

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Outdoor Event-Rock Island Moose Lodge
Date: September 17, 2014



Attached is a letter from the Rock Island Moose Lodge requesting permission to hold an outdoor event on Saturday, October 11, 2014 from 3:00 pm to 11:00 pm at 4410 9th Street. The parking lot will be used for this event, which will be fenced and the beer garden will be roped-off. The Rock Island Moose Lodge is providing security personnel. ID's will be checked and wristbands will be utilized for age verification.

Amplified sound (music) will be provided by a DJ and a band. The Rock Island Moose Lodge has notified the neighborhood and obtained signatures from the neighbors that may be affected by the sound amplification of which is attached.

This family oriented event is being held to support Moose charities and special projects. In addition, this event is open to the public and the certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the outside event for the Rock Island Moose Lodge, subject to complying with all liquor license regulations and subject to being closed down early if noise complaints are received.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager



***Rock Island Moose Lodge #190
Family Center
4410 9th Street
Rock Island, IL 61201
309-793-1541 Fax: 309-793-3298***

***To: The Honorable Mayor
City Council Members
City of Rock Island
Re: Outdoor Event***

The Rock Island Moose Family Center #190, located at 4410 9th Street, would like to request permission to hold an outdoor event on Saturday, Oct. 11, 2014.

The parking lot located at the above address will be fenced for the band and the beer garden. The Rock Island Moose Lodge is providing security personnel and ID's will be checked along with wristbands being utilized for age verification.

It is noted that amplified sound (music) will be provided by a DJ. The purpose of this family oriented event is to support Moose Charities special projects which include Special Olympics, Make a Wish Foundation, St. Baldrick's and numerous other worthwhile charities and community service projects.

Thank you for your consideration.

***Kim Kettering, President
Rock Island Moose Riders***

***Attached: Letter from neighbors
Certificate of Liability Insurance***

Rock Island Moose Lodge #190

Family Center

4410 9th Street

Rock Island, IL 61201

309-793-1541 Fax: 309-793-3298

Sept. 9, 2014

To: Whom it may concern

Neighbors of Rock Island Moose Lodge 190

Re: Outdoor Event (Oct. 11, 2014)

The Rock Island Moose Family Center #190, located at 4410 9th St, is planning an outdoor parking lot event that will include a live band and/or a DJ.

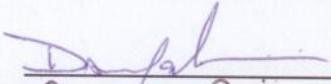
Proceeds from Moose events such as this, help support Moose Charities and numerous other worthwhile charities and community service projects.

Being a concerned neighbor, we want to keep you informed and ask if you have any concerns or objections to the event.

By signing below, you acknowledge being informed of the event and have no objections.

Thank you,

Kim Kettering, President
Rock Island Moose Riders


Doreen Rogers
Michelle Hartman
Lyle E. Uecker

4404 9th St. Rock Island
4417.9 St Rock Island.
4238-9th St R.I., IL
4234 9th Rock Island



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2014

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 Maynard M. Ellison Agency 1416 48th Street Place Moline, IL 61265 David P. Ellison		CONTACT NAME: David P. Ellison PHONE (A/C, No, Ext): 309-762-8647 FAX (A/C, No): 309-762-3340 E-MAIL ADDRESS: david@ellisonagency.com	
INSURED Rock Island Moose Lodge #190 4410 9th Street Rock Island, IL 61201		INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance Company NAIC # 15261 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/SUBR INSD WVD	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:		TRM11446353	09/15/2014	09/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UXL11447811	09/15/2014	09/15/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	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 <input type="checkbox"/> N/A	WC11447792	09/15/2014	09/15/2015	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		TRM11446353	09/15/2014	09/15/2015	CSL 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Special Event being held October 11th 2014

CERTIFICATE HOLDER

CANCELLATION

ROCK-00

City Of Rock Island
 1528 3rd Avenue
 Rock Island, IL 61201

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