

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Tollenaer - Sound Amp.
Date: September 14, 2015



Attached is an application for a Sound Amplification Permit from Sarah Tollenaer for Saturday, October 3, 2015 from 5:00 pm to 11:00 pm. This request is for a wedding reception to be held outside in the back yard at 2112 29th Street.

The sound amplification may include a DJ, iPod or other types of music formats. Also attached is a list of signatures from the neighbors that may be affected by the sound amplification.

RECOMMENDATION:

It is recommended that Council approve the sound amplification permit.

Submitted by: Aleisha L. Patchin, City Clerk
Approved by: Thomas Thomas, City Manager



ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND

LICENSE APPLICATION

SOUND AMPLIFICATION

FEE: \$25/ Per Day

APPLICANT INFORMATION

BUSINESS/ORGANIZATION NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
Sarah Tollenaar	3330-26th Street	Rock Island	IL	61201
TELEPHONE NO.				
309-756-7908 *				

DATE (S) OF ACTIVITY	TIME OF ACTIVITY (TO - FROM)
October 3	5:00 - 11:00
TYPE OF EVENT	WHERE EVENT WILL BE HELD
Reception	2112-29th Street, Rock Island

Estimate distance sound will be thrown: _____

Is the proposed location within 300 feet of the property line of any church, hospital, school or courthouse?

Yes _____ No X

SIGNATURES of persons in the range of the Sound Amplification MUST be submitted on attached petition indicating their approval or disapproval of the use of Sound Amplification.

Sound Amplification after 6:00 pm and/or on Sundays requires approval of City Council and must be received by the City Clerk at least two weeks before the City Council Meeting prior to your event. The City Council meets each Monday of the month excluding the last Monday of each month and holidays. In July and August, the City Council meets on the second and fourth Mondays of the month.

Sarah Gallinaer
Signature of Applicant

9/6/15
Date of Application

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

City Council Approval Date

City Clerk Approval Date

License Fee

License Fee Receipt Number

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**