CITY OF MORRISON SPECIAL COUNCIL MEETING  
City Hall, Lower Level Conference Room 200 West Main Street, Morrison, IL  
June 16, 2016 ♦ 9 a.m.

AGENDA

I. CALL TO ORDER

II. ROLL CALL

III. PLEDGE OF ALLEGIANCE

IV. PUBLIC COMMENT

V. ITEMS FOR CONSIDERATION AND POSSIBLE ACTION
   1. Request for Street Closure – Cornerstone Family Dentistry (att)

VI. OTHER ITEMS FOR CONSIDERATION, DISCUSSION & INFORMATION

VII. ADJOURNMENT
CITY OF MORRISON
REQUEST FOR STREET CLOSURE
COMMUNITY EVENT

Name of Organization: Cornerstone Family Dentistry

Contact Person: TJ Tuttle

Address: 521 W. Wall St. Phone: 815-400-9141

1. EVENT FOR WHICH CLOSURE IS REQUESTED: Open House/Patient Appreciation

2. STREET(s) TO BE CLOSED: Heaton St. by office

3. DATE OF EVENT: 6-24-16

4. TIMES OF CLOSURE: 2 pm to 6:30 pm

5. ELECTRICAL SERVICE REQUIRED? Yes X No If yes, please specify such requirements: 

6. SUPPORT SERVICE(s) REQUESTED (i.e. Police, picnic tables, street sweeping, etc.):

The undersigned agrees to release, hold harmless, and defend the City of Morrison, its officers and agents against any and all claims for loss, damage, personal injury, or death occurring as a result of the event for which this permit is requested. Proof of insurance is required. Insurance must name the City of Morrison as an additional insured.

6-13-16 Melinda Hochgesang
Date Authorized Agent Signature

Melinda Hochgesang
Authorized Agent Title

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STREET CLOSURE PERMIT

Subject to the information contained in this REQUEST FOR CLOSURE, permission to close certain city streets is hereby granted.

Receipt of the $25.00 PERMIT FEE and/or the $50.00 ELECTRICAL HOOK-UP CHARGE is hereby acknowledged. Fees are waived for non-profit organizations.

Date City Clerk
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: if the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Qcoverage
5123 Middle Road, B
Bettendorf, IA 52722
Phone (563) 345-5400
Fax (563) 345-5410

INSURED
Cornerstone Family Dentistry
521 W Wall St
Morrison IL 61270

COVERAGES CERTIFICATE NUMBER:

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<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
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<th>POLICY NUMBER</th>
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<td>12/18/2016</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

CERTIFICATE HOLDER
City of Morrison
Attn: City Clerk
200 W Main Street
Morrison, IL 61270

ACORD 25 (2014/01) QF

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