

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Rock Island High School Homecoming Parade
Date: August 30, 2013



Attached is an application for the Rock Island High School Homecoming Parade to be held on Friday, September 13, 2013 beginning at 3:00 pm and ending at 4:00 pm.

The route will be the same as in the past, beginning on 24th Street and 18th Avenue, south on 24th Street to 25th Avenue, and west on 25th Avenue to Rock Island High School.

The certificate of insurance listing the City of Rock Island as additional insured is attached.

RECOMMENDATION:

It is recommended that Council approve the event for Rock Island High School.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager



ROCK ISLAND-MILAN PUBLIC SCHOOLS

Dr. Michael Oberhaus, Superintendent

Tim Wernentin
Principal of RIHS

Rock Island High School
1400 25th Avenue
Rock Island, IL 61201
309-793-5950 x2001
Fax 309-793-9866
www.rockislandschools.org

To whom it may concern,

My name is Jeff Wendland and I am the sponsor for the Student Council at Rock Island High School. We are readying for the annual Rock Island Homecoming Parade on Friday, Sept. 13 and would like to obtain a permit for this event.

The parade will begin at approximately 3 p.m. and last 30-45 minutes. The parade begins at the corner of 24th Street and 18th Avenue and runs down 24th Street to 25th Avenue where it turns right and continues to the high school.

Thank you very much

Sincerely yours,

Jeff Wendland

Excellence Every Day



ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND
LICENSE APPLICATION
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Parade <input checked="" type="checkbox"/>	Run	Walk	March	Bicycle Ride	Other (specify below)
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Day/Date of Activity: Friday, Sept. 13, 2013

Event Start Time: 3 PM Event Ending Time: 4 PM

Set-up Start Time: 2:30 PM Clean-up End Time: _____

RIHS STUDENT COUNCIL
Sponsor Name/Organization
1400. 25TH STREET RI
Address
309.793.5950
Telephone

Jeff Wendland
Contact Person
2518. 22ND AVENUE RI
Address
309.781.2767
Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants	Horses	Other (Specify)
<u>1</u>	<u>6</u>	<u>25</u>	<u>—</u>		<u>—</u>	<u>—</u>

Number of volunteers available for traffic control: 18.20
(Contact Police Department to arrange for traffic control. Telephone No. 732-2402.)

Tail car provided by sponsor? Yes No

Ambulance/first aid provided by sponsor? Yes No

Route for activity: **Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.**

Are any State-owned streets involved? Yes No Unknown

Identify State-owned streets, if known. Milan Police, ~~RI~~ RI Police

Does sponsor provide barricades? Yes No

Are barricades required from City? _____ Yes _____ No Qty: _____

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this event in an amount not less than \$300,000.00 for any person, and \$500,000.00 for any one accident, with the City of Rock Island being listed as additional insured for claims or damages which may arise out of said event. The undersigned further agrees to reimburse the City of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.

Jeff J Wendland
Signature of Applicant

8-27-13
Date of Application

Note: A copy of your application will be submitted to the Police Department so they will be able to assist you with any needed traffic control.

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

Route map and/or information included: Yes _____ No

Insurance information included: Yes _____ No

City Council approval: _____

City Clerk approval: _____

License / Permit number: _____

License Printed: _____ License Delivered: _____

Return completed application,
Insurance Certificate, Map and any other additional documents to:

City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201

Call 309-732-2010 if you have questions.

