



MEMORANDUM
Martin Luther King Center

To: Thomas Thomas, City Manager
Date: May 02, 2016
SUBJECT: Requests for King Center's After School Street Closing

Our King Center After School Program end of the year celebration is scheduled for **Friday, May 27, 2016**. On Friday, the program will end their program by inviting the families to MLK park for dinner and a movie.

To enhance safety for all, I am submitting the following requests for consideration by City Council:

Street Closings/Barricades

Friday, May 27: We request that 9th Street, between 6th and 7th Avenues be closed during are event from 3pm to 9 pm for setup and possible delays.

Sound Amplification Permit - As a City Department, we request that the fee of \$25.00 for the sound amplification permit be waived for Friday's event.

RECOMMENDATION:

It is recommended that the City Council **1)** approve the request for street closing, and **2)** waive the and Sound Amplification fees.

Submitted by: Gerald Jones, Executive Director

Approved by: Thomas Thomas, City Manager

**CITY OF ROCK ISLAND
APPLICATION**

ACTIVITY PERMIT

Martin Luther King Jr. Center

SPONSOR NAME

Gerald Jones

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

Friday, May 27, 2016

RUN

MARCH

WALK

OTHER (Be Specific)

Vendors

START TIME 3 p.m.

DURATION OF ACTIVITY: Beginning Time: 3 p.m. to Ending Time: 9 p.m. on Friday

ANTICIPATED NUMBER OF PARTICIPANTS: 65 - 80

ANTICIPATED NUMBER OF VOLUNTEERS: 10 - 20

AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

BANDS

WHEELCHAIRS

FLOATS

VEHICLE OTHER (Be Specific) _____

TAIL CAR PROVIDED BY SPONSOR? YES NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR? 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).

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 NO UNKNOWN

ARE BARRICADES SUPPLIED BY SPONSOR? YES 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.....**

**Gerald Jones
630 - 9th Street
Rock Island, IL 61201**

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

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

**DATE (S) OF ACTIVITY _____
May 27, 2016**

TIME: From: 3 p.m. To: 9 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

May 27, 2016
Date of Application

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

**Amount Paid: _____ Receipt No. _____ License No.
001.000.321.32159**

Approved by City Clerk

Date Approved

RETURN APPLICATION TO:

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