

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Outdoor Plaza Event-Switch Stance Skate Shop
Date: July 30, 2015



Attached is a Plaza Activity/Event Application from Sean Farley, owner of Switch Stance Skate Shop at 1700 2nd Avenue requesting to host the second annual "Skate Jam" event to be held on Saturday, September 12, 2015 from noon to 6:00 pm.

Switch Stance Skate Shop is also requesting that 2nd Avenue between 17th & 18th Street in front of the Shoppes on 2nd be closed for this event. It is noted that skate ramps will be temporarily placed on 2nd Avenue and all participants will be informed of participating at their own risk in which they will be encouraged to wear protective equipment. No alcoholic beverages will be served and fencing will not be utilized. Food may be served as well as other types of non-alcoholic beverages.

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 generate attendance and bring awareness of this business and The District to the community. Executive Director Catherine Rodgers-Ingles has reviewed and approved the event application. The certificate of insurance is forthcoming.

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
Approved by: Thomas Thomas, City Manager

July 23, 2015

OK
7/27/2015
Spi

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 2nd, is respectfully applying for the attached Activity/Event Permit for a "Skate Jam" to be held on Saturday, September 12th 2015, from noon until 6pm. As the business enters its second year in downtown Rock Island, the goal is to host an event that will attract customers and passerby's which would generate customers for The District.

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

The event will be free to the public, no fencing will be utilized and beverages will be provided from pre-sealed containers, Theo's Java Club, (potentially) Madd Roots Juicery, and (potentially) Mamma Compton's. We also encourage local surrounding restaurants to be open.

A variety of ramps will be temporarily placed on 2nd Avenue and all participants will be informed of participating at their own risk and are encouraged to wear protective equipment. Amplification of any music will be minimal. We expect no more than 50-100 people to attend.

As the event will be free to the public, I am respectfully requesting that the application and permit fees be waived. From the previous "Skate Jam", there has been an increase in foot traffic in The District and has gained attention to the surrounding businesses and to Switch Stance Skate Shop.

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 Jr.
Graphic Designer/Owner

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

Sean@switchstanceshop.com

www.switchstanceshop.com

Shop: 309-912-0110

Mobile: 309-912-8202

CITY OF ROCK ISLAND
Great River Plaza

OK
Jan 27 / 2015



ACTIVITY / EVENT PERMIT

1. APPLICANT INFORMATION

NAME (First, Middle Initial, Last)	HOME ADDRESS	CITY	STATE	ZIP CODE
James S. Farley Jr	1023 4th Street	Rock Island	IL	61201
E-MAIL	TELEPHONE NO.	CELL PHONE NO.		
sean@switchstanceshop.com	309-912-0110	309-912-8202		

ORGANIZATION NAME	ADDRESS	CITY	STATE	ZIP CODE
Switch Stance Skate Shop	1700 2nd Ave Suite 1	Rock Island	IL	61201
E-MAIL	TELEPHONE NO.			
info@switchstanceshop.com	309-912-0110			

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)	HOME ADDRESS	CITY	STATE	ZIP CODE
Sean Farley	1023 4th Street	Rock Island	IL	61201
E-MAIL	TELEPHONE NO.	CELL PHONE NO.		
sean@switchstanceshop.com	309-912-8202			

4. ACTIVITY / EVENT DETAILS

SETUP OF EVENT: (MONTH/DAY/YR)	SET UP BEGINS: (AM/PM)	SET UP ENDS: (AM/PM)
09-12-2015	10:30am	11:30am

CLEAN UP OF EVENT: (MONTH/DAY/YR)	CLEAN UP BEGINS: (AM/PM)	CLEAN UP ENDS: (AM/PM)
09-12-2015	5:00pm	6:00pm

DATE OF EVENT: (MONTH/DAY/YR)	EVENT TIME: EVENT STARTS (AM/PM)	EVENT TIME: EVENT ENDS (AM/PM)
09-12-2015	12:00pm	5:00pm

A. TYPE OF ACTIVITY / EVENT

- CONCERT
 OTHER MUSIC
 CRAFTS
 ART SHOW
 INFORMATION
 CIRCUS / CARNIVAL
 ANIMAL SHOW
 PUBLIC SPEAKERS
 OTHER Skateboard Demo

Name of Activity / Event: _____

Number of Attendees expected: 100

B. LOCATION OF ACTIVITY / EVENT

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

Purpose of Event / Activity: to hold a skateboarding demo, similar to last October's event held by Switch Stance Skate Shop.

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 Beer
 STAGES # ___

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

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

2nd Ave between 17th and 18th Street

E. ADDITIONAL EQUIPMENT/WORK BEING REQUESTED FROM CITY (banners hung, extra trash barrels, barricades, etc.) Barricades for both ends

- 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 James Sean Farley Jr Date 07/ /2015

Organization Leader _____ Date _____

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

Application Fee Permit Fee

City Council Approval Date

City Clerk Approval Date

License Number

Application Fee Receipt No Permit Fee Receipt No.

License Printed Date License Delivery Date

**Return Application, Certificate of Insurance and Great River Plaza Operations Plan to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201 (309) 732-2010**