

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Outdoor Plaza Event-Switch Stance Skate Shop  
**Date:** September 29, 2014



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Attached is a Plaza Activity/Event Application from Sean Farley, owner of Switch Stance Skate Shop at 1700 2<sup>nd</sup> Avenue requesting to host a "Skate Jam" event to be held on Saturday, October 11, 2014 from noon to 6:00 pm.

Switch Stance Skate Shop is also requesting that 2<sup>nd</sup> Avenue between 17<sup>th</sup> & 18<sup>th</sup> Street in front of the Shoppes on 2<sup>nd</sup> be closed for this event. It is noted that skate ramps will be temporarily placed on 2<sup>nd</sup> Avenue and all participants will be required to sign a skate at your own risk waiver. No food or beverages will be sold and fencing will not be utilized.

Due to this event being free and open to the public, Switch Stance Skate Shop is requesting that the application and permit fees be waived.

The purpose of the event is to raise awareness of this new business in Downtown Rock Island. 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 and waive the fees for Switch Stance Skate Shop.

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

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

September 25, 2014

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

Dear Aleisha,

Switch Stance Skate Shop, located in The Shoppes on 2<sup>nd</sup>, is respectfully applying for the attached Activity/Event Permit for a "Skate Jam" to be held on Saturday, October 11<sup>th</sup>, 2014, from noon until 6pm. As a new business owner in downtown Rock Island, I would like to host an event that will attract customers and create future customers for The District.

I would like to utilize 2<sup>nd</sup> Avenue between 17<sup>th</sup> and 18<sup>th</sup> Streets, in front of The Shoppes on 2<sup>nd</sup>, to encourage children and young adults come to The District, enjoy skateboarding and ultimately, have fun.

The event will be free to the public, no fencing will be utilized and there will be no food or beverages served. Instead, we will encourage our local restaurants (Mama Compton's, Theo's, Bennigan's, etc.) to be open.

A variety of ramps will be temporarily placed on 2<sup>nd</sup> Avenue and all participants will be required to sign a "skate at your own risk" waiver. Amplification of any music will be minimal. We expect no more than 50 people to attend.

As this event will be free to the public, I am respectfully requesting that the application and permit fees be waived. The closure of the Centennial Bridge has restricted access to our business and this event is intended to provide incentive for our Iowa customers to come to The District and patronize our retailers.

Attached is the completed activity permit. I have contacted my insurance agent so a certificate of insurance will be sent to your attention.

Thank you.

Sean Farley  
Graphic Designer

Switch Stance Skate Shop  
1700 2nd Ave Suite 1  
Rock Island, IL 61201

[switchstanceskateboarding@gmail.com](mailto:switchstanceskateboarding@gmail.com)  
[www.switchstanceshop.com](http://www.switchstanceshop.com)  
Shop Phone: 309-912-0110  
Mobile: 309-912-8202



ACTIVITY / EVENT PERMIT

**1. APPLICANT INFORMATION**

NAME ( FIRST, MIDDLE INITIAL, LAST)	HOME ADDRESS	CITY	STATE	ZIP CODE
James Sean Farley Jr.	1023 4 <sup>th</sup> Street	Rock Island	IL	61201
E-MAIL	TELEPHONE NO.	CELL PHONE NO.		
switchstanceskateboarding@gmail.com				

ORGANIZATION NAME	E-MAIL			
Switch Stance Skate Shop	switchstanceskateboarding@gmail.com			
ADDRESS	CITY	STATE	ZIP CODE	
1700 2 <sup>nd</sup> Avenue, Suite 1	Rock Island,	IL	61201	
AREA CODE/TELEPHONE NO.				
309-912-8202				

**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.

**A. EDUCATIONAL**

**B. FRATERNAL**

**C. POLITICAL**

**D. CIVIC**

**E. RELIGIOUS**

**F. OTHER NOT FOR PROFIT**

**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) James Sean Farley	HOME ADDRESS 1023 4 <sup>th</sup> Street	CITY Rock Island	STATE IL	ZIP CODE 61201
E-MAIL <u>switchstanceskateboarding@gmail.com</u>	TELEPHONE NO.	CELL PHONE NO.		

### 4. ACTIVITY / EVENT DETAILS

SETUP OF EVENT: (MONTH/DAY/YR)	SET UP BEGINS ( AM/PM )	SET UP ENDS: (AM/PM)
10/11/2014	10:00am	Noon

CLEAN UP OF EVENT: (MONTH/DAY/YR)	CLEAN UP BEGINS ( AM/PM )	CLEAN UP ENDS: (AM/PM)
10/11/2014	6:00pm	7:00pm

DATE OF EVENT: (MONTH/DAY/YR)	EVENT TIME: EVENT STARTS ( AM/PM )	EVENT TIME: EVENT ENDS (AM/PM)
10/11/2014	Noon	6:00pm

#### A. TYPE OF ACTIVITY / EVENT

CONCERT    OTHER MUSIC    CRAFTS    ART SHOW    INFORMATION

CIRCUS / CARNIVAL    ANIMAL SHOW    PUBLIC SPEAKERS    OTHER skateboarding demo

Name of Activity / Event: Switch Stance Skate Shop Skate Demo / Jam

Number of Attendees expected: 50

#### B. LOCATION OF ACTIVITY / EVENT

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

Purpose of Event / Activity: To attract customers and persons interested in skateboarding and to encourage patronage of The Shoppes on 2<sup>nd</sup>.

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**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 # \_\_\_  CRAFTS # \_\_\_  BROCHURES # \_\_\_  OTHER \_\_\_  
 STAGES # \_\_\_ *skate ramps will be temporarily set up on 2nd Avenue.*

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

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

2<sup>nd</sup> Avenue Between 17<sup>th</sup> Street and 18<sup>th</sup> Street

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**E. ADDITIONAL EQUIPMENT/WORK BEING REQUESTED FROM CITY** (banners hung, extra trash barrels, barricades, etc.) \_\_\_ Barricades and Road Closed signage as necessary.

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- 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 [Signature] Date 9/30/14

Organization Leader \_\_\_\_\_ Date \_\_\_\_\_

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

Application Fee 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**

