

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Greater Antioch Church Street Closing/Sound Amp.  
**Date:** July 18, 2016



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Attached is an application from the Greater Antioch Church located at 929 14<sup>th</sup> Street. They are requesting a street closure for 10<sup>th</sup> Avenue between 14<sup>th</sup> Street and 14½ Street on Saturday, August 20, 2016 from 8:30 am to 3:00 pm for their community block party.

Also attached is a sound amplification application with a list of signatures of the neighbors that may be affected by the street closing and sound amplification. This event will include a variety of games and free food.

The purpose of this event is to reestablish the community church through outreach and unity.

The certificate of insurance is attached.

**RECOMMENDATION:**

It is recommended that Council approve the street closing and sound amplification permit for the Greater Antioch Church.

**Submitted by:** Aleisha L. Patchin, City Clerk

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**Approved by:** Thomas Thomas, City Manager

# MISSIONS AND OUTREACH

July 18, 2016

To Whom It May Concern:

Re: **Community Block Party**

Greater Antioch Missionary Baptist Church will be hosting a **Community Block Party on Saturday, August 20, 2016, from 8:30 am – 3:00 pm.**

Our Mission for this event is to “Re-Establishing the Community Church through Outreach and Unity for the Call of Christ”. At this event we will have free food, games, and music for the whole Community to enjoy!

If you have any questions in regards to this event, please call me at 309-558-8549 or email me at [mar\\_shell\\_m@hotmail.com](mailto:mar_shell_m@hotmail.com).

Cordially Yours,

Mar'Shell J. McElrath  
Event Planning Team Coordinator



P.O. Box 6343 Rock Island, IL. 61204-6343

Office: 309-786-4238 ~ Fax: 309-786-4714

[gambc@mediacombb.net](mailto:gambc@mediacombb.net)

Norwert Hills, Jr., Pastor



ROCK ISLAND  
ILLINOIS

# CITY OF ROCK ISLAND

## PERMIT APPLICATION

### STREET CLOSING REQUEST

#### APPLICANT INFORMATION

CONTACT NAME	ADDRESS	CITY	STATE	ZIP CODE
Greater Antioch Church	929 14th Street	Rock Island	IL	61201
TELEPHONE NO.				
309-786-4238				

ALTERNATE NAME	ADDRESS	CITY	STATE	ZIP CODE
Mar'Shell Mc Elrath	1910 16th Street	Rock Island	IL	61201
TELEPHONE NO.				
* 309-558-8549				

Street area to be blocked off: (attach map if possible) 10th Avenue St/Ave  
 between 14th Street St/Ave and 14 1/2 Street St/Ave

Day(s)	Date(s)	Start Time	End Time
1	Saturday 8/20/2016	8:30 am	3:00 pm

TYPE OF EVENT – PURPOSE (Block party, etc.) Greater Antioch Baptist Church 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.

Marshall G. McElrath  
Signature of Applicant

7/18/2016  
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
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License Number
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License Printed Date
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License Delivery Date
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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
Greater Antioch Baptist Church	929 14th Street	R.I.	IL	61201
TELEPHONE NO.				
309-786-4238				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
Mar'Shell McElrath	1910 16th Street	R.I.	IL	61201
TELEPHONE NO.				
309-558-8549				

DATE (S) OF ACTIVITY	TIME OF ACTIVITY (TO - FROM)
Saturday, August 20, 2016	8:30 am to 3:00 pm
TYPE OF EVENT	WHERE EVENT WILL BE HELD
Community Block Party	In both property parking lots

Estimate distance sound will be thrown: Quarter of a block

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

Yes X No \_\_\_\_\_  
(Our church)

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.

Mari'shelle J. McNeal  
Signature of Applicant

7/18/2016  
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**

## STREET CLOSING NEIGHBORHOOD APPROVAL PETITION

We, the undersigned, approve of the requested street closing for 10th Avenue ST/AVE  
 between 14th Street ST/AVE and 14 1/2 Street ST/AVE  
 from 8:30 am to 3:00 pm on Saturday, August 20, 2016  
Start Time End Time Day (s) / Date (s)

We understand that a Community Block Party is to be held on the aforementioned date. We have also been notified of any Sound Amplification in conjunction with this event.

NAME	ADDRESS	APPROVE STREET CLOSING	APPROVE SOUND AMPLIFICATION
Simon Milton	905 14 <sup>th</sup> St	Yes	Yes
Sherron Ferguson	915 14 <sup>th</sup> St	Yes	Yes
Chauhan	1231 9 <sup>th</sup> Av	Yes	Yes
Aline E. Shimizu	1229 9 <sup>th</sup> Av	Yes	Yes
<del>John</del>	1275 9 <sup>th</sup> Ave.	Yes	Yes
Vacant	917/919 14 <sup>th</sup> St.	Yes	Yes
Norman Hill	925 14 <sup>th</sup> St	Yes	Yes
Wendy J. J. J.	1004 14 <sup>th</sup> St	Yes	Yes
Debra J. J. J.	1000 14 <sup>th</sup> St	Yes	Yes
Alberto Luis	1000 14 <sup>th</sup> St	Yes	Yes
Vern Robinson	1016 14 <sup>th</sup> St	Yes	Yes
Vacant	1018 14 <sup>th</sup> St.	Yes	Yes
<del>1020 Vacant</del>	1020 14 <sup>th</sup> St.	Yes	Yes
Heather Foster	1030 14 <sup>th</sup> St	Yes	Yes

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NAME	ADDRESS	APPROVE STREET CLOSING	APPROVE SOUND AMPLIFICATION
Africa Douglas	932 14 1/2 street	✓	✓
NANNIE ROBINSON	932 14 1/2 st	✓	✓
Frank	1014 14 1/2 st	✓	✓
Chadley Brand	1014 14 1/2 st	✓	✓
Shunae Patterson	924 H/2 st	✓	✓
Leona Johnston	929 1/2 14 1/2 st	✓	✓
Jimmie	931 14 1/2 st	✓	✓
Sizzie Patterson	935 14 1/2 st	✓	✓
Jinda Sky	917 Grand Ave	✓	✓
Henna Sky	1228 14th st RT	✓	✓
Bernice Sky	1014 14 1/2 st RT	✓	✓
Bernice O	1009 1/2 14 1/2 st RT	✓	✓
Earl ST JEA III	1020 14 1/2 St.	✓	✓
Lucille Bea	1024 14 1/2 st	✓	✓







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2016

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).

PRODUCER OSBORNE INSURANCE SERVICES INC 1200 VALLEY WEST DRIVE STE 702  WEST DES MOINES IA 50266	CONTACT NAME: DEAN OSBORNE	PHONE (A/C, No, Ext): 515 223 1950	FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED  GREATER ANTIOCH MISSIONARY BAPTIST CHURCH 929 14TH STREET ROCK ISLAND IL 61201	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: GUIDEONE		15032
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		01184441	09/28/2016	09/28/2017	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMP/OP AGG \$ 3000000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Community Block Event August 20th 2016. City of Rock Island listed as Additional Insured.

<b>CERTIFICATE HOLDER</b>  CITY OF ROCK ISLAND 1528 3RD AVE 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  