

**Memorandum  
Office of the City Clerk**



**ROCK ISLAND**  
ILLINOIS

**To:** Thomas Thomas, City Manager  
**Subject:** Broadway Historic District - Street Closing and Sound Amp.  
**Date:** August 1, 2013

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Attached is an application from the Broadway Historic District Association requesting a street closure for 22<sup>nd</sup> Street between 7<sup>th</sup> and 9<sup>th</sup> Avenues on Saturday, September 28, 2013 from noon to 5:00 pm for their 25<sup>th</sup> Anniversary Celebration.

Also attached is an application for Sound Amplification with a list of signatures from the neighbors that may be affected by the event. This event will include a variety of activities including musical groups, food vendors, arts and crafts and kid's activities.

This event is free and open to the public. The certificate of insurance is attached.

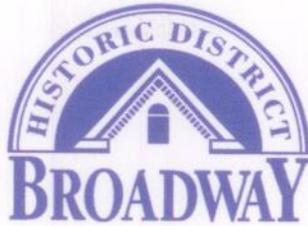
**RECOMMENDATION:**

It is recommended that Council approve the street closing and sound amplification permit applications.

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

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



July 30, 2013

Mayor Dennis Pauley and  
Rock Island City Council Members  
1528 Third Ave.  
Rock Island, IL 61201

Dear Mayor Pauley and Rock Island City Council Members:

The Broadway Historic District Association is requesting your approval to close 22<sup>nd</sup> St., between 7<sup>th</sup> and 9<sup>th</sup> avenues, from noon to 5 p.m., Saturday, September 28, 2013. A group of volunteers have been working since April to plan a fun-filled event to mark the association's 25<sup>th</sup> anniversary.

The free event will offer something for everyone: antique cars, food vendors, guided walking tours of 22<sup>nd</sup> St., a partial Great Unveiling, art and craft fair, musical groups, kids' activities, and an opportunity to record favorite memories of the neighborhood.

We have approached the neighbors affected by the street closing and they are in support of it. (Signatures are attached).

Thank you for considering our request. We hope you'll join us on September 28 and help celebrate one of the many great things about Rock Island.

Sincerely,

*Barb Braun*

Barb Braun, President  
Broadway Historic District Association



CITY OF ROCK ISLAND
PERMIT APPLICATION
STREET CLOSING REQUEST

Barb Braun
Contact Name
1038. 21st St.
Address
309-788-1769
Telephone

Javier Perez
Alternate Name
1230. 20th St.
Address
312-725-8423
Telephone

Street area to be blocked off: (attach map if possible) 22nd St/Ave
between 7th St/Ave and 9th St/Ave

Day(s) Saturday Date(s) Sept. 28, 2013 Start Time Noon End Time 5pm
TYPE OF EVENT - PURPOSE (Block Party, etc.)

Will AMPLIFIED sound be used? YES X NO

If YES - a Sound Amplification Permit required. Application is available from City Clerk. Fee for Sound Amplification Permit is \$25/day. Sound Amplification after 6:00 P.M. and on Sundays requires approval of City Council.

Will FOOD be SOLD? YES X NO
If YES - the City Health Inspector will be notified by the City Clerk and will contact you.

If event is open to the public, a Certificate of Insurance naming the City of Rock Island as additional insured is required.

SIGNATURES of persons affected by the street closing MUST be submitted on attached petition indicating their approval or disapproval of the street closing. (If using Sound Amplification, neighbors' approval must also be obtained and can be done on same form.)

This request requires City Council approval 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.

If approved, barricades will be delivered the Friday prior to your weekend event. If event is during the week, barricades will be delivered one working day prior to the event date. You will be responsible for setting up and taking down the barricades, and returning them to the corners where they were delivered so they may be picked up on the Monday following the weekend event/day following week day event.

Barbara A. Braun
Signature of Applicant

7-30-13
Date of Application

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

APPROVALS

Table with 4 columns: Public Works, Police, City Council, Insurance

City Clerk approval: Date:

Return completed application and additional documents to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201
309-732-2010



CITY OF ROCK ISLAND  
LICENSE APPLICATION  
SOUND AMPLIFICATION

FEE: \$25/day

Broadway Historic Distric Associations  
Business/Organization Name

Barb Brawn  
Applicant's Name

P.O. Box 5362  
Address

1038 21st St.  
Home Address

\_\_\_\_\_  
Telephone

309-788-1769  
Telephone

Date(s) of Activity Sat., Sept. 28,  
2013

TIME: From Noon To 5pm

Type of Event: 25th Anniversary Celebration / Block Party

Event will be held at: 22nd St, between 7th and 9th Avenues  
Address

Estimate of distance that sound will be thrown: 75 feet

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

Barbara A. Brawn  
Signature of Applicant

7-30-13  
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 3rd Avenue, Rock Island, IL 61201  
309-732-2010

CITY OF ROCK ISLAND  
STREET CLOSING  
NEIGHBORHOOD APPROVAL PETITION

We, the undersigned, approve of the requested street closing for 22nd St/Ave  
between 7th St/Ave and 9th St/Ave  
from 11:00 AM to 6:00 PM on Saturday, September 28, 2013  
Start Time End Time Day(s) / Date(s)

We understand that a Block Party is to be held on the aforementioned date. We have also been notified of any SOUND AMPLIFICATION in conjunction with this event.

NAME	ADDRESS	APPROVE STREET CLOSING	APPROVE SOUND AMPLIFICATION
<del>James Dean</del>	<del>843 22nd St</del>	<del>yes</del>	<del>yes</del>
James Dean	843 22nd St	yes	yes
Heather Humphrey	835 1/2 22 St	yes	yes
Ralph Boyens	825 22nd St Apt 1	yes	yes
Andrea Braddy	743 22nd St.	yes	yes
Brenda + Alan Cooper	741 22 St	yes	yes
Hope + Steve McAfee	735 22nd St	yes	yes
Bonnie Watts	725-22 St	yes	yes
Cem Colby-Dor	740 22nd St	yes	yes
Mark McVey	836 22nd St	yes	yes
Mark McVey	840 22nd St	yes	yes
Diane Oestrech	816 22 St	yes	yes
Diane Oestrech	729-22 St	yes	yes
Chuck Oestrech	816-22nd St	yes	yes
Kurt Walt	736 22nd St	yes	yes

CITY OF ROCK ISLAND  
STREET CLOSING  
NEIGHBORHOOD APPROVAL PETITION

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NAME	ADDRESS	APPROVE STREET CLOSING	APPROVE SOUND AMPLIFICATION
Cynthia + Daryl Empen	830 22nd St.	Yes	Yes
Young	821 - 22nd ST	Yes	Yes
Neil Metzger	820 22nd St.	Yes	Yes
Rogando Reyes	742 22nd St	Yes	Yes
Joe Kentel	822 450 22nd St	Yes	Yes
J. Puffin	850 22nd St.	Yes	Yes
W. M. M. M.	810 22nd St	Yes	Yes
A. M. M. M.	817 - 22nd St RI	Yes	Yes
J. M. M. M.	817 22nd St	Yes	Yes



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2013

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 Selective Insurance Company of America P.O. Box 13325  Richmond VA 23225-0325	CONTACT NAME:		
	PHONE (A/C No. Ext):	(877) 744-3125	FAX (A/C No.): (877) 378-3033
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A: Selective Insurance Co of SC		19259	
INSURED BROADWAY HISTORIC DISTRICT ASSOCIATION PO BOX 5362  ROCK ISLAND IL 61204-5362	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		S 1816425	4/1/2013	4/1/2014	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
 This Certificate Holder is named as additional insured under General Liability per the provisions of attached form CG 20 26

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF ROCK ISLAND  
 1528 THIRD AVE  
 ROCK ISLAND, IL 61201

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

Deborah Dzendzel/RCP

ACORD 25 (2010/05)

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INS025 (201005) 01

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