

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Outdoor Event-Rock Island Moose Lodge  
**Date:** July 12, 2012



---

Attached is a letter from the Rock Island Moose Lodge requesting permission to hold an outdoor event on Saturday, July 28, 2012 from 3:00 pm to 11:00 pm at 4410 9<sup>th</sup> Street. The parking lot will be used for this event, which will be fenced and the beer garden will be roped-off. The Rock Island Moose Lodge is providing security personnel. ID's will be checked and wristbands will be worn for age verification.

Amplified sound (music) will be provided by live bands. The Rock Island Moose Lodge has notified the neighborhood and obtained signatures from the neighbors that may be affected by the sound amplification of which is attached.

This family oriented event is being held to support Moose charities and special projects.

In addition, this event is open to the public and the certificate of insurance is attached.

**RECOMMENDATION:**

It is recommended that Council approve the outside event for the Rock Island Moose Lodge, subject to complying with all liquor license regulations and subject to being closed down early if noise complaints are received.

**Submitted by:** Aleisha L. Patchin, City Clerk

---

**Approved by:** Thomas Thomas, City Manager



***Rock Island Moose Lodge #190  
Family Center  
4410 9th Street  
Rock Island, IL 61201  
309-793-1541 Fax: 309-793-3298***

***To: The Honorable Mayor  
City Council Members  
City of Rock Island  
Re: Outdoor Event***

***The Rock Island Moose Family Center #190, located at 4410 9<sup>th</sup> Street, would like to request permission to hold an outdoor event on Saturday, July 28, 2012.***

***The parking lot located at the above address will be fenced for the band and the beer garden. The Rock Island Moose Lodge is providing security personnel and ID's will be checked along with wristbands being utilized for age verification.***

***It is noted that amplified sound (music) will be provided by live bands. The purpose of this family oriented event is to support Moose Charities special projects which include Special Olympics, Make a Wish Foundation, Susan G. Komen race for the cure and numerous other worthwhile charities and community service projects.***

***Thank you for your consideration.***

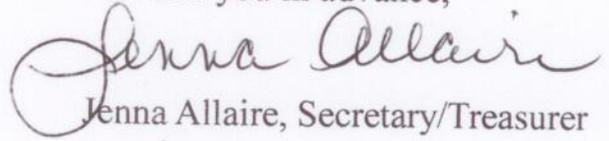
***Scott Peterson, President  
Rock Island Moose Riders***

***Attached: Letter from neighbors  
Certificate of Liability Insurance***

Dear Fellow Neighbors,

The Rock Island Moose Riders will be hosting their 3<sup>rd</sup> Annual Children's Fun Run/Parking Lot Jam on July 28, 2012. We are planning to have a band outdoors. With this plan, we would like to have your consent since you live in the vicinity of this event. It will be held at the Rock Island Moose Lodge. The band is scheduled to play until no later than 1130p.m. This event is open to the public and would love for you to join us. We are raising monies for local charities and Mooseheart.

Thank you in advance,

  
Jenna Allaire, Secretary/Treasurer

Jany Bon 4417 9<sup>th</sup> St RI

Lyb E. Ucker - 4239<sup>th</sup> R-I

Chir Sover 4236 9<sup>th</sup> St RI

June 26, 2015

I Steve Boyle as a  
neighbor of the Rock Island  
Moose 4410 9th St. Rock Island  
have no problem with the  
Moose Riders having a parking  
lot dance on July 28th, 2012

Steve Boyle



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/09/2012

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> A WRITTEN DIRECT B AON RISK SERVICES 200 EAST RANDOLPH ST. CHICAGO, IL 80601	<b>CONTACT NAME:</b> ANN PRICE <b>PHONE (A/C No. Ext):</b> 630-859-6615 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C No.):</b> 630-859-6624													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: FRATERNAL INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: FRATERNAL INSURANCE COMPANY		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: FRATERNAL INSURANCE COMPANY														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> ROCK ISLAND MOOSE #190 4410 9TH STREET ROCK ISLAND, IL 61201														

**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.

INDEX	TYPE OF INSURANCE	ADDL(SUBR) INSR: WVD	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LDC		FIC12GL0010	05/01/2012	05/01/2013	EACH OCCURRENCE \$ 1,500,000 DAMAGE INCURRED PREMISES (Eo occurrence) \$ 1,500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,500,000 GENERAL AGGREGATE \$ 13,500,000 PRODUCTS - COMPROP AGG \$ 1,500,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A					WC STATU: OTH TORY INTG: ER \$ - EACH ACCIDENT \$ \$ - DISEASE - EACH EMPLOYEE \$ \$ - DISEASE - POLICY LIMIT \$
A	<b>LIQUOR LIABILITY</b>		FIC12GL0010	05/01/2012	05/01/2013	EACH OCCURRENCE \$1,500,000 GENERAL AGGREGATE \$13,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)  
LICOR LICENSE RENEWAL

THE GENERAL LIABILITY POLICY IS INDEPENDENTLY PROCURED. AON IS NOT THE BROKER OF RECORD FOR THE GENERAL LIABILITY POLICY.

<b>CERTIFICATE HOLDER</b> CITY OF ROCK ISLAND	<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 
--	--