



ALCOHOL ON PUBLIC PROPERTY APPLICATION FOR PERMIT
Ordinance 2010-13

This application must be submitted to City Hall a minimum (15) days prior to Council meeting.
Permit Fees: 1 Year-\$50.00 or 3 Year-\$150.00

Applicant(s) Name(s): Pat Wright for Rotary Club of Mount Vernon
Date of Birth: 10/06/1942 Drivers License No: 04416850
Address: 502 English St. Mount Vernon
Daytime Phone: Evening: Cell: 903-537-4241

Date of Event: Third Saturday of April Hours alcohol will be consumed: 10am to 5p.m.
Type of Event: Tour de Cypress - Bike Tour
Specific Location(s) Requested: Plaza - Smoky Row
Is there a charge for the event or for drinks? YES NO Estimated Number of Participants: 300
Type of alcohol to be consumed: Beer
Food is required. Will there be a charge for food/snack items? YES NO

Agreement:

- 1. Applicant is responsible for cleaning, trash disposal and any repairs necessary as a result of the event.
2. Applicant agrees to provide food/snacks at the location during the consumption of alcohol.
3. Applicant agrees to limit the consumption of alcohol to the hours approved by the permit.
4. Applicant is responsible for under-age drinking and shall NOT service alcohol to under-age persons.
5. Applicant agrees to indemnify and hold harmless the City of Mount Vernon, its employees and agents for all liability claims arising out of the event.
6. Applicant agrees to comply with all City codes, applicable laws, regulations and orders of the City.
7. Applicant agrees to use the best of efforts to restrict consumption in location(s) specified in approved permit.
8. Applicant agrees to first contact the Sheriff's office to provide and pay 2 or more City of Mount Vernon Police Officers/Franklin County Police officers for security for the event, a total of \$30.00 per officer for each hour the event is underway.

For Office Use

Permit Granted to:
Council Approved: Issue Date:
Permit Fees Paid: \$50.00 or \$150.00 Received by:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/08/2023

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: All Sulita	FAX (A/C. No.): 630-285-4062
	PHONE (A/C. No., Ext): 1-833-3ROTARY	E-MAIL ADDRESS: rotary@ajg.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Westchester Surplus Lines Insurance Company		10172
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Rotary Club of Mount Vernon
All Active US Rotary Clubs & Districts

ATTN: Risk Management Dept.
1560 Sherman Ave.
Evanston, IL 60201-3698

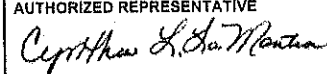
COVERAGES **CERTIFICATE NUMBER:** 899307648 **REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		G73578917 001	7/1/2022	7/1/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			G73578917 001	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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 \$			NOT APPLICABLE			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	NOT APPLICABLE			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 Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER City of Mount Vernon	CANCELLATION 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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