



**MEMORANDUM**  
**Martin Luther King Center**

---

To: John C. Phillips, City Manager  
Date: July 12, 2011  
SUBJECT: Requests for King Center Family Fun Day Celebration

---

Our 25<sup>th</sup> annual King Center Family Fun Day Celebration is schedule for **Saturday, August 6, 2011**. On Saturday, the celebration will include food vendors, inflatable rides, music, and scholarship announcements from 10:00 a.m. to 4:00 p.m.

I am submitting the following information and requests for consideration by City Council:

**Street Closings/Barricades**

**SATURDAY:** We ask that 9th Street, between 6th and 7th Avenues, be closed during the celebration from 10:00 a.m. to 4:00 p.m. on August 6<sup>th</sup> for safety. A lane will be available for emergency vehicles.

**Food Vendors** – Food vendors will be invited and we request that **inspection fees be waived** to attract their attendance. A list of all food vendors and applications will be forward to the Health Inspector by July 29, 2011.

**Sound Amplification Permit** - As a City Department, we request that the **fee of \$25.00 for the sound amplification permit** be waive for Saturday's events.

We enthusiastically invite all council members to attend all festivities

**RECOMMENDATION:**

It is recommended that the City Council **1)** approve the requests for street closings, and **2)** waive the Food Vendor and Sound Amplification fees.

Submitted by: Gerald Jones, Executive Director

---

Approved by: John C. Phillips, City Manager

**CITY OF ROCK ISLAND  
APPLICATION**

**ACTIVITY PERMIT**

Martin Luther King Jr. Center  
SPONSOR NAME

Gerald Jones or Ida M. Robinson  
CONTACT PERSON

630 - 9<sup>th</sup> Street, Rock Island, IL 61201  
ADDRESS

Same  
ADDRESS

(309) 732 - 2999  
TELEPHONE

Same  
TELEPHONE

TYPE OF ACTIVITY:

DATE/DAY OF THE ACTIVITY:

PARADE                       BICYCLE RIDE  
 RUN                               MARCH  
 WALK                           OTHER (Be Specific)

Saturday, August 6, 2011  
Vendors

START TIME 10:00 a.m.

DURATION OF ACTIVITY:      Beginning Time: 10:00 a.m. to Ending Time: 3:30 p.m.

ANTICIPATED NUMBER OF PARTICIPANTS: 300

ANTICIPATED NUMBER OF VOLUNTEERS: 40 - 50

AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

BANDS                       WHEELCHAIRS  
 FLOATS                      15 VEHICLE       OTHER (Be Specific) \_\_\_\_\_

TAIL CAR PROVIDED BY SPONSOR?       YES       NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR?       YES       NO

ROUTE FOR ACTIVITY:

A detailed description and map of the City Streets involved should be attached to this application. Starting and ending plus direction of travel should be made clear.

**9<sup>th</sup> Street between 6<sup>th</sup> and 7<sup>th</sup> Avenues (the area requested to be closed). A lane will be available for emergency vehicles.**

OTHER REQUIREMENTS:

IF STATE-OWNED STREET IS INCLUDED IN PLAN, DEPARTMENT OF TRANSPORTATION PERMISSION WILL BE REQUIRED FOR CLOSING OF STREETS ON ROUTE PLEASE IDENTIFY.

YES       NO       UNKNOWN

ARE BARRICADES SUPPLIED BY SPONSOR? \_\_\_\_\_ YES X NO

ESTIMATE NUMBER OF BARRICADES Barricades needed for street closings

INSURANCE REQUIREMENTS:

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

ALL REQUIRED INSURANCE PAPERS SHOULD BE ATTACHED TO THIS APPLICATION. PERMIT CANNOT BE ISSUED WITHOUT THESE INSURANCE PAPERS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

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

\_\_\_\_\_  
APPROVED BY CITY CLERK

\_\_\_\_\_  
COUNCIL APPROVED DATE

CITY CLERK'S OFFICE

\_\_\_\_\_  
LICENSE /PERMIT NUMBER

1528 3rd AVE  
ROCK ISLAND IL 61201  
(309) 732-2010

**CITY OF ROCK ISLAND  
APPLICATION  
SOUND AMPLIFICATION**

**FEE: \$25.00 PER DAY**

**Application is hereby made for a license to operate outdoors sound amplifying equipment as set forth in ordinance and all subsequent amendments thereto:**

**Business Name and Address:  
Address**

**Applicants Name and**

**Martin Luther King Jr. Center .....  
630 - 9<sup>th</sup> Street.....  
Rock Island, IL 61201.....**

**Gerald Jones  
630 - 9<sup>th</sup> Street  
Rock Island, IL 61201**

**.....  
Telephone No. (309) 732 - 2999.....**

**.....  
Telephone No. (309) 732 - 2999**

**DATE (S) OF ACTIVITY \_\_\_\_\_  
August 6, 2011**

**TIME: From: 10:00 a.m. To: 4:00 p.m.**

**WATTAGE: .....**

**VOLUME IN DECIBELS.....**

**DISTANCE SOUND WILL BE THROWN: Within 300 ft. of the King Center Grounds**

**.....  
X YES      \_\_\_\_\_ NO      Is the proposed location within 300 feet of the property line of  
any church, hospital, school or courthouse?**

\_\_\_\_\_  
**Signature of Applicant**

July 12, 2011  
**Date of Application**

**DO NOT WRITE BELOW LINE... TO BE COMPLETED BY THE CITY CLERK=S OFFICE**

**Amount Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ License No. ....  
001.000.321.32159**

\_\_\_\_\_  
**Approved by City Clerk**

\_\_\_\_\_  
**Date Approved**

**RETURN APPLICATION TO:**

**OFFICE OF THE CITY CLERK  
1528 3<sup>rd</sup> Avenue  
Rock Island, IL 61201**

**CITY OF ROCK ISLAND  
APPLICATION**

**ACTIVITY PERMIT**

Martin Luther King Jr. Center  
SPONSOR NAME

Gerald Jones or Ida M. Robinson  
CONTACT PERSON

630 - 9<sup>th</sup> Street, Rock Island, IL 61201  
ADDRESS

Same  
ADDRESS

(309) 732 - 2999  
TELEPHONE

Same  
TELEPHONE

TYPE OF ACTIVITY:

DATE/DAY OF THE ACTIVITY:

PARADE                       BICYCLE RIDE  
 RUN                               MARCH  
 WALK                           OTHER (Be Specific)

Saturday, August 6, 2011  
Vendors

START TIME 10:00 a.m.

DURATION OF ACTIVITY:      Beginning Time: 10:00 a.m. to Ending Time: 3:30 p.m.

ANTICIPATED NUMBER OF PARTICIPANTS: 300

ANTICIPATED NUMBER OF VOLUNTEERS: 40 - 50

AVAILABLE FOR TRAFFIC CONTROL: 0

ESTIMATED NUMBER OF:

BANDS                       WHEELCHAIRS  
 FLOATS                       VEHICLE       OTHER (Be Specific) \_\_\_\_\_

TAIL CAR PROVIDED BY SPONSOR?       YES       NO

AMBULANCE/FIRST AID TO BE PROVIDED BY SPONSOR?       YES       NO

ROUTE FOR ACTIVITY:

A detailed description and map of the City Streets involved should be attached to this application. Starting and ending plus direction of travel should be made clear.

**9<sup>th</sup> Street between 6<sup>th</sup> and 7<sup>th</sup> Avenues (the area requested to be closed). A lane will be available for emergency vehicles.**

OTHER REQUIREMENTS:

IF STATE-OWNED STREET IS INCLUDED IN PLAN, DEPARTMENT OF TRANSPORTATION PERMISSION WILL BE REQUIRED FOR CLOSING OF STREETS ON ROUTE PLEASE IDENTIFY.

YES       NO       UNKNOWN

ARE BARRICADES SUPPLIED BY SPONSOR? \_\_\_\_\_ YES  X  NO

ESTIMATE NUMBER OF BARRICADES  Barricades needed for street closings

INSURANCE REQUIREMENTS:

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

ALL REQUIRED INSURANCE PAPERS SHOULD BE ATTACHED TO THIS APPLICATION. PERMIT CANNOT BE ISSUED WITHOUT THESE INSURANCE PAPERS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

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

\_\_\_\_\_  
APPROVED BY CITY CLERK

\_\_\_\_\_  
COUNCIL APPROVED DATE

CITY CLERK'S OFFICE

\_\_\_\_\_  
LICENSE /PERMIT NUMBER

1528 3rd AVE  
ROCK ISLAND IL 61201  
(309) 732-2010

**CITY OF ROCK ISLAND  
APPLICATION  
SOUND AMPLIFICATION**

**FEE: \$25.00 PER DAY**

**Application is hereby made for a license to operate outdoors sound amplifying equipment as set forth in ordinance and all subsequent amendments thereto:**

**Business Name and Address:  
Address**

**Applicants Name and**

**Martin Luther King Jr. Center .....  
630 - 9<sup>th</sup> Street.....  
Rock Island, IL 61201.....**

**Gerald Jones  
630 - 9<sup>th</sup> Street  
Rock Island, IL 61201**

**.....  
Telephone No. (309) 732 - 2999.....**

**.....  
Telephone No. (309) 732 - 2999**

**DATE (S) OF ACTIVITY \_\_\_\_\_  
August 6, 2011**

**TIME: From: 10:00 a.m. To: 4:00 p.m.**

**WATTAGE: .....**

**VOLUME IN DECIBELS.....**

**DISTANCE SOUND WILL BE THROWN: Within 300 ft. of the King Center Grounds**

**.....  
X YES      \_\_\_\_\_ NO      Is the proposed location within 300 feet of the property line of  
any church, hospital, school or courthouse?**

\_\_\_\_\_  
**Signature of Applicant**

**July 12, 2011  
Date of Application**

**DO NOT WRITE BELOW LINE... TO BE COMPLETED BY THE CITY CLERK=S OFFICE**

**Amount Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ License No. ....  
001.000.321.32159**

\_\_\_\_\_  
**Approved by City Clerk**

\_\_\_\_\_  
**Date Approved**

**RETURN APPLICATION TO:**

**OFFICE OF THE CITY CLERK  
1528 3<sup>rd</sup> Avenue  
Rock Island, IL 61201**