



**DUPAGE  
COUNTY**

Building  
Division

Zoning &  
Planning Division

Environmental  
Division

## BUILDING & ZONING DEPARTMENT

630-407-6700  
Fax: 630-407-6702

[www.dupageco.org/building](http://www.dupageco.org/building)

### MEMORANDUM

**TO:** DuPage County Development Committee

**FROM:** Staff

**DATE:** August 15, 2023

**RE:** **ZSE-23-000006 Chicago Kali Bari Maharashtra Mandal Chicago (MMC) Performance (PIN: 05-25-307-023) (Milton/ District 4)**

**Action:** To approve ZSE-23-000006 Chicago Kali Bari Maharashtra Mandal Chicago (MMC) for an outdoor performance on Saturday, August 26, 2023, between the hours of 1:00 P.M. and 6:00 P.M.

The performance will be located on the grounds of Chicago Kali Bari, 2S511 IL Route 53, Glen Ellyn IL 60137-7175, which is located within Milton Township and the Lisle-Woodridge Fire Protection District. This performance will end before DuPage County mandated quiet hours. The performance will consist of non-amplified noise / amplified noise and musical instruments.

The Special Event will consist of the following and the applicant has provided the following pursuant to the special event requirements of the Zoning Ordinance:

<b>Date</b>	Saturday, August 26, 2023
<b>Hours</b>	Approximately between the hours of 1:00 P.M. and 6:00 P.M.
<b>Activities</b>	Musical Performance
<b>Location</b>	Chicago Kali Bari, 2S511 IL Route 53, Glen Ellyn IL 60137-7175
<b>Traffic/Parking</b>	All parking will occur in existing Chicago Kali Bari parking lot.
<b>Insurance</b>	RJM INSURANCE AND FINANCIAL SERVS, INC. / SENTINL INSURANCE COMPANY LTD. IN THE AMOUNT OF \$1,000,000.



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Dear Mr. Paul Hoss,

CKB Chicago Kali Bari, located at 2S511 IL Route 53, Glen Ellyn IL 60137-7175, in association with Maharashtra Mandal Chicago (MMC) is planning a outdoor performance for an event on Saturday, 08/26/2023 between the hours of 1:00 pm and 6:00 pm CT. It will be performed on the grounds of Chicago Kali Bari, 2S511 IL Route 53, Glen Ellyn IL 60137-7175, which is located within Milton Township and the Lisle-Woodridge Fire Protection District, in unincorporated area of the Village of Glen Ellyn, within DuPage County, IL. This performance will end before DuPage County mandated quiet hours. The performance will consist of non-amplified noise / amplified noise and musical instruments.

The performance will be performed by the Maharashtra Mandal Chicago (MMC), with the responsible person listed as Mr. Prasad Athanikar, President, MMC 2023, with the contact information of 4123 Chinaberry Ln, Naperville, IL 60564, Phone number: 309-531-0541. A copy of the Certificate of Liability Insurance for this performance is attached for your records, with Maharashtra Mandal Chicago and the venue Chicago Kali Bari listed as named insured.

Should you have any further questions, please do not hesitate to call me at 309-531-0541.

Warm Regards,

**Prasad Athanikar**

**President, MMC 2023**



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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/26/2023

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 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> RJM INSURANCE & FINANCIAL SRVS INC 83511985 3510 HOBSON ROAD SUITE 301 WOODRIDGE IL 60517		<b>CONTACT NAME:</b> PHONE (630) 737-1778 FAX (630) 737-1778 E-MAIL ADDRESS:	
<b>INSURED</b> MAHARASHTRA MANDAL OF CHICAGO 2071 GARDNER CIR E AURORA IL 60503		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: General Insurance Company Ltd 11000 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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.

WSP LTR	TYPE OF INSURANCE	ADDL INSR	SUBR SVND	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"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		83 SBM 1M5008	10/06/2022	10/06/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP / Any one person \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/CP AGG \$4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY / Per person BODILY INJURY / Per accident PROPERTY DAMAGE / Per accident
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		W/A				<input type="checkbox"/> PER <input type="checkbox"/> STATE <input type="checkbox"/> OTHER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT
A	EMPLOYMENT PRACTICES LIABILITY			83 SBM 1M5008	10/06/2022	10/06/2023	Each Claim Limit \$10,000 Aggregate Limit \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

<b>CERTIFICATE HOLDER</b> Chicago Kali Bari (CKB) Temple Priests, Volunteers, Employees 25511 Illinois 53 Glen Ellyn IL 60137	<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
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ACORD 25 (2016/03)

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