RESOLUTION 2019-079                              PASSED: MAY 13, 2019

APPROVING A NON-PROFIT SPECIAL EVENT LIQUOR LICENSE FOR THE 2019 CORN FEST.

WHEREAS, the City of DeKalb is a home-rule Illinois Municipal Corporation with powers and authority pursuant to the Illinois Constitution of 1970 and the applicable provisions of the Illinois Municipal Code; and

WHEREAS, the City has received a request from DeKalb Corn Fest, Inc. for the approval of a Non-Profit Special Event Liquor License pertaining to the conduct of the 2019 Corn Fest within the City's Central Business District, and the City wishes to approve the same.

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

SECTION 1: The City Council of the City of DeKalb hereby approves of the Non-Profit Special Event Liquor License for the 2019 Corn Fest, in the format contemplated by the attachment hereto.

SECTION 2: That the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor's Signature.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 13th day of May 2019 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Morris, Finucane, Smith, McAdams, Verbic, Faivre, Mayor Smith. Nay: none. Absent: Fagan (Recused).

ATTEST:

LYNN A. FAZEKAS, City Clerk

JERRY SMITH, Mayor
FOR CITY USE ONLY

<table>
<thead>
<tr>
<th>DATE APPLICATION RECEIVED:</th>
<th>3-26-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASS OF LICENSE:</td>
<td>&quot;PENP&quot; Special Event Permit</td>
</tr>
<tr>
<td>PENP SPECIAL EVENT PERMIT APPLICATION FEE:</td>
<td>$213.00 (Non-Refundable)</td>
</tr>
<tr>
<td>Make check or money order payable to the “City of DeKalb”</td>
<td></td>
</tr>
<tr>
<td>DATE PAID:</td>
<td>3-26-19</td>
</tr>
<tr>
<td>CASH:</td>
<td>N/A</td>
</tr>
<tr>
<td>CHECK NO.:</td>
<td>3190</td>
</tr>
<tr>
<td>LICENSE NO.:</td>
<td>2019-0232</td>
</tr>
</tbody>
</table>

"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.

[Signature]

*PENP* (Public Entity/Non-Profit) Special Event Permit Application
Revised: 3/19/19  Page 1 of 9
The undersigned hereby makes application for a "PENP" Special Event Permit for the 23 - 25 day of August, 2019, between the hours of 8am Aug 23 and 9pm Aug 25

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dekelb Can Fest, Inc.</td>
<td>Dekelb</td>
<td>Il</td>
<td>60117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone No. (with Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1580 S. Garden Greene Rd.</td>
<td>815-748-2076</td>
</tr>
</tbody>
</table>

B. Date of Incorporation: 7/95

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): Aug 2018 Can Fest

2. LOCATION WHERE THE EVENT IS TO BE HELD:

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

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Date(s) of Event</th>
<th>Time of Event</th>
<th>Expected Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dekelb Can Fest</td>
<td>8/23 - 8/25</td>
<td>8am - 9pm</td>
<td>10,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>510 S. Court St (Downtown Dekelb)</td>
<td>Dekelb</td>
<td>Il</td>
<td>60115</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No. (with Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>815-748-2076</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Owner Name</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No. (with Area Code)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No. (with Area Code)</td>
<td>Cellular No. (with Area Code)</td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>1. Name (Last, First, Middle Initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angel, Lisa A.</strong></td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Telephone No. (with Area Code)</td>
</tr>
</tbody>
</table>
2. Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No. (with Area Code)</th>
<th>Cellular No. (with Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No. (with Area Code)</th>
<th>Cellular No. (with Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No. (with Area Code)</th>
<th>Cellular No. (with Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 circled “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)-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 of 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._

<table>
<thead>
<tr>
<th>Name of Entertainer or Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dekalb Con Fest, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>15840 Barber Greens Rd. Dekalb, IL 6015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawna Love</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No. (with Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Name of Promoter (if applicable)

Address

Website

Telephone No. (with Area Code)

Detailed description of proposed live entertainment activities.

<table>
<thead>
<tr>
<th>Has this entertainer or business performed in the City of DeKalb within the last year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes  ☒ No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 post and pails, sinks within this area. Laxee store recycling will be on premise for all garbage and bathroom post is pottie maintenance during 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; Comes in June

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.
LIQUOR SUPERVISORS FOR A "PENP" SPECIAL EVENT PERMIT

Name of Event: DeKell Can Fest

Date of Event: Aug 23 - 25th 2019

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

Time of Event: 8/23 3pm until 6pm 8/25

License No.:

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

Lisa Angeli
Shawn Lane
Melissa Butts
Joe Butts
Carly Butts
Dave Repp
Corinne Repp
Ben Gutter
Christy Coulter
Kristine Lefcitzen
Cynthia Swanson
Mike Gummess
Karen Johnson
Phillip Peterson
Dave Johnson
Alice Freier
Brian Reynolds
Dawn Reynolds
**FRIDAY AUGUST 23RD**
5:30-6:30PM • THE PARTY DOCTORS
7:00 – 8:15PM • JOHN WAITE (THE BABYS, BAD ENGLISH, SOLO CAREER WITH THE SONG "MISSING YOU")
9:00 – 11:00PM • 7TH HEAVEN

**SATURDAY AUGUST 24TH**
1:00 – 2:00PM • THE MOCKINGBYRDS
2:30PM – 3:30PM • THE BEAUX BAND
4:30PM – 6:00PM • BLIND DATE
7:00 – 8:30PM • MARSHALL CHARLOFF & THE PURPLE XPERIENCE (Tribute to Prince)
9:00PM – 11:00PM • HI INFIDELITY

**SUNDAY AUGUST 25TH**
2:00 – 3:30PM • THE RELICS
4:30PM – 6:00PM • SLIM JIM PHANTOM
FROM THE STRAY CATS (ROCK THIS TOWN, SEXY & 17)

SLIM JIM PHANTOM
FROM THE STRAY CATS

DEKALB, IL • CORNFEST.COM
April 10, 2019

City of DeKalb
Attn: Ruth Scott
200 South Fourth Street
DeKalb IL 60115

Dear Ms. Scott:

In accordance with your request and in reliance upon the conditions noted in your resolution adopted March 25, 2019, the Illinois Department of Transportation grants the City of DeKalb permission, subject to the aforesaid conditions, to temporarily close Illinois Route 38 from First Street to Fourth Street, from 4:00 p.m. on August 22, 2019 to 10:00 p.m. on August 25, 2019 for a corn fest.

Your cooperation in minimizing confusion and delay to through traffic is earnestly solicited and a reminder that the roadway needs to be open to clear traffic after 15 minutes if there is no detour route available for through traffic to utilize.

If you have any questions, please contact Tom Schaefer, Traffic Engineer, at 815-434-8446.

Sincerely,

Kevin Marchek, P.E.
Region Two Engineer

By: Tom Hufnagel, P.E.
District Operations Engineer

cc: Illinois State Police, District 2
DeKalb Police Department
S Melborg / D Rennels
Julie Wielgopolan
RESOLUTION 2019-055  
PASSED: MARCH 25, 2019

APPROVING THE REGULATION OF TRAFFIC FOR THE PURPOSE OF
HOLDING THE ANNUAL DEKALB CORN FESTIVAL ON ILLINOIS
ROUTE 38 BETWEEN FIRST STREET AND FOURTH STREET
BEGINNING ON THURSDAY, AUGUST 22, 2019 AT 4:00 P.M.,
THROUGH SUNDAY, AUGUST 25, 2019 AT 10:00 P.M.

WHEREAS, the DeKalb Corn Fest, Inc., is sponsoring the annual Corn Fest in the City
of DeKalb, Illinois, which constitutes a public purpose; and

WHEREAS, this event will require the temporary closure of Illinois Route 38, a State
Highway in the City of DeKalb, between First Street and Fourth Street between the
hours of 4:00 p.m. on Thursday, August 22, 2019 until 10:00 p.m. Sunday, August 25,
2019; and

WHEREAS, Section 4.408 of the Illinois Highway Code authorizes the Department of
Transportation to issue permits to local authorities to temporarily close portions of State
Highways for such public purposes.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF
DEKALB, ILLINOIS, that permission to close off Illinois Route 38 between First Street
and Fourth Street between the hours of 4:00 p.m. on Thursday, August 22, 2019 and
until 10:00 p.m. on Sunday, August 25, 2019 as above designated, be requested of the
Illinois Department of Transportation.

BE IT FURTHER RESOLVED that this closure shall occur during the approximate time
period between the hours of 4:00 p.m. on Thursday, August 22, 2019 and until 10:00
p.m. Sunday, August 25, 2019.

BE IT FURTHER RESOLVED that traffic from that closed portion of highway shall be
detoured over routes with an all-weather surface that can accept the anticipated traffic,
which will be maintained to the satisfaction of the Illinois Department of Transportation
and, which is conspicuously marked for the benefit of traffic diverted from the State
highway. The detour route shall be as follows:

Westbound traffic: – Beginning at the intersection of route 38 (Lincoln Highway) and
Route 23 (Fourth Street) turn north to the Sycamore Road extension at Clinton Rosette
School; turn left (southwest) on the Sycamore Road extension past said school; turn left
(south) on North First Street to Lincoln Highway; turn right (west) on Route 38 (Lincoln
Highway).

Eastbound traffic: Beginning at Route 38 (Lincoln Highway), turn left (north) on North
First Street; turn right (northeast) on Sycamore Road extension; turn right (south) on
Route 23 (Fourth Street) to the intersection of Route 38 (Lincoln Highway) and Route 23
(Fourth Street); turn left (east) on Route 38 (Lincoln Highway).
BE IT FURTHER RESOLVED that the City of DeKalb assumes full responsibility for the direction, protection, and regulation of the traffic during the time the detour is in effect.

BE IT FURTHER RESOLVED that police officers or authorized flaggers shall at the expense of the City of DeKalb, Illinois be positioned at each end of the closed section and at other points (such as intersections) as may be necessary to assist in directing traffic through the detour.

BE IT FURTHER RESOLVED that police officers, flaggers, and officials shall permit emergency vehicles in emergency situations to pass through the closed area as swiftly as is safe for all concerned.

BE IT FURTHER RESOLVED that all debris shall be removed by the City of DeKalb, prior to reopening the State Highway.

BE IT FURTHER RESOLVED that such signs, flags, barricades, etc., shall be used by the City of DeKalb as may be approved by the Illinois Department of Transportation. These items shall be provided by the City of DeKalb.

BE IT FURTHER RESOLVED that the closure and detour shall be marked according to the Illinois Manual on Uniform Traffic Control Devices.

BE IT FURTHER RESOLVED that to the fullest extent permitted by law, the City of DeKalb shall be responsible for any and all injuries to persons or damages to property, and shall indemnify and hold harmless the Illinois Department of Transportation, its officers, employees and agents from any and all claims, lawsuits, actions, costs and fees (including reasonable attorneys' fees and expenses) of every nature or description, arising out of, resulting from or connected with the exercise of authority granted by the Department, which is the subject of this Resolution. The obligation is binding upon the City of DeKalb, regardless of whether or not such claim, damage, loss or expense is caused in part by the act, omission or negligence of the Department or its officers, employees or agents.

BE IT FURTHER RESOLVED that the City of DeKalb shall provide a comprehensive general liability policy or an additional named insured endorsement in the minimum amount of $1,000,000 per person and $2,000,000 aggregate, which has the Illinois Department of Transportation, its officials, employees and agents as insureds and, which protects them from all claims arising from the requested road closing. A copy of said policy or endorsement will be provided to the Department before the road is closed.

BE IT FURTHER RESOLVED that a copy of this Resolution will be forwarded to the Department of Transportation to serve as a formal request for the permission sought in this Resolution and to operate as part of the conditions of said permission.
BE IT FURTHER RESOLVED, that the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor's Signature and shall be effective thereupon.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 25th day of March 2019 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Jacobson, Finucane, Stupegia, Noreiko, Verbic, Falvre, Smith. Nay: None. Absent/Recused: Fagan.

ATTEST:

LYNN A. FAZEKAS, City Clerk

JERRY SMITH, Mayor
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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.
2860 Golf Road
Rolling Meadows IL 60008

INSURED
City of DeKalb
200 South Fourth St.
DeKalb IL 60115

COVERAGES

COVERAGE NUMBER: 798663002

REVISED 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.

<table>
<thead>
<tr>
<th>LNR</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXPIRY</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>PK1027618</td>
<td>1/1/2019</td>
<td>1/1/2020</td>
<td>EACH OCCURRENCE $10,000,000, MED EXP (Any one person) $, PERSONAL &amp; ADJURY $, GENERAL AGREES $10,000,000, PRODUCTS - COMPOD AGG  $, BRR $100,000</td>
</tr>
<tr>
<td>A</td>
<td>AUTOMOBILE LIABILITY</td>
<td>PK1027619</td>
<td>1/1/2019</td>
<td>1/1/2020</td>
<td>EACH OCCURRENCE $10,000,000, BODILY INJURY (Per person) $, BODILY INJURY (Per accident) $, PROPERTY DAMAGE (Per accident) $, BRR $100,000</td>
</tr>
<tr>
<td>B</td>
<td>WORKERS' COMPENSATION</td>
<td>SP4059647</td>
<td>1/1/2019</td>
<td>1/1/2020</td>
<td>EACH OCCURRENCE $, AGGREGATE $, E.L. EACH OCCIDENT $1,000,000, E.L. DISEASE - 6A EMPLOYEE $1,000,000, E.L. DISEASE - POLICY LIMIT $1,000,000</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required).
Illinois Department of Transportation is included as additional insured with respect to the general liability coverage as evidenced herein as required by written contract pertaining to The 2019 Memorial Day Parade.

CERTIFICATE HOLDER

ILLINOIS DEPARTMENT OF TRANSPORTATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
Corn Fest 2019 - Street & Parking Lot Closures

- Street parking on Locust St allowed until 6:00 PM Thursday, August 22.

A limited number of spaces will be open for Barb City Bagel customers.

Closures:
- Roads closed at 4:00 PM Thursday, August 22 until 10:00 PM Sunday, August 25 Road
- closed at 4:00 PM Thursday, August 22 until 9:00 PM Sunday, August 25
- Lots closed at 6:00 PM Tuesday, August 20 until 7:00 AM Monday, August 26 (Carnival)
- Lot closed 5:00 PM Thursday, August 22 until 9:00 PM Sunday, August 25 (Kids' Area)
[NOTICE: This message originated outside of the City Of DeKalb mail system -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

Ruth,

This email is to confirm that our office will supply our above mentioned insured Liquor Liability and General Liability Insurance 90 days prior to event.

The City of DeKalb will be listed as additional insured.

Patrick E. Fagan CIC
Vice President

2350 Bethany Rd
Sycamore, IL 60178
779-777-7351 (Direct)
815-756-2138 (Fax)
pfagan@crumhalsted.com
www.crumhalsted.com

CONFIDENTIALITY NOTICE: This message is intended only for the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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
Crum-Halsted Agency Inc
2360 Bethany Road
Sycamore
IL 60178

INSURED
Dekalb Corn Fest, Inc
1586 Barber Greene Rd
Dekalb
IL 60115-7900

INSCRIBER
West Bend Mutual Ins Co
15350

INSURER B: Illinois Casualty Company
INSURER D: 
INSURER E: 
INSURER F: 

COVERAGE
CERTIFICATE NUMBER: 2019-2020

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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.

<table>
<thead>
<tr>
<th>LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADJ. SUB ( tính</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF.</th>
<th>POLICY EXP.</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>CLAIMS-MADE X OCCUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GEN. AGGREGATE LIMIT APPLIES PER:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POLICY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROD.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LOC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0938595  08/03/2019  08/03/2020

AUTOMOBILE LIABILITY

ANY AUTO
OWNED AUTOS ONLY
NON-OWNED AUTOS
SCHEDULED AUTOS
HIRED AUTOS

UMBRELLA LIABILITY

EXCESS LIABILITY

DED RETENTION $ 

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

RE: Dekalb Corn Fest, August 23, 2019 to August 25, 2019
City limits of Dekalb, IL 60115
Illinois Dept of Transportation is additional insured in regards to General Liability.

CERTIFICATE HOLDER

Illinois Dept of Transportation
700 E Norris
Ottawa
IL 61350

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

© 1988-2016 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
Crum-Halsted Agency Inc
2350 Bethany Road
Sycamore, IL 60178

CONTACT NAME: Missy Gruben
PHONE: (815) 756-2006
ADDRESS: mgruben@crumhalsted.com
FAX: (815) 756-2138

INSURED
Dekalb Corn Fest, Inc
1586 Barber Greene Rd
Dekalb, IL 60115-7900

INSURER(S) AFFORNING COVERAGE NAIC #
INSURER A: West Bend Mutual Ins Co 15350
INSURER B: Illinois Casualty Company

COVERAGES CERTIFICATE NUMBER: 2019-2020 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.

<table>
<thead>
<tr>
<th>LTR</th>
<th>TYPE OF INSURANCE</th>
<th>EXCLUSION IN#</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF. DATE</th>
<th>POLICY EXP. DATE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td></td>
<td>08/03/2019</td>
<td>08/03/2020</td>
<td>EACH OCCURRENCE: 1,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CLAIMS-MADE OK YY</td>
<td></td>
<td>0935505</td>
<td></td>
<td>DAMAGE OCCURRED PREMISES (Ex occurrence): 100,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GNL AGGREGATE LIMIT APPLIES PER:</td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person): 200000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POLICY:</td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY: 1,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE: 2,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER:</td>
<td></td>
<td></td>
<td></td>
<td>PRODUCTS - CONTRACTUAL: 2,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OC: 2,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AUTOMOBILE LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td>UNLESS DEFINED SINGLE LIMIT (Ex accident): 200000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ANY AUTO:</td>
<td></td>
<td></td>
<td></td>
<td>BODY INJURY (Per person): 100000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OWNED AUTO ONLY: SCHEDULED</td>
<td></td>
<td></td>
<td></td>
<td>BODY INJURY (Per accident): 200000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIRED AUTOS ONLY: NON-OWNED</td>
<td></td>
<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per accident): 20000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AUTOS ONLY:</td>
<td></td>
<td></td>
<td></td>
<td>EACH OCCURRENCE: 200000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AGGREGATE: 200000</td>
<td></td>
</tr>
</tbody>
</table>

| B   | UMBRELLA LIABILITY               | OCCUR          |                |                  |                         |
|     | EXCESS LIAB:                     | CLAIMS-MADE:   |                |                  |                         |

| WORKERS' COMPENSATION AND EMPLOYEES' LIABILITY | Y/N | N/A |
| ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 151, Additional Remarks Schedule, may be attached if more space is required)

RE: Dekalb Cornfest August 23, 2019 to August 25, 2019, 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.

CERTIFICATE HOLDER
City of DeKalb
200 S 4th Street
DeKalb IL 60115

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS 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**
Crum-Haistled Agency Inc
2350 Bethany Road
Sycamore, IL 60178

**INSURED**
Dekalb Corn Fest, Inc
1586 Barber Greene Rd
Dekalb, IL 60155-7900

**INSCRIBER(S) AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>NAIC #</th>
<th>INSURER A: West Bend Mutual Ins Co</th>
<th>15350</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURER B: Illinois Casualty Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURER C:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURER D:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURER E:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURER F:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COVERAGES**

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL INSURED</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A COMMERCIAL GENERAL LIABILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIMS-MADE</td>
<td>OCCUR</td>
<td></td>
</tr>
<tr>
<td>0935505</td>
<td>08/03/2019</td>
<td>08/03/2020</td>
</tr>
<tr>
<td>EACH OCCURRENCE</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>DAMAGE TO RENTED PREMISES (EA occurrence)</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>MED EXP. (Any one person)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>PERSONAL &amp; ADV INJURY</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>GENERAL AGGREGATE</td>
<td>$2,000,000</td>
<td></td>
</tr>
<tr>
<td>PRODUCTS - COMPRO.AGG</td>
<td>$2,000,000</td>
<td></td>
</tr>
<tr>
<td><strong>OC</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>CAR AUTO LIABILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANY AUTO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OWNED AUTO ONLY</td>
<td>SCHEDULED AUTOS</td>
<td></td>
</tr>
<tr>
<td>HIRED AUTO ONLY</td>
<td>NON-OWNED AUTOS</td>
<td></td>
</tr>
<tr>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td></td>
</tr>
<tr>
<td>EXCESS LIABILITY</td>
<td>CLAIMS-MADE</td>
<td></td>
</tr>
<tr>
<td>DED RETENTION</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PER STATUTE</td>
<td>OTH.</td>
<td></td>
</tr>
<tr>
<td>E.L. EACH ACCIDENT</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>E.L. DISEASE - EA EMPLOYEE</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>E.L. DISEASE - POLICY LIMIT</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>LIQUOR LIABILITY</td>
<td>06/23/2019</td>
<td>08/26/2019</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

Proof of Insurance
RE: DeKalb Corn Fest
August 23, 2019 to August 25, 2019
210 E. Locust St. DeKalb, IL 60115

**CERTIFICATE HOLDER**
Illinois Liquor Control Commission
100 W Randolph Ste 7-801
Chicago, IL 60601

**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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD.