \_\_\_\_\_