

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Steve's Old Time Tap Outdoor Event
Date: April 3, 2014



Attached is an event application and letter from Jeff Rusk, owner of Steve's Old Time Tap requesting permission to host a weekly Motorcycle Bike Night outside on Wednesday's from 4:00 pm to 10:00 pm beginning May 7, 2014 and concluding on Wednesday, October 29, 2014. The event will be held in Steve's Old Time Tap/Stern Center parking lot, which will be closed off.

Alcohol will be sold outside and live entertainment will be provided (DJ and/or acoustic band). ID's will be checked and wristbands will be utilized for age verification. All food will be prepared inside the establishment.

The certificate of insurance is on file.

RECOMMENDATION:

It is recommended that Council approve the outside event for Steve's Old Time Tap, subject to complying with all liquor license regulations.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager

**Steve's Old Time Tap
223 17th Street
Rock Island, IL 61201**

March 31, 2014

To: City of Rock Island

From: Jeff Rusk

Steve's Old Time Tap would like to request the permission of the City of Rock Island to host a Motorcycle Bike Night in Steve's Old Time/Stern Center parking lot. During this time the parking lot will be enclosed for the event.

The weekly event will begin Wednesday May 7, 2014 and continue every Wednesday until October 29, 2014 being the last Wednesday of the event. Live entertainment will be present along with serving alcohol outside in the enclosed parking lot. Wristbands will be used for attendees 21 and over. Food will be prepared inside the bar and the event will begin at 4:00 p.m. and conclude by 10:00 p.m. that evening.

Sincerely,

OK DP
 

Jeff Rusk
Steve's Old Time Tap



CITY OF ROCK ISLAND
 LICENSE APPLICATION
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Parade	Run	Walk	March	Bicycle Ride	Other (specify below)
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Motorcycle Bike Night

Day/Date of Activity: Every Wednesday Night (May 7 – October 29) _____

Event Start Time: 4pm _____ Event Ending Time: 10pm _____

Set-up Start Time: 3pm _____ Clean-up End Time: 11pm _____

<u>Steve's Old Time Tap</u>	<u>Jeff Rusk</u>
Sponsor Name/Organization	Contact Person
_____	223 17 th Street, Rock Island 61201
Address	Address
_____	309-786-4543
Telephone	Telephone
_____	_____

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles 10 - 15	Wheelchairs	Participants 50 - 100	Horses	Other (Specify)
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Number of volunteers available for traffic control: _____
 (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 ___X___ No _____ Unknown

Identify State-owned streets, if known. _____

Does sponsor provide barricades? _____ Yes ___X___ 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.

Signature of Applicant

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: N/A

Insurance information included: On File

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.