

AGENDA COMMUNITY DEVELOPMENT COMMITTEE Monday, September 8, 2014 6:00 PM

Public Safety Building

- I) Roll Call
- II) Approval of Minutes August 11, 2014
- III) Items Requiring Council Action September 15, 2014
 - A. <u>SEPA Schildknecht Funeral Home 65th Anniversary Celebration (Motion)</u>
 - B. <u>SEPA Global Brew Oktoberfest (Motion)</u>
 - C. SEPA St. Elizabeth's Hospital Breast Cancer Awareness Month (Motion)
 - D. <u>SEPA Regency Boutique Bridal Show Fall (Motion)</u>
 - E. SEPA Bank Clock Rededication (Motion)

IV) Other Business

A. City Building Fire Alarms

NEXT MEETING: Monday, September 29, 2014 – 6:00 P.M. – Public Safety Building

General Citizen Comments: The City of O'Fallon welcomes comments from our citizens. The Illinois Open Meetings Act provides an opportunity for citizens to speak at all committee and Board meetings. However, 5 ILCS 120/1 mandates that NO action shall be taken on matters not listed on the agenda. Please submit your name to the chairman and limit your comments so that anyone present has the opportunity to speak.



MINUTES COMMUNITY DEVELOPMENT COMMITTEE 5:30 PM Monday, August 11, 2014

Minutes of a regular meeting of the Community Development Committee of the City of O'Fallon, held at the Public Safety Building, 285 N. Seven Hills Road, O'Fallon, Illinois.

CALL TO ORDER: 5:30 PM

- Roll Call Committee members: Jerry Albrecht (chair), Gene McCoskey (vice chair), Jerry Mouser, David Cozad, Ray Holden and Harlen Gerrish. Other Elected Officials Present: Herb Roach, Jim Hursey and Kevin Hagarty. Staff: Walter Denton, Pam Funk, Sandy Evans, Ted Shekell, Jeff Stehman, Eric Van Hook and Justin Randall. Visitors: Marsha Maller, Tom Mitchell, Brian Severns, Brandon Coombs, Vern Malore and Charlie Pitts.
- **II)** Approval of Minutes from Previous Meeting– All ayes. Motion carried.
- III) Items Requiring Council Action
 - A. Parcs at Arbor Green Final Plat Phase 6 (1st Reading) Justin Randall provided a quick overview of the final plat for the Parcs at Arbor Green Phase 6 and the past approval of Phase 5B final plat. The committee discussed the cul-de-sac design and asked if the Fire Department had seen the plat, staff confirmed. The committee recommended approval of the final plat for Parcs at Arbor Green with a vote of 6-0.
- **IV)** Other Business None

MEETING ADJOURNED: 5:45 PM

NEXT MEETING: August 25, 2014 - Public Safety Building

Prepared by: Justin Randall, Senior City Planner



TO: Community Development Committee

FROM: Justin Randall, Senior City Planner

THROUGH: Ted Shekell, Planning Director

DATE: September 8, 2014

SUBJECT: Special Event Permit – "65th Anniversary Celebration" (MOTION)

Project Summary

Applicant: Curtis Schildknecht of Schildknecht Funeral Home

Event: 65th Anniversary Celebration

Date/Time: 10:00 AM – 3:00 PM - Saturday, September 20th

Location: Schildknecht Funeral Home – 301 South Lincoln Avenue

Event Details:

- 65th Anniversary celebration in the building and parking lot.
- Tours of the facility.
- Live music provided outside.
- Food catered from Roy-el Catering.
- Toilet facilities will be provided with the existing indoor facilities.
- Use of public parking for additional parking.

Signage Request:

None requested.

City Assistance Request:

None requested.

Notes:

This event requires city council approval due to outdoor music.

Staff Recommendation

The Fire Department and Police Department had no issues with the request. Staff recommends approval of the Special Event Permit.

OTTY OF O'PALLON

AUG 2 3 2014

DATE PAID



COMMUNITY DEVELOPMENT DEPARTMENT 255 S. Lincoln Avenue, 2nd Floor O'Fallon, IL 62269 Ph: (618) 624-4500 x4

Ph: (618) 624-4500 x4 Fax: (618) 624-4534

0	Attach proof of not- for-profit status with application
	OR
•	Provide \$50.00 3324 application fee with application

APPLICATION FOR A SPECIAL EVENT PERMIT

Event Name: 65th Anniversary Celebration					
Location of Event: 301 South Lincoln Ave. O'Fallon, IL. 62269					
Name of Event Organization: Schildknecht Funeral Home, Inc.					
Name of person in charge of event (appli	cant) and mailing address: Curtis L. Schildknecht				
301 South Lincoln Ave. O'Fal					
Phone: 618-632-3713	E-Mail: curt@schildknechtfh.com				
Secondary Contact Person: Kristie Fr	reeman				
Phone: 618-632-3713	E-Mail: kristie@schildknechtfh.com				
Beginning Date / Times: 09/20/2014	reeman E-Mail: kristie@schildknechtfh.com 10:00 am Ending Date / Times: 09/20/2014 3:00 pm				
THE FOLLOWING INFORMATION (WH	ERE APPLICABLE) MUST BE PROVIDED IN WRITTEN FORM				
BEFORE APPLICATION WILL BE PRO					
	ation; activities provided; signage including dimensions, quantity, ntingency plans for rain; plans for toilet facilities; security plan;				
ATTACHED					
2. Sketch plan of site.					
ATTACHED					
3. Permission letter from property owner,	, if applicant is not the property owner.				
OATTACHED (NOT APPLICABLE				
4. Proof of not-for-profit status (so that application fee can be waived.)					
OATTACHED (NOT APPLICABLE				
	provided and if event is held City property, City of O'Fallon , ured in the amount of One Million Dollars (\$1,000,000).				
OATTACHED (NOT APPLICABLE				
6. Damage bonds or cash deposit to profin the amount of \$300,000.	tect City facilities (this would be mainly for out-of-town sponsors) NOT APPLICABLE				

7. Liquor license information for beer sales (including hours of sale): N/A (Attach release/indemnification forms and a copy of the liquor license and certificate of liquor liability)
List for profit vendors and sales tax numbers (to verify that sales tax is collected and remitted) to be provided prior to event:
N/A
 Special consideration requests such, as City provided assistance. (Fees may be charged for these Services.) Please include specific considerations requested in narrative or as an attachment.
NONE REQUESTED
Street Department, IDOT (for street closings, signalization, and detour routes)
Parks Department Police Department Fire and EMS Department
10. Coordinate all food concessions with St. Clair County Health Department at (618)233-7769.
PERMIT REQUIRED (please attach copy) NOT APPLICABLE
11. American Disability Compliance
OATTACHED ONOT APPLICABLE
As part of the approval of this Special Event Permit, temporary signs for said Special Event shall be permitted as provided for in the City Sign Ordinance or as otherwise approved by the City Council.
Electrical inspections are required for all new exterior electrical connections. The City electrical inspector must be contacted a minimum of twenty-four (24) hours prior to inspection.
1 - 20 1 1 1 01
Signature of Applicant/ person in charge of event August 22, 14 Date of Submission
FOR OFFICE USE ONLY
ELIGIBLE FOR ADMINISTRATIVE APPROVAL? () YES YNO Justi IR.
ADMINISTRATIVE APPROVAL CONDITIONS:
ADMINISTRATIVE APPROVAL CONDITIONS.
APPROVED BY COMMUNITY DEVELOPMENT DIRECTOR & DATE
All other requests for "Special Events Permits" not approved by the Community Development Director shall go before the Community Development Committee and the City Council for their approval.
APPROVED: CITY COUNCIL(DATE)

NARRATIVE

Please include:

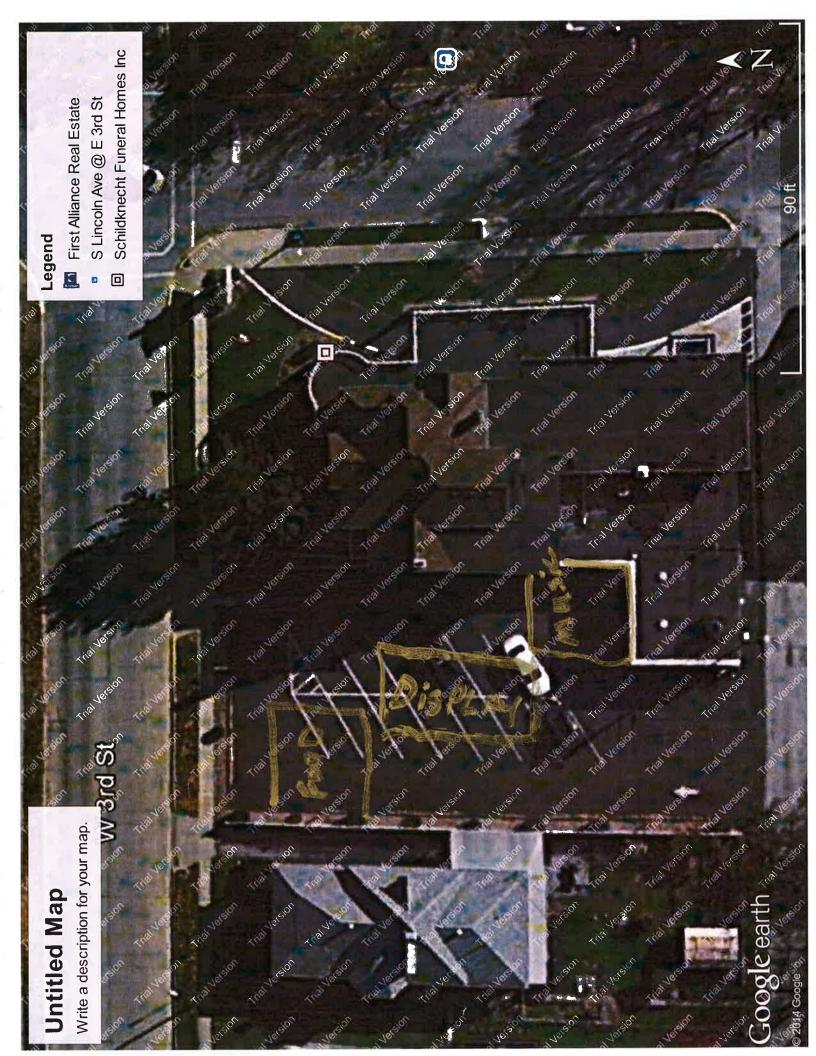
- hours of operation
- · activities provided
- signage
 - o dimensions,
 - o quantity,
 - o location, etc...
- traffic/parking plan
- · contingency plans for rain
- plans for toilet facilities
- security plan
- expected attendance
- Any additional helpful information

Narrative:

Schildknecht Funeral Home is honored to celebrate our 65th year in business and third generation of service to O'Fallon and surrounding communities. We would like to request a special event permit from the city for a on site celebration of the founding of our business. We will begin at 10:00 am and conclude at 3:00 pm we will have a band providing some light music, tours of our facilities, food provided by Roy-el Catering, free promotional givaways. We plan on a blessing, redication and ribbon cutting for a new beginging on the next 65 years. Additional off site parking will be in the city lot.

Over the course of the day we may expect 300-400 visitors, but at any given time never more than 50 to 75.

We hereby make this request of the city of O'fallon to grant this special event permit.





TO: Community Development Committee

FROM: Justin Randall, Senior City Planner

THROUGH: Ted Shekell, Planning Director

DATE: September 8, 2014

SUBJECT: Special Event Permit – "Oktoberfest" (MOTION)

Project Summary

Applicant: Lauren Vardaman of Global Brew

Event: Oktoberfest

Date/Time: 10:00 AM – 11:59 PM - Saturday, October 4th Location: Global Brew- 455 B Regency Park Drive

Event Details:

- 4' tall fencing will be temporarily installed around the outdoor patio area and 5 parking spaces.
- Live music provided outside.
- Food and drinks are available inside the lounge and in the fenced-in area, food provided by an outside vendor.
- The outdoor area is set up to maintain the fire lane access.
- Toilet facilities will be provided with the existing indoor facilities.
- Security will be provided by guards at each of the fence exits.
- 2 Mile Fun Run- out and back on Regency Park (see attached map).

Signage Request:

None requested.

City Assistance Request:

• No assistance requested, the fun run does not require any road closures.

Notes:

- This event requires city council approval due to outdoor liquor sales.
- Proposal is similar to last year's request.

Staff Recommendation

The Clerk's Office, Fire Department and Police Department had no issues with the request. Staff recommends approval of the Special Event Permit.

OITY OF O'FALLON

AUG 2 6 2014

DATE PAID



COMMUNITY DEVELOPMENT DEPARTMENT

255 S. Lincoln Avenue, 2nd Floor O'Fallon, IL 62269 Ph: (618) 624-4500 x4

Ph: (618) 624-4500 x4 Fax: (618) 624-4534

0	Attach proof of not- for-profit status with application
	OR
Ø	Provide \$50.00 application fee with application

APPLICATION FOR A SPECIAL EVENT PERMIT

Ev	ent Name: GLOBAL BREW OKTOBERFEST
Lo	cation of Event: 455 B REGENCY PARK OFALLON IL 62269 parking lot
Na	me of Event Organization: GLOBAL BREW TAP HOUSE & LOUNGE
Na	me of person in charge of event (applicant) and mailing address:RYAN
20	LAUREN VARDAMAN . 455B REGENCY PARK OFALLON IL
Ph	one: 618 789 1241 E-Mail: 1aurenv@globalbrew.com
Se	condary Contact Person: CHELSEA PINKEL
Ph	one: 618 719 7771 E-Mail: Chelseap @ global brew.com
Ве	ginning Date / Times: 10/04/14 10A Ending Date / Times: 10/04/14 11:59 P
	E FOLLOWING INFORMATION (WHERE APPLICABLE) MUST BE PROVIDED IN WRITTEN FORM FORE APPLICATION WILL BE PROCESSED.
	NARRATIVE (Including hours of operation; activities provided; signage including dimensions, quantity, location, etc; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; expected attendance; etc).
	ATTACHED
2.	Sketch plan of site.
	ATTACHED
3.	Permission letter from property owner, if applicant is not the property owner.
	OATTACHED ONOT APPLICABLE
4.	Proof of not-for-profit status (so that application fee can be waived.)
	ATTACHED NOT APPLICABLE
5.	Proof of Liability Insurance should be provided and if event is held City property, City of O'Fallon , should be named as an additional insured in the amount of One Million Dollars (\$1,000,000).
	ATTACHED NOT APPLICABLE
6.	Damage bonds or cash deposit to protect City facilities (this would be mainly for out-of-town sponsors) in the amount of \$300,000. PAID

 Liquor license information for beer sales (including hours of sa (Attach release/indemnification forms and a copy of the liquor 	ale): license and certificate of liquor liability)
List for profit vendors and sales tax numbers (to verify that sa provided prior to event:	
CLOBAL BREW TAP HOUSE & LOI	INGE 4005-6023
 Special consideration requests such, as City provided assista Services.) Please include specific considerations request 	
NONE REQUESTED	
Street Department, IDOT (for street closings, signaliz	ation, and detour routes)
Parks Department Police Department	Fire and EMS Department
10. Coordinate all food concessions with St. Clair County Health	n Department at (618)233-7769.
PERMIT REQUIRED (please attach copy)	NOT APPLICABLE
11. American Disability Compliance	
OATTACHED NOT APPLICABLE	
Electrical inspections are required for all new exterior electrical comust be contacted a minimum of twenty-four (24) hours prior to i	nspection. 22 AU 6 2014 Date of Submission
FOR OFFICE USE ONL	.=====================================
ELIGIBLE FOR ADMINISTRATIVE APPROVAL? () YES	Muo Allandall
ADMINISTRATIVE APPROVAL CONDITIONS:	
APPROVED BY COMMUNITY DEVELOPMENT DIRECTOR & D	DATE
All other requests for "Special Events Permits" not approved by t shall go before the Community Development Committee and the	
APPROVED: CITY COUNCIL	(DATE)

NARRATIVE

Please include:

- hours of operation
- activities provided
- signage
 - o dimensions,
 - o quantity,
 - o location, etc...
- traffic/parking plan
- · contingency plans for rain
- plans for toilet facilities
- security plan
- · expected attendance
- Any additional helpful information

Narrative:

Hours of operation: | | AM + 11:59 PM

Activities provided: FUN RUN (ROUTE ATTACHED), BEER TRAILER, GERMAN FOOD *

Signage: ONLY INSIDE OUR BAR

Traffic/parking plan: EXISTING PARKING LOT

Contingency for rain: N/A

Plans for toilet facilities: PROVIDED INSIDE GLOBAL BREW

Security plan: EXISTING AND ADDITIONAL GLOBAL BREW STAFF

Expected attendance: 500+ PEOPLE THROUGHOUT THE BUSINESS DAY

Additional information:

* FOOD WILL BE PROVIDED BY AN OUTSIDE VENDOR THAT WILL FULFILL ALL NECESSARY ADDITIONAL PERMITS

FUN RUN ORGANIZED AND DIRECTED BY RICH LUERS AT FINAL LAP RACING (FINALLAPRACING. COM)

Cllent#: 83072

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/26/2014

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(les) 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	CONTACT Ryan Matthews					
28-Dimond BrosEdwardsville	PHONE (A/C, No, Ext): 618 877-0388 FAX (A/C, No): 618 877-2642					
2900 Madison Avenue	E-MAIL ADDRESS: ryan.matthews@dimondbros.com					
Granite City, IL 62040	INSURER(S) AFFORDING COVERAGE NAIC #					
618 877-0388	INSURER A : Illinois Casualty Company					
INSURED	INSURER B: RLI Surety Division					
Global Brew Inc.	INSURER C: Columbia insurance Group					
455B Regency Parkway	INSURER D:					
O'Fallon, IL 62269	INSURER E:					
	INSURER F:					

COVERACES	CERTIFICATE NUMBER
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.

ISR TR	TYPE OF INSURANCE		TYPE OF INSURANCE INSP. WVD POLICY NUMBER POLICY (MM/DD/YYYY) (MM/DD/		(MM/DD/YYYY)	LIMIT	s
1	GENERAL LIABILITY		BP34439			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
1	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		2.			MED EXP (Any one person)	\$2,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY		CAPIL0000017086	03/02/2014	03/02/2015	3/02/2015 COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
ı	X HIRED AUTOS X NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
	AUTOS						\$
Ī	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTIONS						\$
	WORKERS COMPENSATION		WQ990573	04/14/2014	04/14/2015	WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$500,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	s500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$500,000
3 Liquor Liability			RSB4142310	09/13/2014	09/13/2015	1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Global Brew Oktoberfest to be held in the back parking lot of 455B Regency Parkway, O'Fallon, IL 62269
October 4, 2014

CERTIFICATE HOLDER	CANCELLATION		
City of O'Fallon 255 S Lincoln Ave O Fallon, IL 62269	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
0 0 3.110.11, 12	AUTHORIZED REPRESENTATIVE		

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To:

Ryan High

Global Brew

July 28, 2014

From: Terry Johnson

455 Regency Partners

Re: August 15th & October 4th Outdoor Event

The owners of 455 Regency have given approval of the usage of the parking lot for your event on Saturday, August 15, 2014 & October 4, 2014 for Global Brew.

Sincerely,

Terry Johnson

final lap Race Management Course Design & Measurement

final



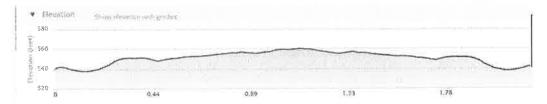
Race Name: Global Brew's Oktoberfest Beer Run Course Location: Regency Park, O'Fallon, IL

Course Distance: 2.22 miles Date Course Measured: NA Type of Course: Out & Back

Online Map: http://www.mapmyrun.com/routes/fullscreen/259285077

Map & Elevation:





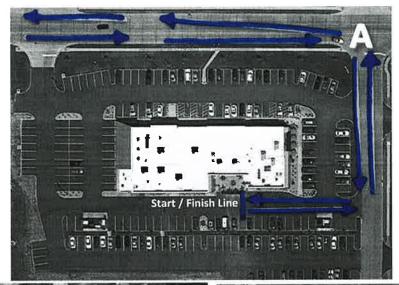
final lap Race Management Course Design & Measurement

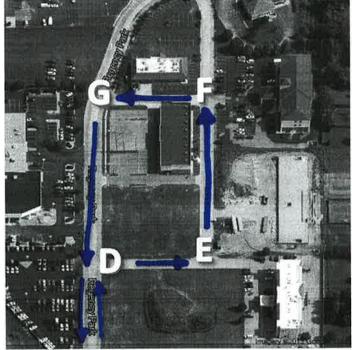
final

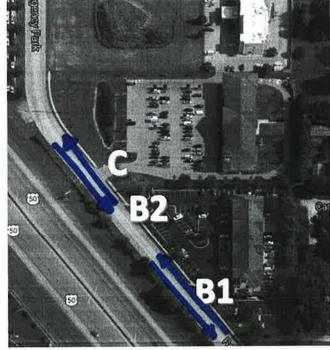


Course marshals along the course. Course marshals will be stationed along the route at the following locations. Each marshal will wear a reflective safety vest issued by Final Lap. There will also be arrow signs on side of road to direct participants.

- A. Parking lot entrance at Regency Park
- B. Entrances (2) for Extended Stay America Hotel off Regency Park
- C. Entrance for Suburban Extended Stay Hotel off Regency Park
- D. Regency Park at side street / Econo Lodge Inn Entrance
- E. Corner of side street at Econo Lodge Inn at
- F. Country Inn & Suites Entrance
- G. Regency Park and side street





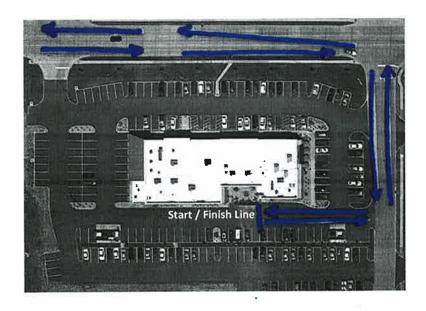


final lap Race Management Course Design & Measurement

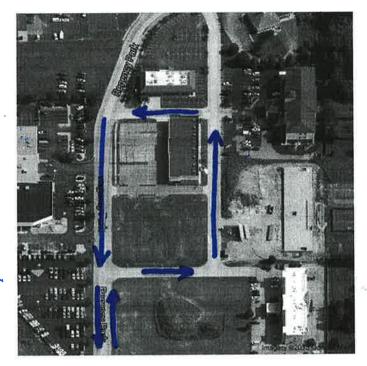


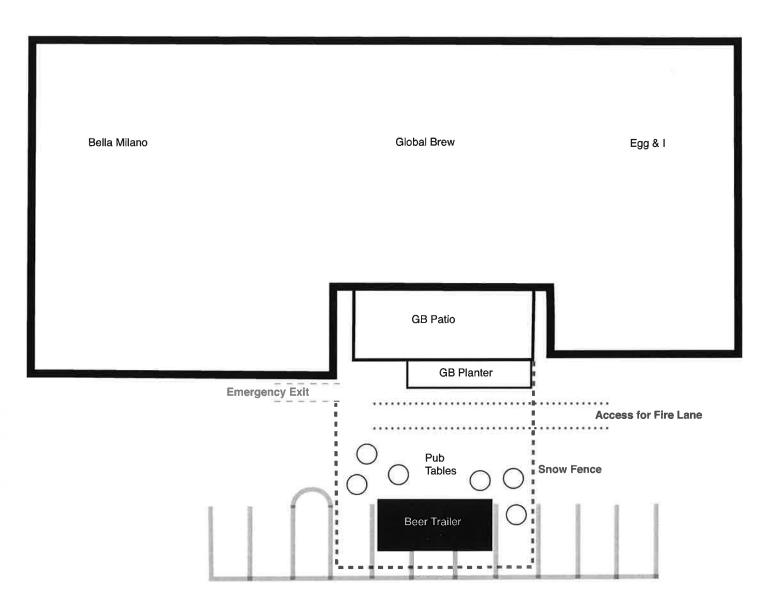


Start/ Finish Line: The starting line will be behind Global Beer in the fenced off parking lot. Course goes out of the parking lot and turns left then left again onto Regency Park (westbound). Participants will run on right side of roadway with traffic the entire course. The course return the same route back into parking lot behind Global Brew.



Turnaround: The course turns right off Regency Park and left at Econ Lodge Inn. Then left again at Country Inn & Suites behind Japanese Gardens







TO: Community Development Committee

FROM: Justin Randall, Senior City Planner

THROUGH: Ted Shekell, Planning Director
DATE: September 8, 2013

SUBJECT: Special Event Permit – Breast Health Awareness Month (Motion)

Project Summary

Applicant: Emily Wilson - St. Elizabeth's

Event: Decorate medical building and place pink ribbons on light posts.

Date/Time: September 30th to October 31st.

Location: One block area near medical building and three blocks on East/West State Street from Vine Street to

Oak Street, as well as on North/South Lincoln from Washington Street to 3rd Street.

Signage:

 Requesting permission to place ribbons on light poles in one block area near medical building and three blocks on East/West State Street from Vine Street to Oak Street, as well as on North/South Lincoln from Washington Street to 3rd Street.

Ribbons will be displayed from September 30th – October 31st.

Notes:

• Event is similar with previous requests, however this year they have requested a larger three block area instead of just on East/West 1st Street.

Staff Recommendation

The Fire Department and Police Department did not have any issues with the request. Staff recommends approval of the Special Event Permit.

RECEIVED SEP - 3 2014

PW

COMMUNITY DEVELOPMENT DEPARTMENT
255 S. Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269
Ph: (618) 624-4500 x4
Fax: (618) 624-4534

APPLICATION FOR A SPECIAL EVENT PERMIT

Breast Health Awareness Month

Event Name: Breast Health Awareness Month
St. Elizabeth's Medical Office Building and 3 blocks on East/West State St. (Vine to Oak Street), as well as on North/South Lincoln (Washington to 3rd St.)
Name of Event Organization: St. Elizabeth's Hospital
Name of person in charge of event (applicant) and mailing address: Gina Loeffelman
211 South Third St., Belleville, IL 62220
Phone: 618.234.2120, ext. 1880 E-Mail: Regina.Loeffelman@hshs.org
Secondary Contact Person: Kelly Barbeau
Phone: 618.234.2120, ext. 1270 E-Mail: Kelly.Barbeau@hshs.org
Beginning Date / Times: September 30, 2014 Ending Date / Times: October 31, 2014
THE FOLLOWING INFORMATION (WHERE APPLICABLE) MUST BE PROVIDED IN WRITTEN FORM BEFORE APPLICATION WILL BE PROCESSED.
 NARRATIVE (Including hours of operation; activities provided; signage including dimensions, quantity, location, etc; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; expected attendance; etc).
ATTACHED
2. Sketch plan of site. StateSt: Vine to Oak
DATTACHED Lincoln: Washington to 3rd
3. Permission letter from property owner, if applicant is not the property owner.
OATTACHED ONOT APPLICABLE
4. Proof of not-for-profit status (so that application fee can be waived.)
ONOT APPLICABLE
 Proof of Liability Insurance should be provided and if event is held City property, City of O'Fallon, should be named as an additional insured in the amount of One Million Dollars (\$1,000,000).
ATTACHED
6. Damage bonds or cash deposit to protect City facilities (this would be mainly for out-of-town sponsors) in the amount of \$300,000. PAID NOT APPLICABLE

7. Liquor lic (Attach r	ense information for bee elease/indemnification fo	r sales (including hours or ms and a copy of the lic	of sale): <u>N</u> Juor license	/A e and certificate of liquor liability)
	rofit vendors and sales ta prior to event:	x numbers (to verify tha	t sales tax	is collected and remitted) to be
N/A				
Services	consideration requests su .) Please include specie NONE REQUESTED Street Department, IDOT	fic considerations requ	iested in n	Fees may be charged for these parrative or as an attachment.
ليبا	Parks Department	Police Departme		Fire and EMS Department
_	nate all food concessions		_	
\circ	PERMIT REQUIRED (ple	ase attach copy)	⊕ _{MO}	T APPLICABLE
11. America	an Disability Compliance			
0	ATTACHED (O)	IOT APPLICABLE		
Day	f Applicant/ person in cha		to inspect	September 2, 2014 Date of Submission
		FOR OFFICE USE (
ELIGIBLE F	FOR ADMINISTRATIVE A			o ve
ADMINIST	RATIVE APPROVAL COI	NDITIONS;		
APPROVE	D BY COMMUNITY DEVI	ELOPMENT DIRECTOR	R & DATE _	
All other red shall go bel	quests for "Special Event fore the Community Deve	s Permits" not approved lopment Committee and	by the Cor the City C	nmunity Development Director council for their approval.
APPROVE	D; CITY COUNCIL			(DATE)
				(= · · · · -·)

NARRATIVE

Please include:

- hours of operation
- activities provided
- signage
 - o dimensions,
 - o quantity,
 - o location, etc...
- traffic/parking plan
- contingency plans for rain
- plans for toilet facilities
- security plan
- expected attendance
- Any additional helpful information

Narrative:

Dear Mr. Goodwin,

St. Elizabeth's Hospital is planning a variety of events for October 2014 to support Breast Health Awareness Month. One of the activities we would like to do to increase community awareness of this public service campaign is to decorate our O'Fallon Medical Building and light posts in O'Fallon as we have done in past years.

This year we are proposing to expand out light post decoration to include three blocks on East/West State Street from Vine Street to Oak Street, as well as on North/South Lincoln from Washington Street to 3rd Street. St. Elizabeth's will provide ribbons and labor for hanging and removing the ribbon. If approved, we would like to put the decorations up on September 30 and remove them on October 31.

Along with this visual awareness piece, we will also be distributing flyers to downtown businesses to explain the ribbons and share breast health education to the general public.

We look forward to partnering with the City of O'Fallon to increase awareness for breast health.

Gina Loeffelman Manager, Radiology/Mammography/Ultrasound St. Elizabeth's Hospital

Kelly Barbeau Marketing Manager St. Elizabeth's Hospital



This is to certify that the coverage's listed below are in force at this time and are subject to the terms, conditions and exclusions as stated in the Renaissance Quality Insurance, Ltd. policy.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED:

City of O'Fallon 255 South Lincoln O'Fallon, IL 62269

NAME AND ADDRESS OF INSURED:

St. Elizabeth's Hospital 211 S. Third Street Belleville, IL 62220

Additional Insured: City of O'Fallon

Type of Insurance	Coverage Term	Palicy#	Combined Single Limits Liability	
			Each Occurrence	Aggregate
General Liability (Includes Bodily Injury & Property Damage)	July 1, 2014 to June 30, 2015	P500-2014-15	\$1,000,000	\$3,000,000
Professional Liability "Occurrence"	July 1, 2014 to June 30, 2015	P500-2014-15	\$1,000,000	\$3,000,000

CANCELLATION: Should any of the above described coverage's be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Caribbean Plaza, 2™ Floor, North Building 878 West Bay Road P.O. Box 1159 Grand Cayman, KYI—1102 Cayman Islands

Phone: 345-623-6611 Facsimile: 345-946-6612 BY: Assistant Secretary

DATED: September 2, 2014



TO: Community Development Committee

FROM: Justin Randall, Senior City Planner

THROUGH: Ted Shekell, Planning Director

DATE: September 8, 2014

SUBJECT: Special Event Permit – "Regency Boutique Bridal Show – Fall" (MOTION)

Project Summary

Applicant: Angela Morgan – Regency Conference Center

Event: Regency Boutique Bridal Show - Fall

Date/Time: 5:00 PM - 8:00 PM - Thursday, October 23rd

Location: Regency Conference Center

Event Details:

 Event will include dinner and entertainment and vendors featuring wedding supplies and services.

Signage Request:

- One off-premise sign to be located at PNC Bank
- 5 yard signs along Regency Park Drive
- Signs are requested to be place September 16 October 11111

City Assistance Request:

No assistance requested.

Notes:

- This event requires city council approval due to off-premise sign.
- Proposal is similar to the Bridal Show that was approved back in June.

Staff Recommendation

The Fire Department and Police Department had no issues with the request. Staff recommends approval of the Special Event Permit with the following condition:

1. The signs located along Regency Park Place will be required to be placed outside of the right-of-way, approximately one foot behind the sidewalk.





RECEIVED SEP 0 3 2014

COMMUNITY DEVELOPMENT DEPARTMENT 255 S. Lincoln Avenue, 2nd Floor O'Fallon, IL 62269 Ph: (618) 624-4500 x4 Fax: (618) 624-4534

	CC
0	Attach proof of not- for-profit status with application
Ø	OR Provide \$50.00 application fee with application

CITY OF O'FALLON SEP 03 2014

APPLICATION FOR A SPECIAL EVENT PERMIT

PATE PAID Regency Boutique Bridal Show			
Location of Event: Regency Conference Center			
Name of Event Organization: Regency Conference Center			
Name of person in charge of event (applicant) and mailing address: Angela Morgan-Director of Car	tering		
400 Regency Park O'Fallon, IL 62269			
Phone: 618.624.9999 E-Mail: amorgan@alliancehospitality.	com		
Secondary Contact Person: Lisa Smith - Director of Sales and Marketing			
Phone: 618.624.4499 E-Mail: lisa.smith2@hilton.com			
Phone: 618.624.4499 Beginning Date / Times: October 23, 2014 - 5pm Ending Date / Times: October 23, 2014 -	- 8pm		
THE FOLLOWING INFORMATION (WHERE APPLICABLE) MUST BE PROVIDED IN WRITTEN FORM BEFORE APPLICATION WILL BE PROCESSED.			
 NARRATIVE (Including hours of operation; activities provided; signage including dimensions, quantity, location, etc; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; expected attendance; etc). 			
ATTACHED			
2. Sketch plan of site.			
ATTACHED			
3. Permission letter from property owner, if applicant is not the property owner.			
ONOT APPLICABLE			
4. Proof of not-for-profit status (so that application fee can be waived.)			
OATTACHED ONOT APPLICABLE			
 Proof of Liability Insurance should be provided and if event is held City property, City of O'Fallon, should be named as an additional insured in the amount of One Million Dollars (\$1,000,000). 			
OATTACHED ONOT APPLICABLE			
6. Damage bonds or cash deposit to protect City facilities (this would be mainly for out-of-town sponsors) in the amount of \$300,000. PAID NOT APPLICABLE			

7. Liquor license information for beer sales (including hours of sale): (Attach release/indemnification forms and a copy of the liquor license and certificate of liquor liability)				
8. List for profit vendors and sales tax numbers (to verify that sales tax is collected and remitted) to be provided prior to event:				
 Special consideration requests such, as City provided assistance. (Fees may be charged for these Services.) Please include specific considerations requested in narrative or as an attachment. 				
NONE REQUESTED				
Street Department, IDOT (for street closings, signalization, and detour routes)				
Parks Department Police Department Fire and EMS Department				
10. Coordinate all food concessions with St. Clair County Health Department at (618)233-7769.				
PERMIT REQUIRED (please attach copy)				
11. American Disability Compliance				
OATTACHED ONOT APPLICABLE				
As part of the approval of this Special Event Permit, temporary signs for said Special Event shall be permitted as provided for in the City Sign Ordinance or as otherwise approved by the City Council. Electrical inspections are required for all new exterior electrical connections. The City electrical inspector must be contacted a minimum of twenty-four (24) hours prior to inspection.				
Angela Morgan Display port by Apple Margan Display port by Apple				
Signature of Applicant/ person in charge of event Date of Submission				
FOR OFFICE USE ONLY				
ELIGIBLE FOR ADMINISTRATIVE APPROVAL? () YES ADMINISTRATIVE APPROVAL CONDITIONS:				
APPROVED BY COMMUNITY DEVELOPMENT DIRECTOR & DATE				
All other requests for "Special Events Permits" not approved by the Community Development Director shall go before the Community Development Committee and the City Council for their approval.				
APPROVED: CITY COUNCIL(DATE)				

NARRATIVE

Please include:

- hours of operation
- activities provided
- signage
 - o dimensions,
 - o quantity,
 - o location, etc...
- traffic/parking plan
- contingency plans for rain
- plans for toilet facilities
- security plan
- expected attendance
- Any additional helpful information

Narrative:

The Regency Conference Center is having its 2nd Boutique Bridal Show for 2014 on October 23, 2014. Time of event will be from 6pm to 9pm. We are having around 20-25 vendors come and expecting between 50-100 brides.

The event will include a food tasting and vendors form the wedding industry that features their supplies and services.

Signage Requests:

- 1. Banner size 8x4ft back to back banner. (see attached design) ONE location of banner will be at PNC Bank Property, facing Green Mount Road. 1385 N. Green Mount Road.
- 2. Yard Signs (see attached design)

dimensions - 8x24

quantity - 5

location - by the Regency Conference Center wide walk (see attached diagram for location specific)

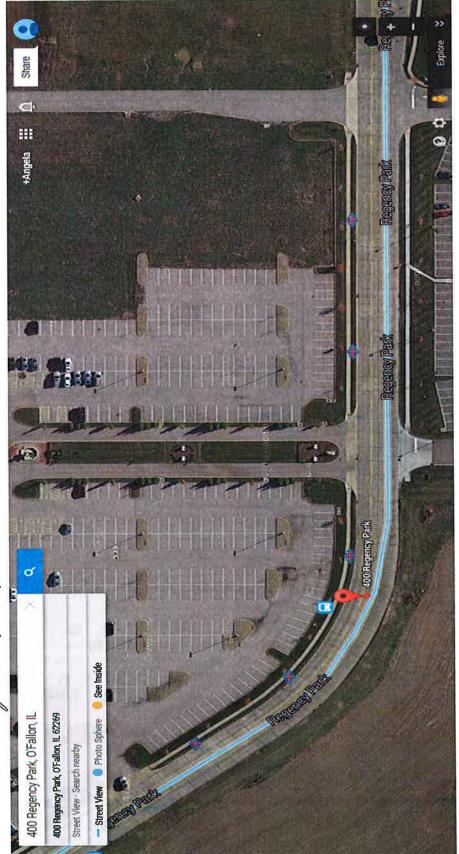






2

Location Digeons for Youd Signes



September 2, 2014

This letter is to authorize The Regency Conference Center to put up their banner for the Regency Boutique Bridal Show on October 23, 2014 on PNC Bank, O'Fallon Property from when the permit is approved until October 24, 2014

PNC Bank

Address: 1385 N Green Mt Rd, O'Fallon IL, 62269

Phone: 6186325190



TO: Community Development Committee

FROM: Justin Randall, Senior City Planner

THROUGH: Ted Shekell, Planning Director

DATE: September 8, 2014

SUBJECT: Special Event Permit – Bank Clock Rededication (MOTION)

Project Summary

Applicant: Brian Keller, Bank Clock Committee of the Historic Preservation Commission

Event: Bank Clock Rededication

Date/Time: Saturday October 11th 4:30 PM to 6:00 PM

Location: Lincoln Avenue, between State Street and 1st Street

Event Details:

- Rededication of the restored bank clock at the corner of Lincoln Avenue and State Street.
- A quick presentation and thank you for support around 4:45 PM
- Clock chimes ring at 5:00 PM.
- U.S. Air Force Band to play music after the chimes.
- Museum will be open for tours and restroom facilities.
- Street cleared by 6:00 PM.

Signage Request:

None

City Assistance Request:

- Street Closure:
 - o Lincoln Avenue between State Street and 1st Street.

Notes:

• City's insurance will cover the quasi-city commission's event.

Staff Recommendation

The Fire Department has approved the event and pending formal approval from the Public Works and Police Department, staff recommends approval of the Special Event Permit.



COMMUNITY DEVELOPMENT DEPARTMENT

255 S. Lincoln Avenue, 2nd Floor O'Fallon, IL 62269 Ph: (618) 624-4500 x4

Ph: (618) 624-4500 x4 Fax: (618) 624-4534

•	Attach proof of not- for-profit status with application
	OR
0	Provide \$50.00 application fee with application

APPLICATION FOR A SPECIAL EVENT PERMIT

Event Name: Bank Clock Rededication					
Location of Event: Lincoln Aver	nue between State Street and 1st Street				
Name of Event Organization: Bank (Clock Committee of the Historic Preservation Committee				
Name of person in charge of event (ap	oplicant) and mailing address: Brian Keller				
703 East 2nd Street, O'Fallon, IL 62269					
Phone: 618.239.2591	_{E-Mail:} bkeller3@att.net				
Secondary Contact Person: Stephen Brown					
Phone: 618.650.3532	_{E-Mail:} sbrownsparq@mac.com				
Beginning Date / Times: 10/11/14	4:30 PM Ending Date / Times: 10/11/14 @ 6:00 PM				
THE FOLLOWING INFORMATION (WHERE APPLICABLE) MUST BE PROVIDED IN WRITTEN FORM BEFORE APPLICATION WILL BE PROCESSED.					
	peration; activities provided; signage including dimensions, quantity, contingency plans for rain; plans for toilet facilities; security plan;				
✓ ATTACHED					
2. Sketch plan of site.					
✓ ATTACHED					
3. Permission letter from property owner, if applicant is not the property owner.					
ATTACHED	NOT APPLICABLE				
4. Proof of not-for-profit status (so tha	t application fee can be waived.)				
ATTACHED	NOT APPLICABLE				
Proof of Liability Insurance should be should be named as an additional in	pe provided and if event is held City property, City of O'Fallon , nsured in the amount of One Million Dollars (\$1,000,000).				
ATTACHED	NOT APPLICABLE				
6. Damage bonds or cash deposit to point the amount of \$300,000.	orotect City facilities (this would be mainly for out-of-town sponsors) NOT APPLICABLE				

7. Liquor license information for beer sales (including hours of sale): N / A (Attach release/indemnification forms and a copy of the liquor license and certificate of liquor liability)				
List for profit vendors and sales tax provided prior to event:	numbers (to verify that sal	es tax is collected and remitted) to be		
N / A				
Special consideration requests such Services.) Please include specific		nce. (Fees may be charged for these ed in narrative or as an attachment.		
NONE REQUESTED				
Street Department, IDOT (for	or street closings, signaliza	ation, and detour routes)		
Parks Department	Police Department	Fire and EMS Department		
10. Coordinate all food concessions wi	ith St. Clair County Health	Department at (618)233-7769.		
PERMIT REQUIRED (pleas	e attach copy)	NOT APPLICABLE		
11. American Disability Compliance				
OATTACHED ONO	T APPLICABLE			
As part of the approval of this Special E permitted as provided for in the City Signature Electrical inspections are required for a must be contacted a minimum of twenty Eman Kally	gn Ordinance or as otherw Il new exterior electrical co	ise approved by the City Council. onnections. The City electrical inspector		
Signature of Applicant/ person in charge	e of event	Date of Submission		
=======================================	FOR OFFICE USE ONLY	/ ====================================		
ELIGIBLE FOR ADMINISTRATIVE API	PROVAL? ()YES	() NO		
ADMINISTRATIVE APPROVAL COND	ITIONS:			
APPROVED BY COMMUNITY DEVELO	OPMENT DIRECTOR & D	ATE		
All other requests for "Special Events P shall go before the Community Develop				
APPROVED: CITY COUNCIL		(DATE)		

NARRATIVE

Please include:

- hours of operation
- activities provided
- signage
 - o dimensions,
 - o quantity,
 - o location, etc...
- traffic/parking plan
- contingency plans for rain
- plans for toilet facilities
- security plan
- · expected attendance
- Any additional helpful information

Narrative:

The bank clock has been removed since April and is now nearing the completion of the restoration job. The Bank Clock Committee would like approval to throw an event to rededicate the bank clock on Saturday October 11, 2014 from 4:30 PM - 6:00 PM. The committee would like to begin with a short presentation and speech about the clock and important role the clock holds in the community. The presentation will end with the 5:00 ringing of the chimes and then the U.S. Air Force Band will play and the museum will be opened up for those wishing to tour the facility.

No signage is requested.

The museum will be open for use of toilet facilities.

Expected attendance: 100-200 people.



TO: Community Development Committee

FROM: Jeff Stehman, Building and Zoning Supervisor

THROUGH: Ted Shekell, Planning Director

DATE: September 8, 2014

SUBJECT: City Building Fire Alarms

Summary

We presented a proposal at the Public Works Committee Meeting on August 25th to consolidate service providers, add yearly testing and go to GSM communicators instead of dedicated phone lines to 8 City buildings that currently have fire alarms. We also proposed adding fire alarms to 9 additional buildings that currently are not protected by fire alarms with the same above listed features. There were questions posed by several committee members that required us to continue the discussion which we will do at this meeting. The questions were:

- 1. Cost of the other proposal
- 2. What are we currently paying
- 3. What will be the cost savings of removal of dedicated phone lines
- 4. Can police dispatchers monitor the alarms

Fire Alarm Costs

We solicited proposals from two alarms companies and thoroughly went over the proposals comparing,

- 1. Equipment cost
- 2. Monitoring cost
- 3. Company response and level of comfort in dealing with staff during the proposal process

There are many different factors in the pricing schedules, depending on what alarm system the building currently has, what upgrades need to be made and the monitoring requirements. It is difficult to compare totals price proposal because each company presented them in different formats. At the meeting we will distribute comparisons we have made on two particular buildings that are best representative of the total project cost. The other factor is that cost is not the only thing we used to compare the companies, while total cost was less after we went through the whole process, we felt that Tyco/Simplex could offer the best service and they can also provide required annual fire sprinkler system testing when we move to consolidate that service.

<u>Current Cost of Service and Savings of Dedicated Phone Lines</u>

We will provide total cost of current services and savings of dedicated phone lines at the meeting.

Police Department Monitoring of Alarms

A memo from the Police Department will be distributed at the meeting.