

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Grow Ministries - Plaza Event  
**Date:** June 2, 2014



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Attached is a letter and Plaza event application from Janet Wolfe of Grow Ministries requesting permission to host a Harley Davidson Winner Drawing and Finale fundraiser on Friday, September 19, 2014 from 5:00 pm to 9:00 pm.

It is noted that Grow Ministries will not be selling any food or alcohol at this event. No streets will be closed for this event. However, Grow Ministries is requesting permission for the utilization of Parking Lot F for motorcycle parking only.

A band will perform on the Plaza stage and the winner of the 2014 Harley Davidson Street Glide Motorcycle will be announced upon the conclusion of this event. A raffle permit has been issued.

Grow Ministries is a non-profit faith based organization dedicated to helping women in times of crisis and this event is one of their many fundraisers for this purpose.

Executive Director Catherine Rodgers-Ingles has reviewed and approved the event application. The certificate of insurance is attached.

**RECOMMENDATION:**

It is recommended that Council approve the event for Grow Ministries and the request for utilization of Parking Lot F.

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

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

May 29, 2014

OK  
CPI 5/29/14

Ms. Aleisha Patchin, City Clerk  
City of Rock Island  
1528 Third Avenue  
Rock Island, IL 61201

Dear Aleisha,

Attached please find event permit application for the Grow Ministries "Harley Davidson Winner Drawing and Finale to be held on

Friday, September 19, 2014 from 5 – 9 p.m..

GROW (Godly Restoration Outreach To Women) Ministries is a faith-based nonprofit organization dedicated to helping the Hurting, Homeless and Hungry in CRISIS throughout the Quad Cities area. Crisis presents itself in many different forms and stages. Although none of us expects to find ourselves in one of these crisis situations, they happen much too often for people right here in the Quad Cities. GROW Ministries, Inc. is here to help people find their way out of the darkness.

One of our fundraisers is the chance to win a 2014 Harley Davidson Street Glide Motorcycle and we would like to hold the winner drawing and Finale in The District on the Great River Plaza Stage area.

We will not be selling any alcohol or food and plan to have the local venues near the plaza stage provide food and beverage sales within their licensed establishments. We will be having the band P26 perform on the stage for entertainment and plan to announce the winner of the Harley Davidson Motorcycle upon the conclusion of the event, approximately 9 p.m.

Attached are the competed plaza activity permits, checklist, map, and certificate of insurance.

If you require additional information, please contact me.

Sincerely,

Janet Wolfe  
Grow Ministries  
3900 18<sup>th</sup> Avenue  
Rock Island, IL 61201  
309-945-2676

*OK - 5/29/14  
CPC*

**ACTIVITY / EVENT PERMIT**

**1. APPLICANT INFORMATION**

NAME ( FIRST, MIDDLE INITIAL, LAST)	HOME ADDRESS	CITY	STATE	ZIP CODE
Janet L. Wolfe	27170 E. 1520 ST.	Geneseo	IL	61254
E-MAIL	TELEPHONE NO.	CELL PHONE NO.		
	309-945-2676			

ORGANIZATION NAME	E-MAIL		
GROW ministries	growministry@hotmail.com		
ADDRESS	CITY	STATE	ZIP CODE
3900 18 <sup>th</sup> Ave.	Rock Island	IL	61201
AREA CODE/TELEPHONE NO.			
309-786-4769			

**2. STATUS OF ORGANIZATION / ACTIVITY PERMIT FEES**

**Not For Profit Organization:** \$20.00 application fee per activity / event and \$35.00 permit fee per activity / event.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> A. EDUCATIONAL | <input type="checkbox"/> B. FRATERNAL | <input type="checkbox"/> C. POLITICAL  |
| <input type="checkbox"/> D. CIVIC       | <input type="checkbox"/> E. RELIGIOUS | <input checked="" type="checkbox"/> F. OTHER NOT FOR PROFIT <i>Faith Based -</i> |

**For Profit Organization:** \$35.00 application fee per activity / event and \$250.00 permit fee per activity / event.

**Application fee must be paid when application is submitted.**  
**Permit fee is due one week prior to the activity / event.**

### 3. CONTACT PERSON

NAME (FIRST, MIDDLE INITIAL, LAST)	HOME ADDRESS	CITY	STATE	ZIP CODE
Janet L. Wolfe				
E-MAIL	TELEPHONE NO.	CELL PHONE NO.		
	309-945-2676			

### 4. ACTIVITY / EVENT DETAILS

SETUP OF EVENT: (MONTH/DAY/YR)	SET UP BEGINS ( AM/PM )	SET UP ENDS: (AM/PM)
9/19/14	Noon	4 pm
CLEAN UP OF EVENT: (MONTH/DAY/YR)	CLEAN UP BEGINS ( AM/PM )	CLEAN UP ENDS: (AM/PM)
9/19/14	9 pm/after event	10 pm
DATE OF EVENT: (MONTH/DAY/YR)	EVENT TIME: EVENT STARTS ( AM/PM )	EVENT TIME: EVENT ENDS (AM/PM)
9/19/14	gates open 5 pm-	9 pm -

#### A. TYPE OF ACTIVITY / EVENT

- CONCERT  
  OTHER MUSIC  
  CRAFTS  
  ART SHOW  
  INFORMATION  
 CIRCUS / CARNIVAL  
  ANIMAL SHOW  
  PUBLIC SPEAKERS  
  OTHER \_\_\_\_\_

Name of Activity / Event: drawing for Motorcycle raffle

Number of Attendees expected: 500

#### B. LOCATION OF ACTIVITY / EVENT

- PLAZA AREA / WEST  
  PLAZA AREA / EAST  
  STAGE AREA / EAST  
  ARTS ALLEY

Lot F

Purpose of Event / Activity: finalizing Motorcycle raffle/drawing

**C. ITEMS TO BE SOLD OR DISTRIBUTED DURING ACTIVITY / PERMIT**

Indicate the number of vendors, booths, trailers etc. for each and detail their location on the event map

ALCOHOL # \_\_\_  FOOD # 1  CRAFTS # \_\_\_  BROCHURES # \_\_\_  OTHER \_\_\_  
 STAGES # \_\_\_

If food is being distributed or sold, the City Health Inspector must be contacted.

**D. STREET CLOSING REQUESTED** (also identify on attached map)

Parking Lot F- to be used for Motorcycle Parking only-

**E. ADDITIONAL EQUIPMENT/WORK BEING REQUESTED FROM CITY** (banners hung, extra trash barrels, barricades, etc.) 3-4 trash barrels + barricade for parking lot

- You are responsible for setting up, cleaning up and each of the applicable items on the attached Great River Plaza Operation Plan.
- You are required to have General Liability Insurance in a minimum amount of \$300,000.00 for Personal Injury and \$50,000.00 for Property Damage. The City of Rock Island should be named as an Additional Insured. Please attach copies of required insurance certificate. Insurance is to be submitted to the City Clerk a minimum of one week prior to the date of the event.
- Council approval is required for all activities on the Great River Plaza. Changes can only be made by contacting the City Clerk to obtain Council approval. Please note: requests for changes that require Council approval should be received by the City Clerk at least two weeks prior to Council meeting. Council can only act on items that are on the printed agenda for that meeting. Items that require decisions can no longer be added to the agenda once it is printed and distributed.
- Sound Amplification must be specifically requested.
- Alcohol sales require a state and local license, and alcohol sales must be in a properly demarcated area which prevents entry by minors in accordance with Chapter 3 of the Code of Ordinances of the City of Rock Island. You must also detail security plans establishing your system for checking identification and verifying age.
- Alcoholic beverages cannot be sold/served in glass or cans on the plaza. All alcoholic beverages will be served in plastic cups.
- If you are planning an entertainment venue or activity on the Plaza, you will need to hire an appropriate number of Police Officers as determined by the Police Department. Arrangements must be made at least one month prior to your scheduled event. You may contact the Agent assigned to the Office of Professional Standards at (309) 732-2402.

We, the undersigned (applicant and leader of the Sponsoring Organization for the activity / event(s) described on page one), have read and understand the ordinances and regulations that apply to the Great River Plaza. We agree to pay the required fees and provide the certificate of insurance. We understand that these fees and the Insurance Certificate need to be provided to the City Clerk before the activity / event (s) can occur. We agree to share this information with the other members of the Sponsoring Organization and we will abide by all rules and regulations of the City of Rock Island and the State of Illinois in relation to our activity / event(s).

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Organization Leader James Wolfe Date 5-29-14

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

Application Fee <input checked="" type="checkbox"/> Permit Fee
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Approved by City Council
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Approved by City Clerk
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License No.
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Application Fee Receipt No. Permit Fee Receipt No.
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License Printed - Date License Delivered - Date
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**Return Application, Certificate of Insurance and Great River Plaza Operations Plan to:  
City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL. 61201 (309) 732-2010**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2014

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).

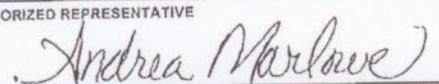
PRODUCER Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	CONTACT NAME: Andrea L Marlowe	FAX (A/C, No): 855-264-2329
	PHONE (A/C, No, Ext): 1-800-554-2642 Option 1	
INSURED GROW MINISTRIES INC 3900 18TH AVE ROCK ISLAND IL 61201-3821	E-MAIL ADDRESS: cs2@churchmutual.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Church Mutual Insurance Company	NAIC # 18767
	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 INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		0257851-02-522616	11/19/2012	11/19/2015	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,500,000 PRODUCTS - COMP/OP AGG \$ 500,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Evidence of Liability Insurance for Bike Knight at Great River Plaza, Rock Island, Illinois, on September 15, 2014. Commercial General Liability Additional Insured = City of Rock Island, Illinois, subject to the coverage provided by the referenced policy.      A220 UWAP 166 P2

<b>CERTIFICATE HOLDER</b> City of Rock Island, Illinois 1528 3rd Ave Rock Island, IL 61201-8612	<b>CANCELLATION</b> 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 

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1<sup>st</sup> Avenue

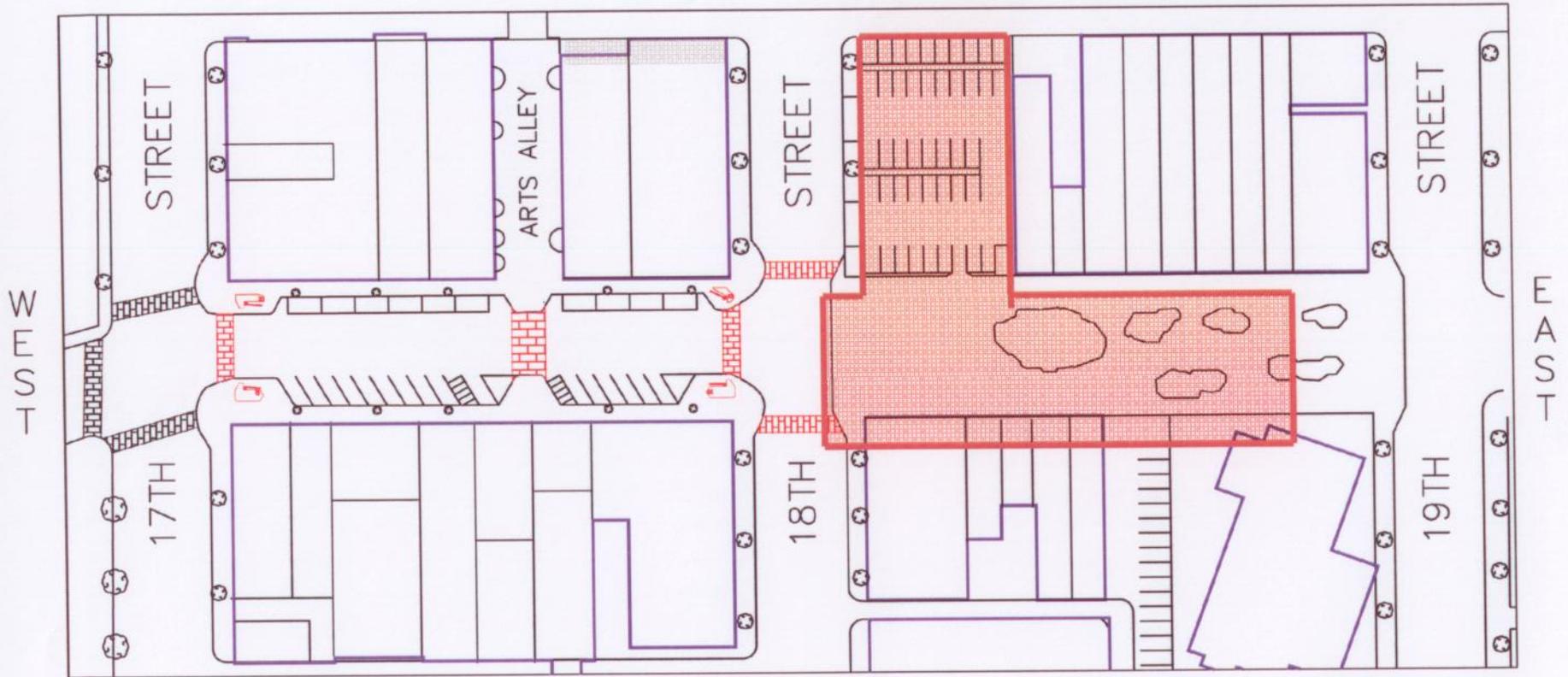
# Grow Ministries

G R E A T R I V E R

“Harley Davidson Winner Drawing & Finale”

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September 19, 2014 5:00PM – 9:00PM



Prepared By: City of Rock Island,  
Planning & Redevelopment Division  
February 2004

C I T Y O F R O C K I S L A N D