

**APPROVING A NON-PROFIT SPECIAL EVENT LIQUOR LICENSE FOR THE 2023 CORN FEST, DEKALB, ILLINOIS.**

**WHEREAS**, the City of DeKalb (the "City") is a home rule unit of local government and may exercise any power and perform any function pertaining to its government and affairs pursuant to Article VII, Section 6, of the Illinois Constitution of 1970; and

**WHEREAS**, the City received a request from DeKalb Corn Fest, Inc. (the "Licensee") for the approval of a Non-Profit Special Event Liquor License (the "License") pertaining to the conduct of the 2023 Corn Fest in the City's Central Business District; and

**WHEREAS**, the City's corporate authorities find that approving the License is in the City's best interests for the protection of the public health, safety, and welfare; and

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:**

**SECTION 1:** The recitals to this resolution are true, correct, adopted, and incorporated as Section One to this resolution.


**SECTION 2:** The City's corporate authorities approve a Non-Profit Special Event Liquor License for the Licensee for the 2023 Corn Fest, and further authorize and direct the City Manager, Executive Assistant and City staff to take all actions necessary to effectuate the License.

**SECTION 3:** This resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the City's corporate authorities that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, this resolution shall supersede state law in that regard within its jurisdiction.

**SECTION 4:** This resolution shall be in full force and effect from and after its passage and approval as provided by law.

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 8<sup>th</sup> day of May 2023 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Morris, Larson, Smith, McAdams, Verbic, Walker, Barnes. Nay: None. Absent: Perkins.



  
COHEN BARNES, Mayor

ATTEST:  


Ruth A. Scott, Executive Assistant



## PENP SPECIAL EVENT PERMIT

LIQUOR LICENSE NO.: 2023-6588

In accordance with Chapter 38 "Intoxicating Liquors", Section 38.19 "Non-Profit Special Event Permit" of the City of DeKalb Municipal Code, I, Cohen Barnes, Mayor/Liquor Commissioner for the City of DeKalb, hereby grant permission and allow the PENP Special Event as follows:

<b>Applicant Name:</b>	DeKalb Corn Fest, Inc.
<b>Location of Event:</b>	210 E. Locust Street, DeKalb, Illinois
<b>Date(s) and Time(s) of the Event:</b>	Friday, August 25, 2023 – 10:00 a.m. to 11:59 p.m. Saturday, August 26, 2023 – 10:00 a.m. to 11:59 p.m. Sunday, August 27, 2023 – 10:00 a.m. to 11:59 p.m.



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 8<sup>th</sup> day of May, A.D., 2023.

Cohen Barnes, Mayor/Liquor Commissioner

License must be clearly posted. License is not transferable by sale or assignment.  
The event organizer is responsible for maintaining all guidelines set forth by the State of Illinois regarding COVID-19.

**Mailing Address:**

DeKalb Corn Fest, Inc.  
P.O. Box 948  
DeKalb, IL 60115



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2023

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).

<b>PRODUCER</b> Crum-Halsted Agency Inc 2350 Bethany Road  Sycamore IL 60178		<b>CONTACT NAME:</b> Missy Gruben <b>PHONE (A/C, No, Ext):</b> (815) 756-2906 <b>FAX (A/C, No):</b> (815) 756-2138 <b>E-MAIL ADDRESS:</b> mgruben@crumhalsted.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> West Bend Mutual Ins Co	
		<b>INSURER B:</b> Illinois Casualty Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 2023-2024 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		0938595	08/03/2023	08/03/2024	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 \$ 2,000,000	
					PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$
	<b>AUTOMOBILE LIABILITY</b> <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					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Liquor Liability		LL111372	08/25/2023	08/28/2023	Limit \$1,000,000

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

Proof of Insurance  
RE: DeKalb Corn Fest  
August 25, 2023 to August 27, 2023  
210 E. Locust St. DeKalb, IL 60115

## CERTIFICATE HOLDER

Illinois Liquor Control Commission 100 W Randolph Ste 7-801  Chicago IL 60601	<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>Patrick E. Fagan</i>
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						GENERAL AGGREGATE \$ 2,000,000
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						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
	PROPERTY DAMAGE (Per accident) \$					
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: DeKalb Cornfest August 25, 2023 to August 27, 2023  
210 E Locust St, DeKalb, IL

Certificate Holder is an additional insured in regards to General Liability. Coverage afforded is primary and non contributory. Waiver of subrogation applies in regards to General Liability. 10 days notice of cancellation will be given to certificate holder.

<b>CERTIFICATE HOLDER</b>  City of DeKalb 164 E Lincoln Hwy  DeKalb IL 60115	<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>Patrick E. Payne</i>
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Liquor License



June 19, 2023



Letter ID: L2074784584

License No.: 4A-0104291  
Expiration Date: 8/27/2023  
License Type: SPECIAL EVENT RET

DEKALB CORN FEST INC  
DEKALB CORN FEST INC  
PO BOX 948  
DEKALB IL 60115-7900

SPECIAL EVENT LICENSE/SPECIAL USE PERMIT -- EVENT DATE(S) AND TIMES

Start Date Start Time	End Date End Time	Event Address	Event Theme
08/25/2023 03:00 PM	08/27/2023 06:00 PM	210 E. LOCUST ST. DEKALB, IL 601150000	DEKALB CORN FEST



STATE OF ILLINOIS  
LIQUOR CONTROL COMMISSION  
Governor JB Pritzker

Letter ID: L2074784584

4A-0104291

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL  
ACT OF 1934, THIS CERTIFIES THAT:

DEKALB CORN FEST INC  
DEKALB CORN FEST INC  
1586 BARBER GREENE RD  
DEKALB IL 60115-7900

DeKalb

HAS PAID ALL FEES  
AND IS ISSUED A  
LICENSE IN THE  
FOLLOWING CLASS:

SPECIAL EVENT RET

ISSUE DATE:

06/19/23

Effective:

08/25/23

THIS LICENSE  
EXPIRES ON:

8/27/2023

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW  
IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.

Sales Tax Acct # N/A

THIS LICENSE NOT TRANSFERABLE  
AS TO PRINCIPAL

Warehouse: N/A



FOR CITY USE ONLY

DATE APPLICATION RECEIVED:	4/26/23
CLASS OF LICENSE:	"PENP" Special Event Permit
PENP SPECIAL EVENT PERMIT APPLICATION FEE: Make check or money order payable to the "City of DeKalb"	\$226.00 (Non-Refundable)
DATE PAID:	4/26/23
CASH:	<input checked="" type="checkbox"/>
CHECK NO.	1310
LICENSE NO.:	2023-6588

**"PENP" SPECIAL EVENT PERMIT APPLICATION**  
Reference City of DeKalb Municipal Code  
Chapter 38 "Intoxicating Liquors"  
Section 38.19 "Non-Profit Special Event Permit"

**THE APPLICATION FOR A PENP SPECIAL EVENT PERMIT SHALL BE MADE AT LEAST 30 DAYS BEFORE THE DATE OF THE PROPOSED EVENT.**

**This application can only be applied for by a Not-for-Profit organization.**

All applicants must fully and accurately complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a City of DeKalb's "PENP" Special Event Permit.

# "PENP" SPECIAL EVENT PERMIT APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

The undersigned hereby makes application for a "PENP" Special Event Permit for the 25-27th day of August, 2023, between the hours of 3pm 8/25 and 6pm 8/27.

## 1. APPLICANT INFORMATION

### A. APPLICANT MUST BE A NOT-FOR-PROFIT ORGANIZATION

Enter the name, address and telephone number of the Not-for-Profit organization. **Note: This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Registration Certificate.**

Name			
DeKalb Corn Fest, Inc.			
Address	City	State	Zip Code
PO Box 948	DeKalb	IL	60115
Telephone No. (with Area Code)			
815-739-5091			

B. Date of Incorporation: 7/1995

Objects for which it was organized: Community Festival

C. Has Applicant had a "PENP" Special Event Permit in the previous 365 days?

☒ Yes ☐ No

If yes, on what date(s): Corn Fest 2022

## 2. LOCATION WHERE THE EVENT IS TO BE HELD:

Enter the name, address and telephone number of the location of the event.

Name of Event	Date(s) of Event	Time of Event	Expected Attendance
DeKalb Corn Fest	8/25-8/27	Fri 9-11pm, Sat, 11-11, Sun. 11-6pm	10,000
Address	City	State	Zip Code
210 E. Locust St.	DeKalb	IL	60115
Telephone No. (with Area Code)			
815-748-2676			

Does the applicant own the premises for which a license is being sought?

☐ Yes ☒ No

If "no", list name and address of the owner of the premises:

Owner Name			
City of DeKalb			
Address	City	State	Zip Code
164 E. Lincoln Hwy.	DeKalb	IL	60115
Telephone No. (with Area Code)			
815-748-2000			

**3. PERSON IN CHARGE OF EVENT (if other than Officers listed below)**

Please list the name, address and telephone number of the person in charge of conducting this event, if other than officers listed below. **Before completing this section, refer to "Eligibility" below.**

Name (Last, First, Middle Initial)			
Home Address	City	State	Zip Code
Telephone No. (with Area Code)	Cellular No. (with Area Code)		

**4. OFFICERS OF NOT-FOR-PROFIT ORGANIZATION**

Please list the name, address and telephone number of the officers of the organization and their title/position. (Please use a separate piece of paper if additional space is needed.) **Before completing this section, refer to "Eligibility" below.**

1. Name (Last, First, Middle Initial)			
Angel, Lisa A.			
Home Address	City	State	Zip Code
1211 S. 2nd St.	DeKalb	IL	60115
Telephone No. (with Area Code)	Cellular No. (with Area Code)		
815-739-5091	SAME		

<b>2. Name (Last, First, Middle Initial)</b>			
Lowe, Shawn			
Home Address	City	State	Zip Code
809 S. 1st St.	DeKalb	IL	60115
Telephone No. (with Area Code)	Cellular No. (with Area Code)		
815-540-6173	SAME		

<b>3. Name (Last, First, Middle Initial)</b>			
Coulter, Christi			
Home Address	City	State	Zip Code
225 N. Maple St.	Waterman	IL	60556
Telephone No. (with Area Code)	Cellular No. (with Area Code)		
815-739-4313	SAME		

<b>4. Name (Last, First, Middle Initial)</b>			
Home Address	City	State	Zip Code
Telephone No. (with Area Code)	Cellular No. (with Area Code)		

## 5. ELIGIBILITY QUESTIONS

These questions apply to the officers and person in charge of this event listed and any other person listed under Sections 3 and 4 above and must be answered for all persons. Please make extra copies of the questions for each person answering. If the questions are not answered, the application will be rejected. If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- A. ☐ Yes ☒ No Have you had any previous liquor license revoked?
- B. ☐ Yes ☒ No Have you ever been convicted of a felony, or convicted of being the keeper of or are keeping a house of ill fame; ever been convicted of pandering or other crimes or misdemeanor opposed to decency and morality? (PLEASE NOTE that applicant is not required to disclose any sealed or expunged convictions.)
- C. ☐ Yes ☒ No Have you ever been convicted of a gambling offense as defined under the section 5/16-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling", 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling", and 720 ILCS 5/28-3 "keeping a gambling place"? (PLEASE NOTE that applicant is not required to disclose any sealed or expunged convictions.)

D. ☐ Yes ☒ No

Have you ever been convicted of a violation of any federal, state or local law concerning the manufacture, possession or sale of alcoholic liquor?

E. ☐ Yes ☒ No

Do you have a pending criminal charge for any violation listed in items A through C above?

F. ☐ Yes ☒ No

Does any law enforcing public official, or member of the DeKalb City Council have any interest in any way, either directly or indirectly, in the sale or distribution of alcoholic liquor for which this license is sought?

G. ☐ Yes ☒ No

Do you directly or indirectly publish, circulate, or display any written communication, the intent and effect of which is to deny any person the full and equal enjoyment of the organization and/or the proposed licensed facilities and/or services because of race, color, religion, sex or national origin?

H. ☐ Yes ☒ No

Does the applicant's not-for-profit's organization's international, national, state or local constitution, bylaws, articles or other official documents deny to any person the full and equal enjoyment of the organization and/or the proposed licensed facilities and/or services because of race, color, religion, sex or national origin?

## 6. LIVE ENTERTAINMENT

Are you planning on having Live Entertainment at your event? ☐ Yes ☐ No

If yes, check the box for a Live Entertainment Permit

☒ **Live Entertainment**

*Applicants for a "PENP" Special Event Permit that also seek the issuance of a Live Entertainment Permit shall be exempt from the payment of any additional permit fees.*

Please give detailed description of the following:

**NOTE: Outdoor live entertainment must end at 10:00 p.m. Sunday through Thursday nights and 11:00 p.m. on Friday and Saturday nights.**

Name of Entertainer or Business
DeKalb Corn Fest, Inc.
Address
PO Box 948 DeKalb, IL 60115
Contact Person
Shawn Lowe
Telephone No. (with Area Code)
815-540-6173

Name of Promoter (if applicable)

Address

Website

Telephone No. (with Area Code)

Detailed description of proposed live entertainment activities.

Has this entertainer or business performed in the City of DeKalb within the last year?

☐ Yes ☒ No

If yes, list the date(s), and location(s) of the event(s):

## 7. INFORMATION ABOUT EVENT AND REQUIRED ATTACHMENTS

A. Is the event going to be: ☐ In-Doors ☒ Out-of Doors

**List square footage and attach a drawing of the premises to be licensed.**

B. Outline procedure to be used to contain consumption of liquor to be licensed premises, control littering and what type of restroom facilities will be provided:

Beer garden/soundstage area is fenced in with port a potties and sinks inside the fenced area. Lakeshore Recycling and Big John will

be on premise for all garbage and port a pottie maintenance during the fest.

C. On the attached "Liquor Supervisors for a "PENP" Special Event Permit" (page 9), list a minimum of five (5) liquor supervisors for every one-hundred (100) persons in attendance during the hours of the license. Liquor Supervisors shall be members of the organization holding the license.

D. Attach a copy of a plot plan showing the lot or tract of land where the event will be held, including any existing or proposed structure (including accessory structures) thereon, location of existing or proposed easements, fire lanes, parking arrangements and vehicle access points, electrical supply sources, location of portable fire extinguishers, location of refuse and portable restroom facilities, any existing as well as proposed screening or barricading and a detailed description of available means of egress or temporary alteration thereof;

E. Attach a copy of a Certificate of Dram Shop Insurance showing that event site is covered therein, event address and the date of the event with the City of DeKalb listed as an additional insured; *pending*

F. Attach copies of letters of permission by any property owner affected that may necessitate the acquisition of temporary easements, use of leased land or as otherwise required, and

G. Building permit applications shall be submitted and signed by licensed and bonded contractors (where required, contact Public Works Building and Code Division, City of DeKalb) in accordance with DeKalb Municipal Code provisions. Provide a detail of any temporary or permanent changes and/or deletions to any structural, electrical, mechanical or plumbing systems necessary to conduct an Outdoor Special Event.

H. Applicant must provide proof of obtaining a Special Event permit from the State of Illinois Liquor Control Commission before the start date of the special event. *pending*

## 8. INSPECTION OF PREMISES

The undersigned understands that property maintenance inspections and fire/life safety code inspections shall be performed prior to the issuance of the "PENP" Special Event Permit and shall make themselves and the event location available for said inspections, and further understands that in the event that the application results in the need for an inspection by City inspection staff after 5:00 p.m. on Monday through Friday, or on Saturday, Sunday or a City recognized holiday, an additional fee of Two Hundred and Thirteen Dollars (\$213.00) shall be submitted prior to issuance of permit.

## 9. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original - rubber stamps are not accepted.

I(WE), THE UNDERSIGNED BEING DULY SWORN, HEREBY STATE(S) THAT I(WE) UNDERSTAND THAT ALCOHOLIC BEVERAGES MAY NOT BE SOLD OR OFFERED FOR SALE PRIOR TO THE DATE THE CITY OF DEKALB'S LIQUOR LICENSE IS ISSUED AND THAT THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF DEKALB TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE CITY OF DEKALB, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, CITY OF DEKALB'S LIQUOR ORDINANCE – CHAPTER 38, CITY OF DEKALB'S ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.



Signature of Applicant/Authorized Agent

**Lisa Angel**

Print Name



Signature of Applicant/Authorized Agent

**Christi Coulter**

Print Name

**Chairperson**

Title/Position

**4-21-23**

Date

**Secretary**

Title/Position

**4-21-23**

Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

## LIQUOR SUPERVISORS FOR A "PENP" SPECIAL EVENT PERMIT

Name of Event: DeKalb Corn Fest License No.: \_\_\_\_\_

Date of Event: Aug. 25-27th 2023 Time of Event: 8-25-23 3pm- 8-27-23 6pm

Address of Event: 210 E. Locust St. DeKalb, IL 60115

List name and addresses of each Liquor Supervisor(there must be 5 liquor supervisors for every 100 persons):

**Lisa Angel                      1211 S. 2nd St. DeKalb, IL 60115**

**Shawn Lowe**      809 S. 1st St. DeKalb, IL 60115

**Dave Rapp**      121 E. Milner St. DeKalb, IL 60115

**Corinne Rapp**      **121 E. Milner St. DeKalb, IL 60115**

**Christi Coulter      225 N. Maple St. Waterman, Il 60556**

**Brian Oster**      101 Pawpaw Ave. Cortland, IL 60112

Amy Oster 101 Pawpaw Ave. Cortland IL 60112

**Brian Reynolds      407 Preserve Dr. Genoa IL 60135**

**Dawn Reynolds     407 Preserve Dr. Genoa, IL 60135**

Sean Larson      19430 Hahn Rd. DeKalb, IL 60115

Philip Petersen 1348 Steward Rd.Steward IL 60553

Kristina Lauritzen 538 Daventry Ct. Clover, SC 29710

Jennifer Yochem 830 S. 2nd St. DeKalb, IL 60115



# FESTIVAL MAP



RECEIPT

City of DeKalb  
164 E. LINCOLN HWY  
DeKalb, IL 60115

**Paid By:**  
DEKALB CORN FEST INC  
POB 948  
DEKALB, IL 60115

Receipt #	Post Date
00013411	04/27/2023
Business ID	
349	
Cashier	
EMILY.HANSON	
Payment Method	
Check	1310

License Number	Invoice #	Description	Fee ID	Amount Paid
2023-6588	00014807	NON-PROFIT SPECIAL EVENT (PER EVENT)	NONPRO	226.00

Total Amount Paid
226.00