
TO: John C. Phillips, City Manager
SUBJECT: Outdoor Event-Fraternal Order of Eagles
DATE: June 27, 2011

Attached is a letter from the Fraternal Order of Eagles Aerie #956 Club requesting permission to hold an outdoor event with live music (bands) and other activities on Saturday, July 30, 2011 from 1:00 p.m. to 10:00 p.m. for a fundraiser for St. Jude Children's Cancer Research.

This event will be held outside in their parking lot at 5103 11th Street, which will be roped off. All alcoholic beverages will be sold from inside the building. It is noted that no alcohol will be dispensed outside. The Fraternal Order of Eagles will check ID's for age verification, wristbands will be utilized and children's games will be held in a confined area. It is noted that the live music will begin at approximately 5:00 p.m. and end at 10:00 p.m.

Nearby neighbors will not be affected by this event based on the club's location in which to the North is Beardsly Printers and they are closed at the time of the fundraiser; to the South is the Rock River; to the East is the Cottonmill Apartments, which is 1½ blocks away; and to the West is vacant land.

The certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the outdoor event for the Fraternal Order of Eagles Aerie #956 Club.

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



OK
DP

FRATERNAL ORDER OF EAGLES
ROCK ISLAND AERIE NO. 956
5103 - 11TH STREET
ROCK ISLAND, IL. 61201
Telephone (309) 788-2743 FAX (309)788-0554
E-mail Address: rieagle@att.net
Facebook: Eagles Rock Island, www.facebook.com/foe956

June 21, 2011

To: Office of City Clerk
Attn. Aleisha L. Patchin, City Clerk
1528 - 3rd Ave.
Rock Island, IL 61201

Re: Fundraiser for St. Jude Children's Research Center
Hosted by Fraternal Order of Eagles, Aerie #956
July 30, 2011

Dear Aleisha,

We are requesting permission to hold an outdoor event which will include music and other entertainment to be held in the parking lot. It will be roped/fenced off with no alcohol being dispensed outside. All alcohol will be dispensed from the interior bar and will comply with all liquor ordinances. Those 21 and older will be given a bracelet. Children's games will be in a confined area with no alcohol.

Please be advised the demography of the R. I. Eagles Club is as follows:

North: Beardsly Printing (Closed at the time of the event)

South: Rock River

East: Cottonmill Apartments (1 1/2 blocks away)

West: Vacant land

Per our conversation, please be advised St. Jude Children's Research Hospital is one of the world's premier centers for the research and treatment of pediatric cancer and other childhood catastrophic diseases. Public contributions are the primary source of funds for the hospital. Eighty-five cents of every dollar received supports the research and treatment at St. Jude. Children who meet admission requirements are treated without regard to a family's ability to pay.

This will be the 7th year of a small group who wish to help in the fight against this dreaded disease. This is the 3rd year the Fraternal Order of Eagles Aerie #956 has graciously offered the facility and volunteers to host one of our events this year.

If you have any further questions, comments or we can be of further assistance, please feel free to contact Ellie Davis @ 309-793-0192 or Patrick Wille @ 309-788-2743 or 309-912-4113.

Sincerely,

Ellie Davis
Chairperson

Patrick Wille
Secretary FOE #956



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2011

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 Ben Farrar and Company 1712 18th Avenue Rock Island IL 61201	CONTACT NAME: Gary (1/16/04) Coin	FAX (A/C. No.): (309) 794-0841
	PHONE (A/C. No., Ext.): (309) 786-4463	E-MAIL ADDRESS: PRODUCER CUSTOMER ID # 00008836
INSURED ROCK ISLAND FRATERNAL ORDER OF EAGLES, 5103 11th Street Unit #1+A ROCK ISLAND IL 61201	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Society Insurance	NAIC # 204
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL114700298 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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & AD/ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY <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) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE 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 <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			TRM525804	7/15/2010	7/15/2011	\$500,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

State of Illinois
Liquor Control Commission
101 W Jefferson St MC 3-525
Springfield, IL 62702

CANCELLATION

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
Gary Coin