Memorandum
Office of the City Clerk

ROCK ISLAND
ILLINOIS

To: Thomas Thomas, City Manager
Subject: Plaza Outdoor Event - Toys for Tots
Date: November 16, 2011

Attached is a Plaza activity/event application from CBS4/WHBF TV requesting to utilize Parking Lot F for their Toys for Tots Donation Drop-off to be held on Tuesday, December 6, 2011 from 5:30 am to 6:30 pm.

WHBF TV is also requesting that the $20.00 application fee and the $35.00 permit fee be waived due to this event being a donation drive for Toys for Tots, a non - profit organization. It is noted that two live remotes will be held from 5:30 am to 9:00 am and 5:00 pm to 6:30 pm.

No streets are being closed for this event. Vehicles will enter Parking Lot F, drop off donations and then exit without obstructing traffic. Businesses that may be affected by the utilization of Parking Lot F have been contacted.

The purpose of this event is to generate toy donations for Toys for Tots and to promote awareness of The District to the community.

Executive Director Catherine Rodgers-Ingles has reviewed and approved the event application. The certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the event and waive the fees for CBS4/WHBF TV.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager

11/15/11

November 9, 2011

Ms. Aleisha Patchin, City Clerk
City of Rock Island
1528 Third Avenue
Rock Island, IL 61201

Dear Aleisha,

CBS4/WHBF- TV is respectfully applying for the attached event permit for use of the Great River Plaza, Parking Lot F to be exact, for the 2011 CBS4/WHBF – TV "Toys 4 Tots" donation drop off.

2011 will mark the first year for this event/fundraiser, and we will comply with all rules and regulations set forth in the enclosed application.

The purpose of this event is to generate toy donations for "Toys for Tots", a not-for profit organization. Holding this event in The District would generate exposure to downtown Rock Island and we are planning on involving local businesses and members of the community. We would like to use Parking Lot F as the drop off point where cars could enter, drop off any donations, and then exit without impeding traffic flow. As this is a donation drive for a not for profit organization, we respectfully request that any fees associated with this application be waived.

Attached are the completed plaza activity permits. I have contacted our insurance carrier and a certificate of insurance will follow.

Thank you.

Sincerely,

Meredith Dennis
Morning Anchor/Producer
CBS4/WHBF-TV

ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND

Great River Plaza

OK 11/15/11

ACTIVITY / EVENT PERMIT

1. APPLICANT INFORMATION

NAME (FIRST, MIDDLE INITIAL, LAST)	HOME ADDRESS	CITY	STATE	ZIP CODE
Meredith Dennis	231 18th Street	Rock Island	IL	61201
E-MAIL	**TELEPHONE NO.**	**CELL PHONE NO.**		
mdennis@cbs4qc.com		309-786-5441 ext. 142		

ORGANIZATION NAME		E-MAIL	
WHBF - TV		mdennis@cbs4qc.com	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
231 18th Street	Rock Island	IL	61201
AREA CODE/TELEPHONE NO.			
309-786-5441 ext. 142			

2. STATUS OF ORGANIZATION / ACTIVITY PERMIT FEES

☒ **Not For Profit Organization:** $20.00 application fee per activity / event and $35.00 permit fee per activity / event.

☐ A. EDUCATIONAL ☐ B. FRATERNAL ☐ C. POLITICAL

☒ D. CIVIC ☐ E. RELIGIOUS ☐ F. OTHER NOT FOR PROFIT

☐ **For Profit Organization:** $35.00 application fee per activity / event and $250.00 permit fee per activity / event.

Application fee must be paid when application is submitted.

Permit fee is due one week prior to the activity / event.

3. CONTACT PERSON

NAME (FIRST, MIDDLE INITIAL, LAST)	HOME ADDRESS	CITY	STATE	ZIP CODE
Meredith Dennis	231 18th Street	Rock Island	IL	61201
E-MAIL	**TELEPHONE NO.**	**CELL PHONE NO.**		
mdennis@cbs4qc.com	309-786-5441 ext.142			

4. ACTIVITY / EVENT DETAILS

SETUP OF EVENT: (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS: (AM/PM)
12-06-2011	5:00AM	5:30AM

CLEAN UP OF EVENT: (MONTH/DAY/YR)	CLEAN UP BEGINS (AM/PM)	CLEAN UP ENDS: (AM/PM)
12-06-2011	6:30PM	7:00PM

DATE OF EVENT: (MONTH/DAY/YR)	EVENT TIME: EVENT STARTS (AM/PM)	EVENT TIME: EVENT ENDS (AM/PM)
12-06-2011	5:30AM	6:30PM

A. TYPE OF ACTIVITY / EVENT

☐ CONCERT ☐ OTHER MUSIC ☐ CRAFTS ☐ ART SHOW ☐ INFORMATION

☐ CIRCUS / CARNIVAL ☐ ANIMAL SHOW ☐ PUBLIC SPEAKERS ☒ OTHER Toy Donation Drop Off

Name of Activity / Event: **WHBF "Toys 4 Tots" Drive**

Number of Attendees expected: **150 (throughout the day)**

B. LOCATION OF ACTIVITY / EVENT

☐ PLAZA AREA / WEST ☐ PLAZA AREA / EAST ☐ STAGE AREA / EAST ☐ ARTS ALLEY

☒ Lot F

Purpose of Event / Activity: ***To raise public awareness and community involvement in generating toy donations for children in financially-challenged families for Christmas morning.***

C. ITEMS TO BE SOLD OR DISTRIBUTED DURING ACTIVITY / PERMIT

Indicate the number of vendors, booths, trailers etc. for each and detail their location on the event map

☐ ALCOHOL # ___ ☐ FOOD #___ ☐ CRAFTS #___ ☐ BROCHURES #___ ☐ OTHER ___

☐ STAGES # ___

If food is being distributed or sold, the City Health Inspector must be contacted.

D. STREET CLOSING REQUESTED (also identify on attached map)

Parking Lot F

E. ADDITIONAL EQUIPMENT/WORK BEING REQUESTED FROM CITY (banners hung, extra trash barrels, barricades, etc.) ***Some trash barrels and 4 (four) "Lot Closed" barricades.***

- You are responsible for setting up, cleaning up and each of the applicable items on the attached Great River Plaza Operation Plan.
- You are required to have General Liability Insurance in a minimum amount of $300,000.00 for Personal Injury and $50,000.00 for Property Damage. The City of Rock Island should be named as an Additional Insured. Please attach copies of required insurance certificate. Insurance is to be submitted to the City Clerk a minimum of one week prior to the date of the event.
- Council approval is required for all activities on the Great River Plaza. Changes can only be made by contacting the City Clerk to obtain Council approval. Please note: requests for changes that require Council approval should be received by the City Clerk at least two weeks prior to Council meeting. Council can only act on items that are on the printed agenda for that meeting. Items that require decisions can no longer be added to the agenda once it is printed and distributed.
- Sound Amplification must be specifically requested.
- Alcohol sales require a state and local license, and alcohol sales must be in a properly demarcated area which prevents entry by minors in accordance with Chapter 3 of the Code of Ordinances of the City of Rock Island. You must also detail security plans establishing your system for checking identification and verifying age.
- Alcoholic beverages cannot be sold/served in glass or cans on the plaza. All alcoholic beverages will be served in plastic cups.
- If you are planning an entertainment venue or activity on the Plaza, you will need to hire an appropriate number of Police Officers as determined by the Police Department. Arrangements

must be made at least one month prior to your scheduled event. You may contact the Agent assigned to the Office of Professional Standards at (309) 732-2402.

We, the undersigned (applicant and leader of the Sponsoring Organization for the activity / event(s) described on page one), have read and understand the ordinances and regulations that apply to the Great River Plaza. We agree to pay the required fees and provide the certificate of insurance. We understand that these fees and the Insurance Certificate need to be provided to the City Clerk before the activity / event (s) can occur. We agree to share this information with the other members of the Sponsoring Organization and we will abide by all rules and regulations of the City of Rock Island and the State of Illinois in relation to our activity / event(s).

Applicant Matt Dennis Date 11/15/11

Organization Leader _____ Date _____

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

Application Fee Permit Fee

Approved by City Council

Approved by City Clerk

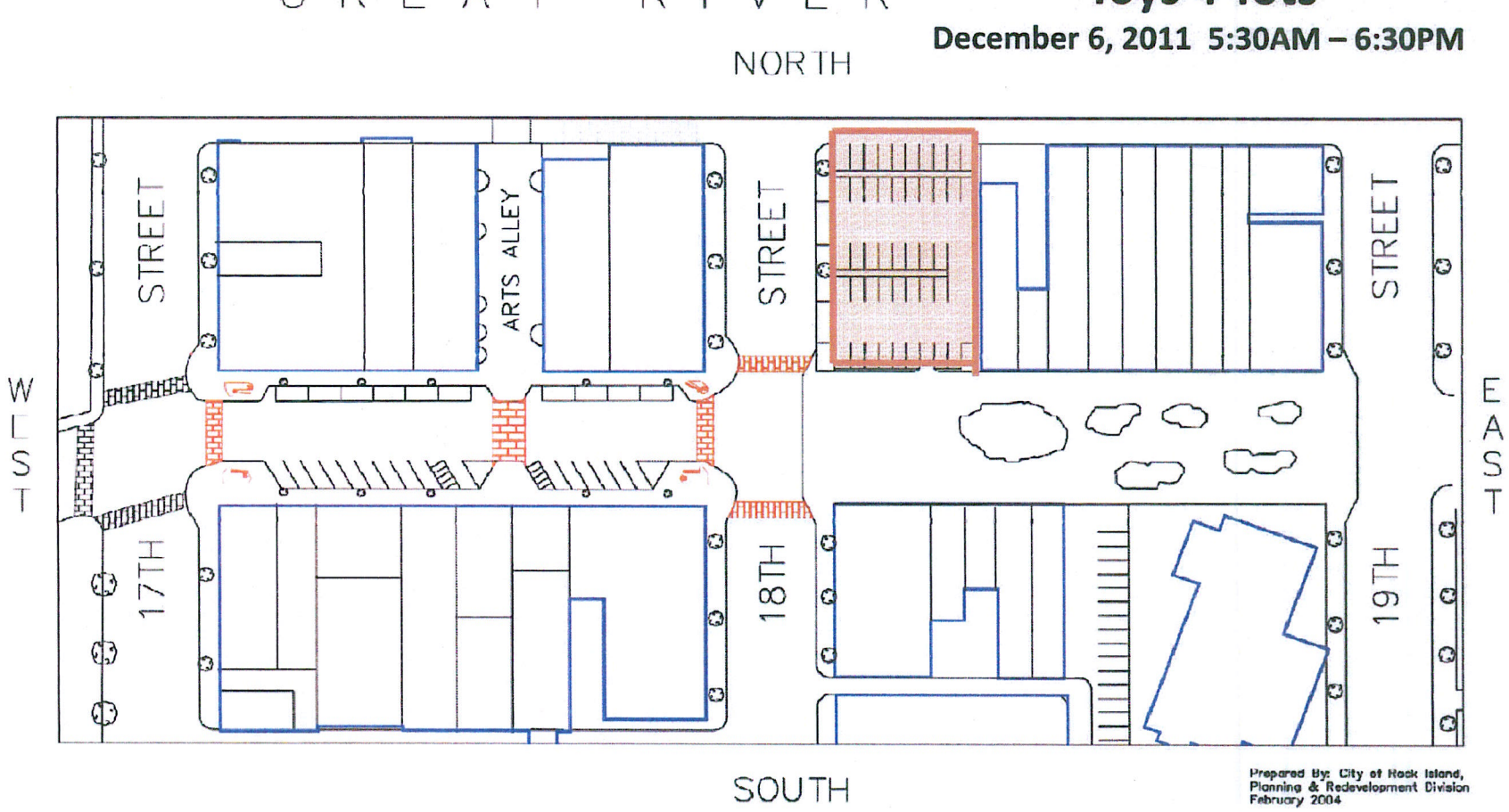
License No.

Application Fee Receipt No Permit Fee Receipt No.

License Printed - Date License Delivered - Date

Return Application, Certificate of Insurance and Great River Plaza Operations Plan to:

WHBF
"Toys 4 Tots"
December 6, 2011 5:30AM – 6:30PM



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2011

PRODUCER (610)834-0090 FAX (610)832-0241
Preston-Patterson Co., Inc.
P O Box 244
Conshohocken, PA 19428

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Coronet Communications Company
WHBF-TV
231 18th Street
Rock Island, IL 61201

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Vigilant Insurance Co.	20397
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	3581-18-99	01/05/2011	01/05/2012	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurence)	$ 300,000
						MED EXP (Any one person)	$ 10,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Toys for Tots on 12/06/2011.
The City of Rock Isand and The District, Inc.are included as an additional insured but soley with respect to the written agreement with the Named Insured.

*10 day notice of cancellation for nonpayment of premium.

CERTIFICATE HOLDER

City of Rock Island
1528 Third Ave
Rock Island , IL 61201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Stephen W. Patterson/MARIO