

**Memorandum
Office of the City Clerk**



ROCK ISLAND
ILLINOIS

To: Thomas Thomas, City Manager
Subject: St. Closing/Sound Amp. - Church of Peace & Heart of Hope
Date: July 15, 2016

Attached is a Street Closing application from the Church of Peace and the Heart of Hope Church requesting to close off 12th Avenue between 12th Street and 14th Street on Saturday, August 6, 2016 from 11:00 am to 2:00 pm for a neighborhood Block Party.

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

This event will include games, music, free refreshments and information about both churches.

The certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the street closing and sound amplification applications for the Church of Peace and Heart of Hope Church.

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

CHURCH OF PEACE

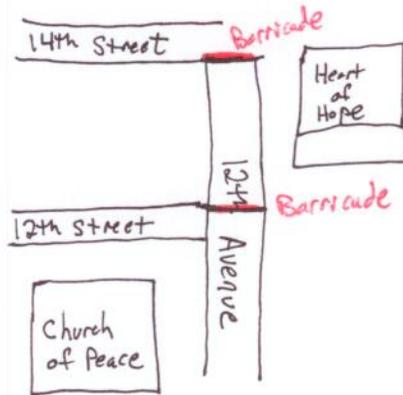
UNITED CHURCH OF CHRIST

1114 12th Street | Rock Island, IL 61201
(309) 788-6357 | churchofpeaceucc.org
July 15, 2016

Dear Members of Rock Island City Council,

I am writing to you with Pastor Lynda Sargent on behalf of Church of Peace UCC and Heart of Hope to encourage you to approve our application for a neighborhood block party on Saturday August 6, 2016 11:00am-2:00pm.

Specifically, we are requesting a street closure along 12th Avenue from 12th Street to 14th Street. (See diagram below)



The purpose of this event is to get to know our neighbors, share the love of Christ, and build trust and friendship in the community.

The event will include games, music, and free refreshments as well as a table with information about both churches.

If you have any questions, please contact me at (309) 788-6357. Thank you for your time and thoughtfulness in considering this request.

Grace and Peace,

Pastor Mariah Marlin-Warfield

Pastor Mariah Marlin-Warfield

*The Church of Peace United Church of Christ gathers at the corner of 12th & 12th
where we value our history and envision our future*



ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND

PERMIT APPLICATION

STREET CLOSING REQUEST

APPLICANT INFORMATION

* CONTACT NAME Mariah Marlin-Warfield Church of Peace UCC	ADDRESS 1114* 12 th Street	CITY Rock Island	STATE IL	ZIP CODE 61201
TELEPHONE NO. 309 788-6357				

ALTERNATE NAME Lynda Sargent	ADDRESS 1201 12 th Street	CITY Rock Island	STATE IL	ZIP CODE 61201
TELEPHONE NO.				

Street area to be blocked off: (attach map if possible) 12th St/Ave
 between 12th St/Ave and 14th St/Ave

Day(s)	Date(s)	Start Time	End Time
Saturday	August 6, 2016	11:00am	2:00pm

TYPE OF EVENT – PURPOSE (Block party, etc.) Block Party

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.

Maui Maly-Walsh
Signature of Applicant

7/15/2016
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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City Clerk Approval Date

License Number

License Printed Date

License Delivery Date

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



ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND

LICENSE APPLICATION

SOUND AMPLIFICATION

FEE: \$25/ Per Day

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

APPLICANT INFORMATION

BUSINESS/ORGANIZATION NAME	ADDRESS	CITY	STATE	ZIP CODE
Heart of Hope Ministries	1201 12 th SE.	R.I.	IL	61201
TELEPHONE NO. (309) 428-4752				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
PASTOR LYNDA SARGENT	925 23 RD AVE	R.I.	IL	61201
TELEPHONE NO. (309) 230-2570				

DATE (S) OF ACTIVITY	TIME OF ACTIVITY (TO - FROM)
8/6/16	11:00 Am - 2:00 Pm
TYPE OF EVENT	WHERE EVENT WILL BE HELD
NEIGHBORHOOD BLOCK PARTY	12 TH ST & 12 TH AVENUE

Estimate distance sound will be thrown: 200 FEET

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

Yes No

Heart of Hope Church + Church of Peace UCC

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.

Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201
(309) 782-2011



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2016

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Church Mutual Insurance Company 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		CONTACT NAME: Jaclyn J Donner PHONE (A/C, No, Ext): 1-800-554-2642 Option 1 E-MAIL ADDRESS: cs2@churchmutual.com FAX (A/C, No): 855-264-2329	
INSURED CHURCH OF PEACE UNITED CHURCH OF CHRIST 1120 12TH ST ROCK ISLAND IL 61201		INSURER(S) AFFORDING COVERAGE INSURER A: Church Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18767	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

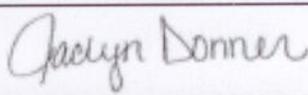
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		0038309-02-829318	10/01/2015	10/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

Evidence of Liability Insurance for a block party on August 6, 2016 in the city of Rock Island, IL. Commercial General Liability Additional Insured = City of Rock Island, subject to the coverage provided by the referenced policy. RUAP 096 A220

CERTIFICATE HOLDER**CANCELLATION**

CITY OF ROCK ISLAND 1528 3RD AVE ROCK ISLAND IL 61201-8612	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 

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