

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Outdoor Event-Rock Island Moose Lodge
Date: June 4, 2013



Attached is a letter from the Rock Island Moose Lodge requesting permission to hold an outdoor event on Saturday, July 13, 2013 from 3:00 pm to 11:00 pm at 4410 9th 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 utilized 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 9th Street, would like to request permission to hold an outdoor event on Saturday, July 13, 2013.

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, St. Baldrick's 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

OK
DP

Rock Island Moose Lodge #190

Family Center

4410 9th Street

Rock Island, IL 61201

309-793-1541 Fax: 309-793-3298

May 25, 2013

To: Whom it may concern

Neighbors of Rock Island Moose Lodge 190

Re: Outdoor Event on 7-13-13

The Rock Island Moose Family Center #190, located at 4410 9th St, is planning an outdoor parking lot event that will include a live band and/or a DJ.

Proceeds from Moose events such as this, help support Moose Charities and numerous other worthwhile charities and community service projects.

Being a concerned neighbor, we want to keep you informed and ask if you have any concerns or objections to the event.

By signing below, you acknowledge being informed of the event and have no objections.

Thank you,

Scott Peterson, President
Rock Island Moose Riders

Larry and Sandy Boper
Todd Joens
Steve & Linda
Don J. Gutman
Dan

4417 9th St R.I.
4711 9th St. R.I.
394234 - 9th St
4238 - 9th St -
4404 9th St. R.I.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/15/2013

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).

PRODUCER AON RISK SERVICES CENTRAL, INC. CHICAGO IL OFFICE 200 EAST RANDOPHL ST. CHICAGO, IL 60601	CONTACT NAME: ANN PRICE PHONE (A/C, No, Ext): 630-859-6615 E-MAIL ADDRESS: APRICE@MOOSEINTL.ORG	FAX (A/C, No): 630-859-6624
	INSURER(S) AFFORDING COVERAGE	
INSURED 190 LOYAL ORDER OF MOOSE LODGE #190 4410 9TH STREET ROCK ISLAND, IL 61201	INSURER A: ENDURANCE AMERICAN SPECIALTY INS.	NAIC # 41718
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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		GLO10003610700 GENERAL LIABILITY/LIQUOR SIR APPLIES PER POLICY TERMS & CONDITIONS	05/01/2013	05/01/2014	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,500,000 PRODUCTS - COMP/OP AGG \$ 500,000 SIR/DEDUCTIBLE \$ 1,500,000
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ELD10003610600 EXCESS LIQUOR	05/01/2013	05/01/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 LIQUOR LICENSE RENEWAL

CERTIFICATE HOLDER STATE OF ILLINOIS	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 <i>Aon Risk Services Central, Inc.</i>

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