CITY OF ROCK ISLAND LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION	ON N	AME of EVENT	? :				
SPONSOR NAME/ORGANIZA	ATION	ADDRESS		CITY	STATE	ZIP CODE	
TELEPHONE NO.							
CONTACT PERSON		ADDRESS		CITY	STATE	ZIP CODE	
TELEPHONE NO.							
ACTIVITY DETAILS Type of Activity: (Check Appropriate Activity)							
Parade R	Run	Walk March		Bicycle Ride		Other (specify below)	
DATE OF ACTIVITY (MONTH/DAY/YR)		EVENT START TIME (AM/PM)		EVENT END TIME (AM/PM)			
SETUP OF EVENT (MONTH/DAY/YR)		SET UP BEGIN (AM/PM)	SET UP ENDS (AM/PM)				
Estimated number of: (Place Number in Appropriate Box)							
Participants: Floats:	Veh	nicles: Ban	ds: Who	eelchairs:	Horses:	Other:	

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Signature of Applicant Date of Application
A copy of your application will be submitted to the Police Department for assistance with any needed traffic control. All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.
Note: The sponsor notification form for any new event/route is available in the City Clerk's office.
for that specific activity, in writing, at least three (3) weeks prior to City Council consideration. Prior to Council consideration, sponsor shall notify and obtain written approval or disapproval from the residents and/or businesses and submit a copy of same to the City Clerk. Any resident and/or business who objects to said event shall have the opportunity to be heard at the City Council meeting during which time the event is to be considered.
Notification to Residents: In the case of applications for new events and/or new routes, the sponsor of said new event shall notify the residents and/or businesses located along said race route, parade route, or other, for that are still a said to be
Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this 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 event. The undersigned further agrees to reimburse the city of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.
Are barricades required from City? Yes No Qty
Does sponsor provide barricades? Yes No
Identify State-owned streets, if known
Are any State-owned streets involved? Yes No Unknown
Route for Activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.
Ambulance/first aid provided by sponsor: Yes No
Tail car provided by sponsor: Yes No
Contact the Police Department to arrange for traffic control. Telephone Number: (309) 732-2402
Number of volunteers available for traffic control:

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

City Council Approval Date	City Clerk Approval Date	Route Map and/or Information Included
Insurance Information Included	License Number	License Printed Date
License Delivery Date		