



**City of Rochelle**

417 N. 6<sup>th</sup> Street

Rochelle, IL 61068

T#:815-582-8717; F#: 815-562-4178

www.cityofrochelle.net

**Application for Special Event Permit**

Application for **NEW EVENTS** must be submitted a minimum of **45 days** before event date.  
*Incomplete application will NOT be accepted.*

**1. Event Information**

a) Name of Event: CAN Food Truck Festival

b) Location of Event: Parking lot South of Gazebo - Lot #8

Is the premises:  Indoor  Outdoor Is the premises:  Public  Private

c) Date of Event: 10/20/18 d) Time(s) Start: 11:00 am/pm Finish: 1:00 am/pm

e) TYPE OF EVENT: Check all that Apply

Outdoor Liquor  Public Property  Fireworks  Raffle  Festival/Fair  Race/Walk/Bike Ride

Other Not Listed. Explain: \_\_\_\_\_

f) Estimated attendance: 150 Demographic (age) of crowd: Varies

g) Street closure request? (please circle)  Yes  No

*\*Council approval for street closures and use of city property*

If yes, name street: Parking Lot #8

Reason for street closure: \_\_\_\_\_

**2. Organization Hosting Event**

a) Organization/Committee/Company Rochelle Community Action Network- CAN

Address PO Box 432 City/State/Zip Rochelle, IL 61068

Day Phone \_\_\_\_\_ Cell 815-751-0461 Fax \_\_\_\_\_

**3. Contact Person/Applicant – Person Responsible For This Event**

a) Name Michelle Pease

Address 11533 E Flagg Road City/State/Zip Rochelle, IL 61068

Day Phone \_\_\_\_\_ Cell 815-751-0461 Fax \_\_\_\_\_

E-Mail michellepease91@yahoo.com Relationship to organization: CAN Board President

**4. Contact Information of All Event Planners Responsible For This Event - contact info is for someone that would be available the day of the event, in case needed.**

Name	Address	Phone/Cell #	E-mail
Eva Chu		815-757-3372	echu@d231.rochelle.net
Mike Dale		815-766-1055	mdale@rthsd212.org

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**5. For An Event That Will Involve Liquor And/Or Entertainment**

**Notes: No Liquor will be served.**

Hours of Liquor Sales and/or Entertainment

\*Entertainment \_\_\_\_\_ To \_\_\_\_\_

\*Liquor Sales \_\_\_\_\_ To \_\_\_\_\_

\*Entertainment and Liquor Sales Must Cease by 11:00 p.m.

a) Name of business providing alcohol: \_\_\_\_\_

b) \*\*City Liquor License No.: \_\_\_\_\_

c) Alcoholic liquor at the event will be: \_\_\_ Served \_\_\_ Sold \_\_\_ Served and Sold

d) Number of servers and number of BASSET/TIPS trained staff that will be present at the event: \_\_\_\_\_

*\*\*It is the liquor license holder's responsibility to comply with any State requirements.*

**6. Attach the Following To This Application**

a. **Copy of Proof of Insurance** naming the "City of Rochelle" as an additional insured including name and date of the event in the amount of \$1,000,000.00 in general liability, and if alcoholic liquor will be served/sold, liquor liability in the amount of \$1,000,000.00.

b. **Letters of permission /notification** from any property owner(s) affected that may necessitate a street closure or the acquisition of temporary easements, use of leased land or as otherwise required.

c. **Building permit applications** if building permits are required, applications signed by licensed contractors required in accordance with the City of Rochelle's Code provisions. Provide a detail of any temporary or permanent changes, additions, and/or deletions to any structural, electrical, mechanical or plumbing systems necessary to conduct the special event.

d. **Detailed site plan showing:**

1. Location where the event will be held including any existing or proposed accessory structures (stage, beer station, etc)

2. Temporary fencing.

3. Location of refuse and portable restroom facilities.

4. Electrical supply and water services needed.

5. Parking arrangements if necessary: On-site and off-site

e. **Cleaning Fee** may be required if extensive cleaning is required after event \$100 and up.

**IF the event is held on city property:**

f. **Fireworks** need to provide a certificate of insurance

g. **Carnival** needs certificate of insurance showing proof of worker's comp and one with general liability

h. **Food Vendors** will need certificate of insurance and food license

**7. Original Signatures Requires – Facsimiles or Copies Will Not Be Accepted**

I, the undersigned/applicant hereby state that the information contained in the application is true and correct to the best of my knowledge.

DATE: 9-7-18

PRINT NAME: Michelle Pease

SIGNATURE: Michelle Pease

Illinois Operations Center

2702 Ireland Grove Road  
Bloomington, IL 61709-0001



002274 3150-03 2274

E-CHG

01-6204  
BUSINESS - MISC

AT1  
Rochelle Can  
15761 E Big Mound Rd  
Lindenwood IL 61049-9705



ST  
816-0000

January 08, 2018

Policy number: 93-G8-N516-4 Illinois  
Policy type: Businessowners Policy  
Location: 15761 E Big Mound Rd  
Lindenwood Il  
61049-9705

IMPORTANT NOTICE  
Coverage Change

State Farm Fire and Casualty Company is unable to provide the coverage as you requested in your application. On February 16, 2018 at 12:01 a.m., we'll make the following change(s) to your State Farm® policy:

- we're changing the named insured on this policy to Rochelle CAN, the legal owner of the business.

We'll send you a separate invoice or refund depending upon the amount of time the coverage was in force and the premium amount you paid.

THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.

If you have any questions, call your State Farm agent Terri Schaefer at (815) 562-7063. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services. Terri Schaefer at (815) 562-7063.

238976  
E-CHG  
cc: Terri Schaefer 620413



**STATE FARM FIRE AND CASUALTY COMPANY**  
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS  
 2702 Ireland Grove Road  
 Bloomington, IL 61709-0001

**DECLARATIONS**

<b>Policy Number</b>	<b>93-G8-N516-4</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 6 2017	DEC 6 2018
The policy period begins and ends at 12:01 am standard time at the premises location.		

M-01-6204-FA40 F N

000112 3123

**Named Insured**

ROCHELLE CAN  
 15761 E BIG MOUND RD  
 LINDENWOOD IL 61049-9705

**Agent and Mailing Address**  
 SCHAEFER INS AND FIN SVCS INC  
 PO BOX 89  
 ROCHELLE IL 61068-0089  
 PHONE: (815) 562-7063

**Businessowners Policy**

**Automatic Renewal** - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

POLICY PREMIUM \$ 325.00  
 Minimum Premium

Discounts Applied:  
 Years in Business

Prepared  
 DEC 29 2017  
 CMP-4000

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Continued on Reverse Side of Page

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**DECLARATIONS (CONTINUED)**

**Businessowners Policy for ROCHELLE CAN**  
**Policy Number 93-G8-N516-4**

**SECTION I - PROPERTY SCHEDULE**

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	15761 E BIG MOUND RD LINDENWOOD IL 61049-9705	No Coverage	\$ 1,000	25%

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

**SECTION I - INFLATION COVERAGE INDEX(ES)**

Cov A - Inflation Coverage Index: N/A  
 Cov B - Consumer Price Index: 246.8

**SECTION I - DEDUCTIBLES**

**Basic Deductible** \$1,000

**Special Deductibles:**

Money and Securities \$250      Equipment Breakdown \$1,000

Other deductibles may apply - refer to policy.



## DECLARATIONS (CONTINUED)

Businessowners Policy for ROCHELLE CAN  
 Policy Number 93-G8-N516-4

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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**DECLARATIONS (CONTINUED)**

**Businessowners Policy for ROCHELLE CAN**  
Policy Number **93-G8-N516-4**

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY**

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

**SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

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DEC 29 2017  
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**DECLARATIONS (CONTINUED)**

**Businessowners Policy for ROCHELLE CAN**  
**Policy Number 93-G8-N516-4**

Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
<b>AGGREGATE LIMITS</b>	<b>LIMIT OF INSURANCE</b>
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

**FORMS AND ENDORSEMENTS**

CMP-4100	Businessowners Coverage Form
CMP-4213	Amendatory Endorsement
FE-6999.2	Terrorism Insurance Cov Notice
CMP-4705	Loss of Income & Extra Expnse
FE-3650	Actual Cash Value Endorsement
CMP-4709	Money and Securities
CMP-4804	Addl Insd Club Members
FE-8790	Civil Union Endorsement
FD-6007	Inland Marine Attach Dec

DECLARATIONS (CONTINUED)

Businessowners Policy for ROCHELLE CAN  
Policy Number 93-G8-N516-4

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

  
Secretary

  
President

**For information or assistance with any insurance problem, be sure to contact your State Farm agent first. Your good neighbor agent will be happy to help you.**

**Section 143c of the Illinois Insurance Code requires notification of the following addresses:**

**State Farm Insurance Companies  
Illinois Regional Office  
2702 Ireland Grove Road  
Bloomington, Illinois 61709-0001  
1-800-424-1162 (within Illinois)  
Office hours: 8:00 a.m. to 4:00 p.m., Monday through Friday**

**- or -**

**Illinois Department of Insurance  
Consumer Division  
Springfield, Illinois 62767**

**This message is provided by State Farm in compliance with Illinois law.**

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DEC 29 2017  
CMP-4000

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**STATE FARM FIRE AND CASUALTY COMPANY**  
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

2702 Ireland Grove Road  
 Bloomington, IL 61709-0001

**INLAND MARINE ATTACHING DECLARATIONS**

M-01-6204-FA40 F N

**Named Insured**

ROCHELLE CAN  
 15761 E BIG MOUND RD  
 LINDENWOOD IL 61049-9705

<b>Policy Number</b>	<b>93-G8-N516-4</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 6 2017	DEC 6 2018
The policy period begins and ends at 12:01 am standard time at the premises location.		

**ATTACHING INLAND MARINE**

**Automatic Renewal** - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

**Annual Policy Premium**                      Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

**Forms, Options, and Endorsements**

FE-8782                      Inland Marine Conditions  
 FE-8743                      Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared  
 DEC 29 2017  
 FD-6007

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000901

## ATTACHING INLAND MARINE SCHEDULE PAGE

## ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

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OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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DEC 29 2017  
FD-6007

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# CAN Food Truck Festival



## Overview



## Legend

-  Municipalities
-  Townships
-  Roads
-  Tax Parcels

Parcel ID	24-24-340-012	Lot Dimension		Owner Address	CITY OF ROCHELLE
Township	Flagg	Property Class	0090		ATTN CITY MANAGER
Property Address		Acreage	n/a		PO BOX 601
					ROCHELLE IL 61068
Tax Code District	00640T				
Brief Tax Description	RNG/BLK: TWP:0 SECT/LOT: LOTS 3-4 & 5 BLK 8 PARKING LOT CITY OF ROCHELLE				
	<i>(Note: Not to be used on legal documents)</i>				

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