

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Rock Island High School Homecoming Parade
Date: August 16, 2016



Attached is an application for the Rock Island High School Homecoming Parade to be held on Friday, September 30, 2016 beginning at 3:30 pm and ending at 4:30 pm.

The route will be the same as in the past, beginning on 24th Street and 18th Avenue, south on 24th Street to 25th Avenue, and west on 25th Avenue to Rock Island High School.

The certificate of insurance listing the City of Rock Island as additional insured is forthcoming.

RECOMMENDATION:

It is recommended that Council approve the event for Rock Island High School.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager

CITY OF ROCK ISLAND

LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION	ADDRESS	CITY	STATE	ZIP CODE
Rock Island High School	1400 25th Ave	Rock Island	IL	61201
TELEPHONE NO.				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
Gail Pitcher	1400 25th Ave	Rock Island	IL	61201
TELEPHONE NO.				
309-793-5950 ext 2001				

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade <input checked="" type="checkbox"/>	Run <input type="checkbox"/>	Walk <input type="checkbox"/>	March <input type="checkbox"/>	Bicycle Ride <input type="checkbox"/>	Other (specify below) <input type="checkbox"/>
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Homecoming parade

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
Friday, Sep 30, 2016	3:30 p.m.	4:30 pm.
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
Friday, Sep 30, 2016	2:45 p.m.	3:30 p.m.

Estimated number of: (Place Number in Appropriate Box)

Participants: 150	Floats: 4	Vehicles: 8	Bands: 11	Wheelchairs: 0	Horses:	Other:
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CITY OF ROCK ISLAND

LICENSE APPLICATION

Number of volunteers available for traffic control: 10 teachers at intersections

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 732-2402

Tail car provided by sponsor: Yes _____ No

Ambulance/first aid provided by sponsor: Yes _____ No

Route for Activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.

Are any State-owned streets involved? Yes _____ No Unknown _____

Identify State-owned streets, if known. _____

Does sponsor provide barricades? Yes _____ No

Are barricades required from City? Yes No _____ Qty 10

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this 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 event. The undersigned further agrees to reimburse the city of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

Notification to Residents: In the case of applications for new events and/or new routes, the sponsor of said new event shall notify the residents and/or businesses located along said race route, parade route, or other, for that specific activity, in writing, at least three (3) weeks prior to City Council consideration. Prior to Council consideration, sponsor shall notify and obtain written approval or disapproval from the residents and/or businesses and submit a copy of same to the City Clerk. Any resident and/or business who objects to said event shall have the opportunity to be heard at the City Council meeting during which time the event is to be considered.

Note: The sponsor notification form for any new event/route is available in the City Clerk's office.

A copy of your application will be submitted to the Police Department for assistance with any needed traffic control. All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.


Signature of Applicant

Date of Application

CITY OF ROCK ISLAND

LICENSE APPLICATION

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

City Council Approval Date

City Clerk Approval Date

Route Map and/or Information Included
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Insurance Information Included

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**