



# LULAC Rochelle

Council #5304

815-570-3111(phone)  
lulacrochelle.org (website)  
[LULACrochelle@gmail.com](mailto:LULACrochelle@gmail.com) (email)

November 13, 2018

City Manager Fiengenschuh  
and City Council  
City of Rochelle  
420 N. 6<sup>th</sup> Street  
Rochelle, IL 61068

Dear Mr. Fiengenschuh:

On behalf LULAC Rochelle, I would like to respectfully request permission of the City Council to hold the Annual Lighted Christmas Parade on Friday, December 7st, 2018. The parade will take place in conjunction with the Old Fashioned Christmas Walk.

The parade route will begin at the Lincoln Hwy and 8th Avenue intersection. The parade will then proceed South on Lincoln Hwy and will end after the turn on Cherry Ave.

The lineup will begin at 5:00 p.m. with the parade kicking off at 5:30 p.m. The approximate duration of the event will be 30 – 45 minutes.

We are requesting assistance with traffic control as the parade enters Lincoln Hwy at approximately 5:30 pm. We also need a squad car that can follow the parade line through until they arrive at City Hall.

We respectfully ask for your consideration of our request. Please feel free to contact Adriana Milan at 815-761-0323 for any further questions or concerns.

Sincerely,

*Adriana Milan*

LULAC Rochelle



**City of Rochelle**

417 N. 6<sup>th</sup> Street  
Rochelle, IL 61068  
T#:815-562-8717; F#: 815-562-4178  
www.cityofrochelle.net

**Application for Special Event Permit**

Application for NEW EVENTS must be submitted a minimum of 45 days before event date.

Incomplete application will NOT be accepted.

RETURN FORM TO: Michelle Pease, Community Development Department, PO Box 601, Rochelle, IL 61068

**1. Event Information**

a) Name of Event: CHRISTMAS PARADE

b) Location of Event: 400 - 700 BLOCK OF LINCOLN HWY

Is the premises: \_\_\_ Indoor  Outdoor Is the premises:  Public \_\_\_ Private

c) Date of Event: 12/07/18 d) Time(s) Start: 5 PM Finish: 6 PM

e) TYPE OF EVENT: Check all that Apply

\_\_\_ Outdoor Liquor \_\_\_ Public Property \_\_\_ Fireworks \_\_\_ Raffle \_\_\_ Festival/Fair \_\_\_ Race/Walk/Bike Ride

Other Not Listed. Explain: PARADE

f) Estimated attendance: 500 Demographic (age) of crowd: FAMILY EVENT

g) Street or Parking Lot closure request? (please circle) Yes No

\*Council approval for street or parking lot closures and use of city property

If yes, name street or lot number: \_\_\_\_\_

Reason for closure: \_\_\_\_\_

**2. Organization Hosting Event**

a) Organization/Committee/Company LULAC ROCHELLE

Address PO BOX 291 City/State/Zip ROCHELLE

Day Phone 815-570-3111 Cell \_\_\_\_\_ Fax \_\_\_\_\_

**3. Contact Person/Applicant – Person Responsible For This Event**

a) Name ADRIANA MILAN

Address 420 N 6<sup>TH</sup> STREET City/State/Zip ROCHELLE

Day Phone 815-561-2063 Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail amilan@rochelleil.us Relationship to organization: Member

**4. Contact Information of All Event Planners Responsible For This Event - contact info is for someone that would be available the day of the event, in case needed.**

Name	Address	Phone/Cell #	E-mail
<u>amilan@rochelleil.us</u>		<u>815-561-2063</u>	<u>amilan@rochelleil.us</u>

**City of Rochelle**  
417 N. 6<sup>th</sup> Street  
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**5. For An Event That Will Involve Liquor and/or Entertainment**

**Notes:**

Hours of Liquor Sales and/or Entertainment

\*Entertainment \_\_\_\_\_ To \_\_\_\_\_

\*Liquor Sales \_\_\_\_\_ To \_\_\_\_\_

\*Entertainment and Liquor Sales Must Cease by 11:00 p.m.

a) Name of business providing alcohol: \_\_\_\_\_

b) \*\*City Liquor License No.: \_\_\_\_\_

c) Alcoholic liquor at the event will be:  Served  Sold  Served and Sold

d) Number of servers and number of BASSET/TIPS trained staff that will be present at the event: \_\_\_\_\_

*\*\*It is the liquor license holder's responsibility to comply with any State requirements.*

**6. Attach the Following To This Application**

- a. **Copy of Proof of Insurance** naming the "City of Rochelle" as an additional insured including name and date of the event in the amount of \$1,000,000.00 in general liability, and if alcoholic liquor will be served/sold, liquor liability in the amount of \$1,000,000.00.
- b. **Letters of permission /notification** from any property owner(s) affected that may necessitate a street closure or the acquisition of temporary easements, use of leased land or as otherwise required.
- c. **Building permit applications** if building permits are required, applications signed by licensed contractors required in accordance with the City of Rochelle's Code provisions. Provide a detail of any temporary or permanent changes, additions, and/or deletions to any structural, electrical, mechanical or plumbing systems necessary to conduct the special event.
- d. **Detailed site plan showing:**
  - 1. Location where the event will be held including any existing or proposed accessory structures (stage, beer station, etc)
  - 2. Temporary fencing.
  - 3. Location of refuse and portable restroom facilities.
  - 4. Electrical supply and water services needed.
  - 5. Parking arrangements if necessary: On-site and off-site
- e. **Cleaning Fee** may be required if extensive cleaning is required after event \$100 and up.  
**IF the event is held on city property:**
- f. **Fireworks** need to provide a certificate of insurance
- g. **Carnival** needs certificate of insurance showing proof of worker's comp and one with general liability
- h. **Food Vendors** will need certificate of insurance and food license

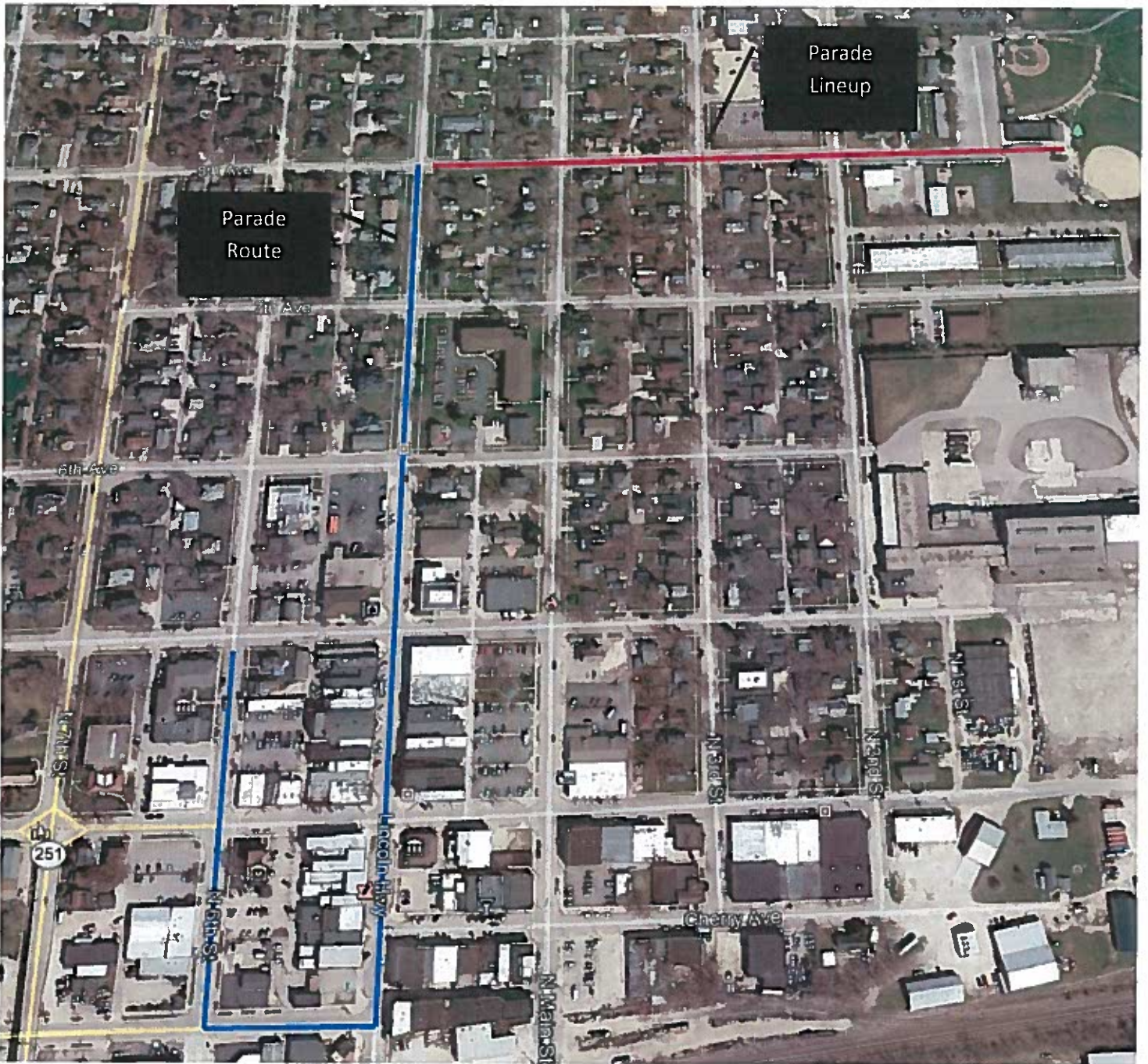
**7. Original Signatures Requires – Facsimiles or Copies Will Not Be Accepted**

I, the undersigned/applicant hereby state that the information contained in the application is true and correct to the best of my knowledge.

DATE: 11/11/2018

PRINT NAME: Adriana Milan SIGNATURE: Adriana Milan

RETURN FORM TO: Michelle Pease, Community Development Department, PO Box 601, Rochelle, IL 61068



- Consider moving the parade lineup to 8<sup>th</sup> Avenue, east of Lincoln Highway, continuing east (keeping all intersections open) to Little league parking lots if needed.
- This should reduce traffic backups and congestion in the downtown area as well as increasing safety for all spectators.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/02/2018

**PRODUCER**

Terri Schaefer State Farm Insurance  
 603 Lincoln Hwy  
 Rochelle IL 61068  
 Phone 815-562-7063 Fax 815-562-3829

THIS CERTIFICATE IS ISSUED AS 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**

LULAC  
 PO Box 291  
 Rochelle, IL 61068

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: State Farm Fire and Casualty Company 25143

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.

NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
F		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	93-GW-N885-1	04/24/2018	04/24/2019	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						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  
 Christmas Parade, 12/7/2018

ADDITIONAL INSURED: City of Rochelle 420 N 6th St Rochelle, IL 61068

**CERTIFICATE HOLDER**

City of Rochelle  
 420 N 6th St  
 Rochelle, IL 61068

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Muse Schaper*