

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Rock Island High School Homecoming Parade
Date: August 29, 2014



Attached is an application for the Rock Island High School Homecoming Parade to be held on Friday, September 19, 2014 beginning at 3:30 pm and ending at 4:30 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 forthcoming.

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

CITY OF ROCK ISLAND

LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION <i>Rock Island High School Student Council</i>	ADDRESS <i>1400 25th Avenue</i>	CITY <i>RI</i>	STATE <i>IL</i>	ZIP CODE <i>61201</i>
TELEPHONE NO. <i>309-793-5950</i>				

CONTACT PERSON <i>Jeff Wendland</i>	ADDRESS <i>2518 22nd Avenue</i>	CITY <i>RI</i>	STATE <i>IL</i>	ZIP CODE <i>61201</i>
TELEPHONE NO. <i>309-781-2767</i>				

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade <input checked="" type="checkbox"/>	Run <input type="checkbox"/>	Walk <input type="checkbox"/>	March <input type="checkbox"/>	Bicycle Ride <input type="checkbox"/>	Other (specify below) <input type="checkbox"/>
---	---------------------------------	----------------------------------	-----------------------------------	--	---

Homecoming

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
<i>9/19/14</i>	<i>3:30 p.m</i>	<i>4:30 p.m</i>
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
<i>9/19/14</i>	<i>2:30 p.m</i>	<i>3:30 p.m</i>

Estimated number of: (Place Number in Appropriate Box)

Participants: <i>200</i>	Floats: <i>5</i>	Vehicles: <i>20</i>	Bands: <i>1</i>	Wheelchairs:	Horses:	Other:
--------------------------	------------------	---------------------	-----------------	--------------	---------	--------

CITY OF ROCK ISLAND LICENSE APPLICATION

Number of volunteers available for traffic control: 20

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 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. _____

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 S. Wendt
Signature of Applicant

8/26/14
Date of Application

Note: A copy of your application will be submitted to the Police Department for assistance with any needed traffic control.

CITY OF ROCK ISLAND

LICENSE APPLICATION

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

City Council Approval Date

City Clerk Approval Date

Route Map and/or Information Included
<i>Detail - on Report</i>

Insurance Information Included
<i>Forthcoming</i>

License Number

License Printed Date

License Delivery Date

Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010