

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Street Closing/Sound Amp. – RI County NAACP  
**Date:** June 24, 2016



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Attached is a Street Closing application from Ametra Carrol-Castaneda on behalf of the Rock Island County NAACP requesting to close off 9<sup>th</sup> Street between 6<sup>th</sup> Avenue and 7<sup>th</sup> Avenue on Saturday, August 27, 2016 from noon to 4:00 pm for the Rock Island County NAACP Community Celebration and Resource Fair. The event will be held at the Martin Luther King Center at 630 9<sup>th</sup> Street.

Also attached is an application for Sound Amplification with a list of signatures from the neighbors that may be affected by this event.

The certificate of insurance is attached.

**RECOMMENDATION:**

It is recommended that Council approve the street closing and sound amplification applications for Rock Island County NAACP.

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



ROCK ISLAND  
ILLINOIS

# CITY OF ROCK ISLAND

## PERMIT APPLICATION

### STREET CLOSING REQUEST

#### APPLICANT INFORMATION

CONTACT NAME	ADDRESS	CITY	STATE	ZIP CODE
AMEIRA CARROL-CASTANEDA	2950 Valley Dr.	Rock Island	IL	61201
TELEPHONE NO.	309-373-1202			

ALTERNATE NAME	ADDRESS	CITY	STATE	ZIP CODE
BEPLINDA TYLER-JAMISON		Rock Island	IL	61201
TELEPHONE NO.	309-235-3520			

Street area to be blocked off: (attach map if possible) \_\_\_\_\_ 9<sup>th</sup> St/Ave  
 between \_\_\_\_\_ 10<sup>th</sup> St/Ave and \_\_\_\_\_ 7<sup>th</sup> St/Ave

Day(s)	Date(s)	Start Time	End Time
SATURDAY	August 27, 2016	12:00 noon	4:00 pm.

TYPE OF EVENT – PURPOSE (Block party, etc.) Community Celebration & Resource Fair

Will AMPLIFIED sound be used? YES  NO

If YES – a Sound Amplification Permit is required. Applications are available from the City Clerk. Fee for Sound Amplification Permit is \$25.00 per day. Sound Amplification after 6:00 pm and on Sundays requires approval by the City Council.

Will FOOD be sold? YES  NO

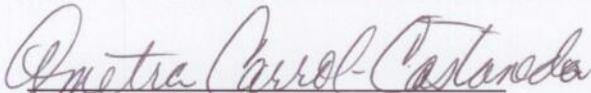
If YES – the City Health Inspector will be notified by the City Clerk and will contact you.

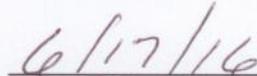
If event is open to the public, a Certificate of Insurance naming the City of Rock Island as additional insured is required.

SIGNATURES of persons affected by the street closing MUST be submitted on attached petition indicating their approval or disapproval of the street closing. (If using Sound Amplification, neighbors' approval must also be obtained and can be provided on same form.)

This request requires City Council approval 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.

If approved, barricades will be delivered the Friday prior to your weekend event. If event is during the week, barricades will be delivered one working day prior to the event date. You will be responsible for setting up and taking down the barricades, and returning them to the corners where they were delivered so they may be picked up on the Monday following the weekend event/day following week day event.

  
Signature of Applicant

  
Date of Application

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

**APPROVALS**

Public Works	Police	City Council	Insurance
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<b>City Clerk Approval Date</b>

<b>License Number</b>

<b>License Printed Date</b>

<b>License Delivery Date</b>

Return completed application and additional documents to:  
City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
(309) 732-2010



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
RI County NAACP		Rock Island	IL	61201
TELEPHONE NO.				
309-235-3570				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
AMEIRA CAROL CASTANEDA	2950 Valley Dr.	Rock Island	IL	61201
TELEPHONE NO.				
309-373-1202				

DATE (S) OF ACTIVITY	TIME OF ACTIVITY (TO - FROM)
Saturday August 27, 2016	12:00 noon - 4:00 pm
TYPE OF EVENT	WHERE EVENT WILL BE HELD
Community Celebration & Resource Fair	MLK Center

Estimate distance sound will be thrown: 200 Ft.

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.

*Qmetra Carol-Castaneda*  
Signature of Applicant

6/17/16  
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 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
(309) 732-2010

## SOUND AMPLIFICATION NEIGHBORHOOD APPROVAL PETITION

We, the undersigned, approve / disapprove of RI County NAACP's request  
 for use of Sound Amplification during an event to be held at MLK Center 630 9th St.  
Location

from 12:00 noon to 4:00 pm on SATURDAY, August 27, 2016  
Start Time End Time Day (s) / Date (s)

And Street Closing: 9th Street between 6th and 7th Ave.

Approve Street Closing

NAME	ADDRESS	APPROVE SOUND AMPLIFICATION?	
		YES	NO
Harmond Till	814 9th Avenue	X	
Sorel Walden	621-7th St.	X	
Eloise Teague	520-7th Street	X	
Anita Farmer	508 7th street	X	
Cliff Farmer	506 7street	X	
John Hick	417 5th Ave.	X	
John Young	410 7th St	X	
Phyllis McCoy	410 7th St	X	
Dia Hicks	502 6th St	X	
Kaymo Hare	508 6th St	X	
Dail Hue	505 6th St	X	
Lola Nimmers	512 6th St	X	
Zoe Daggert	508 10th St	X	
CHUCK CAREY	605 07th AVE	X	
Mita Wells	600 4th St	X	
Deb McFee	605 6th St	X	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA INC. 120 E. BALTIMORE ST., STE. 1900 BALTIMORE, MD 21202 Attn: Charmaine Davis, tel. 202-263-7600  377229-STAND-GAWU-15-16	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> NAACP National Association for the Advancement of Colored People Attn: Anson Asaka 4805 Mt. Hope Drive Baltimore, MD 21215-3297	<b>INSURER A :</b> Lexington Insurance Company		<b>NAIC #</b> 19437
	<b>INSURER B :</b> N/A		N/A
	<b>INSURER C :</b> N/A		N/A
	<b>INSURER D :</b> N/A		N/A
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-005118400-01                      **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			014180682	11/12/2015	11/12/2016	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: NAACP Rock Island County, IL Branch #3268, 2016 Community Fair and Resource Day, August 27, 2016 at the Martin Luther King Community Center, 630 9th Street, Rock Island, IL.

<b>CERTIFICATE HOLDER</b>  Martin Luther King Community Center 630 9th Street Rock Island, IL 61201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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