
TO: John C. Phillips, City Manager
SUBJECT: Street Closing – Sound Amplification
DATE: June 13, 2011

Attached is a Street Closing request from Jerlonda Mathew to close off 13th Avenue between 5th Street and 6th Street on Saturday, July 2, 2011 from 3:00 p.m. to 8:30 p.m. for a birthday party for Ms. Mathew's daughter.

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

RECOMMENDATION:

It is recommended that Council approve the street closing and sound amplification permit applications.

Submitted by: Aleisha L. Patchin, City Clerk
Approved by: John C. Phillips, City Manager



CITY OF ROCK ISLAND
PERMIT APPLICATION
STREET CLOSING REQUEST

Jerlonda Mathew

Contact Name

505 13th Ave

Address

(309) 269-0205

Telephone

Messa Takpah

Alternate Name

505 13th Ave

Address

(309) 752-8180

Telephone

Street area to be blocked off: (attach map if possible)

13th

St/Ave

between

5th

St/Ave

and 6th

St/Ave

Day(s)

1

Date(s)

7.2.11

Start Time

3pm

End Time

8:30pm

TYPE OF EVENT - PURPOSE (Block Party, etc.)

Birthday Party

Will AMPLIFIED sound be used?

YES

X

NO

If YES - a Sound Amplification Permit required. Application is available from City Clerk. Fee for Sound Amplification Permit is \$25/day. Sound Amplification after 6:00 P.M. and on Sundays requires approval of City Council.

Will FOOD be SOLD?

YES

NO

X

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 done 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.

Jerlonda Mathew
Signature of Applicant

6.6.11
Date of Application

Do not write below line - to be completed by City Clerk's Office

APPROVALS

Table with 4 columns: Public Works, Police, City Council, Insurance

City Clerk approval:

Date:

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



CITY OF ROCK ISLAND
LICENSE APPLICATION
SOUND AMPLIFICATION

FEE: \$25/day

Business/Organization Name	<u>Jerlonde Mathew</u>
Address	Applicant's Name <u>505 13th Ave</u>
Telephone	Home Address <u>(309) 269-0205</u>

Date(s) of Activity July 2 TIME: From 3 pm To 8³⁰ pm

Type of Event: Birthday Party

Event will be held at: 505 13th Ave
Address

Estimate of distance that sound will be thrown: 1 block

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 p.m. 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.

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

YES NO

<u>Jerlonde Mathew</u>	<u>6-16-11</u>
Signature of Applicant	Date of Application

Do not write below line – to be completed by City Clerk's Office

Amount Paid: _____ Receipt # _____

City Clerk approval: _____ Date: _____

License / Permit number: _____

License Printed: _____ License Delivered: _____

Return completed application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201
309-732-2010

CITY OF ROCK ISLAND
STREET CLOSING
NEIGHBORHOOD APPROVAL PETITION

We, the undersigned, approve of the requested street closing for 13th ~~St/Ave~~
 between 5th ~~St/Ave~~ and 6th ~~St/Ave~~
 from 300 to 830 on 7-2-11
Start Time End Time Day(s) / Date(s)

We understand that a 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
<i>Wilson Borst</i>	<i>501-13th Ave</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>ll</i>	<i>ll</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Maria Wesley</i>	<i>Maria Wesley</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Kandi Stollar</i>	<i>518-13th Ave</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>John Tap</i>	<i>506-13th Ave</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Vellie West</i>	<i>517-13 Ave</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>