

**Memorandum  
Office of the City Clerk**

**To:** John C. Phillips, City Manager  
**Subject:** Street Closing/Sound Amplification  
**Date:** August 9, 2011



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Attached is an application from the Truth Temple Church requesting a street closure for 12<sup>th</sup> Avenue between 12<sup>th</sup> Street and 14<sup>th</sup> Street on Saturday, September 10, 2011 from 10:00 a.m. to 8:00 p.m. for their annual Neighborhood Back to School Celebration (block party).

Also attached is a sound amplification application with a list of signatures of the neighbors that may be affected by the street closing and sound amplification. The sound amplification begins at 1:00 p.m. and ends at 6:00 p.m. Food will not be sold at the event. The certificate of insurance is forthcoming.

The Public Works Department and Police Department have been notified.

**RECOMMENDATION:**

It is recommended that Council approve the street closing and sound amplification permit for the Truth Temple Church.

**Submitted by:** Aleisha L. Patchin, City Clerk

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**Approved by:** John C. Phillips, City Manager



ROCK ISLAND  
ILLINOIS

CITY OF ROCK ISLAND  
PERMIT APPLICATION  
STREET CLOSING REQUEST

Contact Name Ariel Edgeworth - Truth Temple Alternate Name Michael Rogers  
 Address 1201 12th St. R.I. Address \_\_\_\_\_  
 Telephone (309) 752-3363 Telephone 414-405-0718

Street area to be blocked off: (attach map if possible) 12th ave St/Ave  
 between 14th st St/Ave and 12th st St/Ave

Day(s) 1 Date(s) 9/10/11 Start Time 10:00 am End Time 8:00 p.m.

TYPE OF EVENT – PURPOSE (Block Party, etc.)  
Back to School Block 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.

Ariel Edgeworth  
 Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

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

APPROVALS

Public Works	Police	City Council	Insurance
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City Clerk approval: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application and additional documents to:  
 City Clerk's Office, 1528 3<sup>rd</sup> 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 12th ave St/Ave  
between 14th st St/Ave and 12th st St/Ave  
from 10:00 to 8:00 on 9/10/11  
Start Time End Time Day(s) / Date(s)

We understand that a Block 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
Mark A. Anderson	1201 12th St Apt # <sup>234</sup>	X yes	X yes
Tammy Combs	1211 12th St	yes	yes
Jessica Elston	1233 12th St	yes	yes
Chi Guy	1301 12th St	yes	yes
Chris Wood	<del>1000</del> 1114 12th St	yes	yes
Minnie Babers <small>Pastor</small>	1041 12th St	yes	yes
Jara Bushnell	1045 12th St	yes	yes
Heather Lonest	1216 12th Avenue	yes	yes
Lee Dreyer	1203-14th Street	yes	yes
Patricia	1023 14th St	yes	yes
TERRILL WILSON	1025 14th St	yes	yes
John Bomk	1030 14th St	yes	yes
Charlotte Munn	1019 14th St	yes	yes
Bria Masher	1037 14th St	yes	yes
Patricia Richardson	1201-12th St #1	yes	yes



CITY OF ROCK ISLAND  
LICENSE APPLICATION  
SOUND AMPLIFICATION

FEE: \$25/day

Truth Temple Church  
Business/Organization Name  
1201 12th St RI  
Address  
(309) 786-7399  
Telephone

Ariel Edgeworth  
Applicant's Name  
(309) 752-3363  
Home Address  
Telephone

Date(s) of Activity 9/10/11 TIME: From 1:00 To 6:00

Type of Event: Back to school Block Party

Event will be held at: 1201 12th St.  
Address

Estimate of distance that sound will be thrown: 2 blocks

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

Ariel Edgeworth  
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 3<sup>rd</sup> Avenue, Rock Island, IL 61201  
309-732-2010