

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Sound Amplification - Mathew  
**Date:** July 15, 2013



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Attached is a Sound Amplification Permit application from Octavia Mathew for Saturday, August 3, 2013 from 5:00 pm to 8:00 pm for a Wedding Reception.

The music (DJ) will be held outside in the back yard at 510 20<sup>th</sup> Avenue. Also attached is a list of signatures from the neighbors that may be affected by this event.

**RECOMMENDATION:**

It is recommended that Council approve the Sound Amplification Permit.

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

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



CITY OF ROCK ISLAND  
LICENSE APPLICATION  
SOUND AMPLIFICATION

FEE: \$25/day

Business/Organization Name	<u>Octavia Mathew</u>
Address	Applicant's Name <u>510 20th Ave Rock Island IL</u>
Telephone	Home Address <u>309 428-8789</u>

Date(s) of Activity SAT. 8/3/2013 TIME: From 5pm To 8 pm

Type of Event: \_\_\_\_\_

Event will be held at: 510 20th Ave Rock Island IL  
Address

Estimate of distance that sound will be thrown: 100ft

SIGNATURES of persons in the range of the Sound Amplification MUST be submitted on attached petition indicating their approval or disapproval of the use of Sound Amplification.

Sound Amplification after 6:00 p.m. and/or on Sundays requires approval of City Council and must be received by the City Clerk at least two weeks before the City Council Meeting prior to your event. The City Council meets each Monday of the month excluding the last Monday of each month and holidays. In July and August, the City Council meets on the second and fourth Mondays of the month.

Is the proposed location within 300 feet of the property line of any church, hospital, school or courthouse? YES  NO

[Signature]  
Signature of Applicant

7/9/2013  
Date of Application

**Do not write below line – to be completed by City Clerk's Office**

Amount Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_

City Clerk approval: \_\_\_\_\_ Date: \_\_\_\_\_

License / Permit number: \_\_\_\_\_

License Printed: \_\_\_\_\_ License Delivered: \_\_\_\_\_

Return completed application to:  
City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL 61201  
309-732-2010

