

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: St. George Greek Orthodox Church Sound Amp.
Date: August 15, 2016



Attached is a Sound Amplification permit application from St. George Greek Orthodox Church for their annual Greek Festival to be held on Friday, September 16 and Saturday, September 17, 2016 from 11:00 am to 11:00 pm at 2930 31st Avenue. The music will be held outside in the parking lot.

Also attached is a list of signatures from the neighbors that may be affected by this event.

RECOMMENDATION:

It is recommended that Council approve the Sound Amplification permit for St. George Greek Orthodox Church.

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
St. George Greek Church	2930 - 31 st Avenue	R.I.	IL.	61201
TELEPHONE NO. (309) 786-8163				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
Theodore G. Kutsonis	3410 - 78 th St. Ct.	Moline	IL.	61265
TELEPHONE NO. (309) 781-1093				

DATE (S) OF ACTIVITY	TIME OF ACTIVITY (TO - FROM)
9/16/16 & 9/17/16	11:00 AM - 11:00 PM
TYPE OF EVENT	WHERE EVENT WILL BE HELD
CHURCH FESTIVAL	2930 - 31 st Avenue R.I. IL - 61201

Estimate distance sound will be thrown: 250 ft.

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

Yes No

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.

[Handwritten Signature]
Signature of Applicant

8/12/16
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 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**