



MARTIN LUTHER
KING CENTER

MEMORANDUM
Martin Luther King Center

To: Thomas Thomas, City Manager
Date: October 4, 2013
SUBJECT: Requests for Second Baptist Church/King Center Children Halloween Party

Our annual Second Baptist Church/King Center Children Halloween Party is schedule for **Thursday, October 31, 2013**. On Thursday, the celebration will include food, trunk/treat, face painting, and music from 4:00 p.m. to 6:00 p.m.

I am submitting the following information and requests for consideration by City Council:

Street Closings/Barricades

THURSDAY: We request that 9th Street, between 6th and 7th Avenues be closed during the Halloween Party from 3:00 pm to 6:00pm for setup and possible delays.

RECOMMENDATION:

It is recommended that the City Council approve the requests for 9th street and between 6th & 7th avenue closings.

Submitted by: Rev. Dwight Ford, Executive Director

Approved by: Thomas Thomas, City Manager

CITY OF ROCK ISLAND
APPLICATION

ACTIVITY PERMIT

Martin Luther King Jr. Center

Rev. Dwight Ford or Kristia Tinsley-LeShoure

SPONSOR NAME

CONTACT PERSON

630 - 9th Street, Rock Island, IL 61201
ADDRESS

Same
ADDRESS

(309) 732 - 2999
TELEPHONE

Same
TELEPHONE

TYPE OF ACTIVITY:

DATE/DAY OF THE ACTIVITY:

PARADE
 RUN
 WALK

BICYCLE RIDE
 MARCH
 OTHER (Be Specific)

Thursday, October 31, 2013
Children Halloween's Trunk or Treat

START TIME 4:00 p.m.

DURATION OF ACTIVITY: Beginning Time: 4:00 p.m. to Ending Time: 6:00 p.m.

ANTICIPATED NUMBER OF PARTICIPANTS: 300

ANTICIPATED NUMBER OF VOLUNTEERS: 40 - 50
AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

BANDS WHEELCHAIRS
 FLOATS 20 VEHICLE OTHER (Be Specific)

TAIL CAR PROVIDED BY SPONSOR? YES NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR? YES NO

ROUTE FOR ACTIVITY:

A detailed description and map of the City Streets involved should be attached to this application. Starting and ending plus direction of travel should be made clear.

We request the use of 9th Street, beginning at 6th Avenue and 7th Avenue, to sponsor a community Halloween Party at the Second Baptist Church/King Center.

CITY OF ROCK ISLAND
APPLICATION

ACTIVITY PERMIT

Martin Luther King Jr. Center

Rev. Dwight Ford or Kristia Tinsley-LeShoure

SPONSOR NAME

CONTACT PERSON

630 - 9th Street, Rock Island, IL 61201
ADDRESS

Same
ADDRESS

(309) 732 - 2999
TELEPHONE

Same
TELEPHONE

TYPE OF ACTIVITY:

DATE/DAY OF THE ACTIVITY:

PARADE BICYCLE RIDE
 RUN MARCH
 WALK OTHER (Be Specific)

Thursday, October 31, 2013
Vendors

START TIME 4:00 p.m.

DURATION OF ACTIVITY: Beginning Time: 3:00 p.m. to Ending Time: 6:0 p.m.

ANTICIPATED NUMBER OF PARTICIPANTS: 300

ANTICIPATED NUMBER OF VOLUNTEERS: 40 - 50

AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

BANDS WHEELCHAIRS
 FLOATS 20 VEHICLE OTHER (Be Specific) _____

TAIL CAR PROVIDED BY SPONSOR? YES NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR? YES NO

ROUTE FOR ACTIVITY:

A detailed description and map of the City Streets involved should be attached to this application. Starting and ending plus direction of travel should be made clear.

9th Street between 6th and 7th Avenues (the area requested to be closed).

OTHER REQUIREMENTS:

IF STATE-OWNED STREET IS INCLUDED IN PLAN, DEPARTMENT OF TRANSPORTATION PERMISSION WILL BE REQUIRED FOR CLOSING OF STREETS ON ROUTE PLEASE IDENTIFY.

YES NO UNKNOWN

ARE BARRICADES SUPPLIED BY SPONSOR? _____ YES X NO

ESTIMATE NUMBER OF BARRICADES Barricades needed for street closings

INSURANCE REQUIREMENTS:

In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for the 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 events. The undersigned further agrees to reimburse the City of Rock Island for any and all costs, which exceed \$200.00 for the use of the City streets and personnel.

ALL REQUIRED INSURANCE PAPERS SHOULD BE ATTACHED TO THIS APPLICATION. PERMIT CANNOT BE ISSUED WITHOUT THESE INSURANCE PAPERS.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE
.....

APPROVED BY CITY CLERK

COUNCIL APPROVED DATE

CITY CLERK'S OFFICE

LICENSE /PERMIT NUMBER

1528 3rd AVE
ROCK ISLAND IL 61201
(309) 732-2010