



MEMORANDUM
Martin Luther King Center

To: Thomas Thomas, City Manager
Date: March 24, 2015
SUBJECT: Requests for 29th King Center Family Fun Day Celebration

Our 29th annual King Center Family Fun Day Celebration is schedule for **Saturday, August 1, 2015**. On Saturday, the celebration will include food vendors, inflatable rides, music, and scholarship announcements.

I am submitting the following information and requests for consideration by City Council:

Street Closings/Barricades

Saturday, August 1: We request that 9th Street, between 8th and 25th Avenues be closed during the Family Fun from 9:30 am to 12 noon for setup and possible delays.

We also ask that 9th Street, between 6th and 7th Avenues, remained closed during the celebration from 10:00 a.m. to 4:30 p.m. on Saturday, August 1 for safety from 9 a.m. – 10:00p.m. A lane will be available for emergency vehicles.

Food Vendors – Food vendors will be invited and we request that **inspection fees be waived** to attract their attendance. A list of all food vendors and applications will be forward to the Health Inspector by July 31, 2015.

Sound Amplification Permit - As a City Department, we request that the **fee of \$25.00 for the sound amplification permit** be waive for Saturday's events.

We enthusiastically invite all council members to attend all festivities

RECOMMENDATION:

It is recommended that the City Council 1) approve the requests for street closings, and 2) waive the Food Vendor and Sound Amplification fees.

Submitted by: Rev. Dwight Ford, Executive Director

Approved by: Thomas Thomas, City Manager

**CITY OF ROCK ISLAND
APPLICATION**

ACTIVITY PERMIT

Martin Luther King Jr. Center
SPONSOR NAME

Dwight Ford or Kristia LeShoure
CONTACT PERSON

630 - 9th Street, Rock Island, IL 61201
ADDRESS

Same
ADDRESS

(309) 732 - 2999
TELEPHONE

Same
TELEPHONE

TYPE OF ACTIVITY:

DATE/DAY OF THE ACTIVITY:

 X PARADE

 BICYCLE RIDE
Saturday, August 1, 2015
 MARCH

 RUN

 WALK OTHER (Be Specific)

START TIME 10:00 a.m.

DURATION OF ACTIVITY: Beginning Time: 10:30 a.m. to Ending Time: 4:30 p.m.

ANTICIPATED NUMBER OF PARTICIPANTS: 300

ANTICIPATED NUMBER OF VOLUNTEERS: 40 - 50

AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

 BANDS WHEELCHAIRS
 4 FLOATS 20 VEHICLE 10 OTHER (Be Specific) Drill Teams

TAIL CAR PROVIDED BY SPONSOR? YES X NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR? X YES NO

ROUTE FOR ACTIVITY:

A detailed description and map of the City Streets involved should be attached to this application.
Starting and ending plus direction of travel should be made clear.

On Saturday, August 1, we request the use of 9th Street, beginning at 25th Avenue and traveling North to 8th Avenue, to sponsor a community parade at the King Center.

**CITY OF ROCK ISLAND
APPLICATION
ACTIVITY PERMIT**

Martin Luther King Jr. Center
SPONSOR NAME

Dwight Ford or Kristia LeShoure
CONTACT PERSON

630 - 9th Street, Rock Island, IL 61201
ADDRESS

Same
ADDRESS

(309) 732 - 2999
TELEPHONE

Same
TELEPHONE

TYPE OF ACTIVITY:

DATE/DAY OF THE ACTIVITY:

 PARADE

 BICYCLE RIDE

 RUN

Saturday, August 01, 2015

 MARCH

 WALK

 X OTHER (Be Specific)

Vendors

START TIME 10:00 a.m.

DURATION OF ACTIVITY: Beginning Time: 10 a.m. to Ending Time: 4:30p.m. on Saturday

DURATION OF ACTIVITY: Beginning Time: 10 a.m. to Ending Time: 4:30 p.m. Saturday

ANTICIPATED NUMBER OF PARTICIPANTS: 300

ANTICIPATED NUMBER OF VOLUNTEERS: 40 - 50

AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

 BANDS

 WHEELCHAIRS

 FLOATS

15 VEHICLE OTHER (Be Specific)

TAIL CAR PROVIDED BY SPONSOR? YES NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR? X YES NO

ROUTE FOR ACTIVITY:

A detailed description and map of the City Streets involved should be attached to this application. Starting and ending plus direction of travel should be made clear.

9th Street between 6th and 7th Avenues (the area requested to be closed). A lane will be available for emergency vehicles.

OTHER REQUIREMENTS:

IF STATE-OWNED STREET IS INCLUDED IN PLAN, DEPARTMENT OF TRANSPORTATION PERMISSION WILL BE REQUIRED FOR CLOSING OF STREETS ON ROUTE PLEASE IDENTIFY.

____ YES X NO ____ UNKNOWN

ARE BARRICADES SUPPLIED BY SPONSOR? ____ YES X NO

ESTIMATE NUMBER OF BARRICADES

Barricades needed for street closings

INSURANCE REQUIREMENTS:

In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for the 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 events. The undersigned further agrees to reimburse the City of Rock Island for any and all costs, which exceed \$200.00 for the use of the City streets and personnel.

ALL REQUIRED INSURANCE PAPERS SHOULD BE ATTACHED TO THIS APPLICATION. PERMIT CANNOT BE ISSUED WITHOUT THESE INSURANCE PAPERS.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

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

APPROVED BY CITY CLERK

COUNCIL APPROVED DATE

CITY CLERK'S OFFICE

LICENSE /PERMIT NUMBER

1528 3rd AVE
ROCK ISLAND IL 61201
(309) 732-2010

**CITY OF ROCK ISLAND
APPLICATION
SOUND AMPLIFICATION**

FEE: \$25.00 PER DAY

Application is hereby made for a license to operate outdoors sound amplifying equipment as set forth in ordinance and all subsequent amendments thereto:

**Business Name and Address:
Address**

Applicants Name and

**Martin Luther King Jr. Center
630 - 9th Street.....
Rock Island, IL 61201.....**

**Rev. Dwight Ford
630 - 9th Street
Rock Island, IL 61201**

Telephone No. (309) 732 - 2999.....

Telephone No. (309) 732 - 2999

**DATE (S) OF ACTIVITY _____
August 1, 2015**

TIME: From: 10:00 a.m. To: 4:30 p.m.

WATTAGE:

VOLUME IN DECIBELS.....

DISTANCE SOUND WILL BE THROWN: Within 300 ft. of the King Center Grounds

**X YES _____ NO Is the proposed location within 300 feet of the property line of
any church, hospital, school or courthouse?**

**_____
Signature of Applicant**

**March 24, 2015
Date of Application**

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

Amount Paid: _____ Receipt No. _____ License No.

**_____
Approved by City Clerk**

**_____
Date Approved**

RETURN APPLICATION TO:

**OFFICE OF THE CITY CLERK
1528 3rd Avenue
Rock Island, IL 61201**