

**RESOLUTION 2017-044**

**PASSED: MARCH 27, 2017**

**APPROVING THE CLOSURE OF A PORTION OF ILLINOIS ROUTE 38 ON MONDAY, MAY 29, 2017 FROM 8:00 A.M. THROUGH 10:00 A.M. FOR THE DEKALB CHAMBER OF COMMERCE MEMORIAL DAY PARADE.**

**WHEREAS**, the DeKalb Chamber of Commerce is sponsoring a Memorial Day Parade in the City of DeKalb, Illinois, which constitutes a public purpose; and

**WHEREAS**, this event will require the temporary closure of Illinois Route 38/Lincoln Highway, a State Highway in the City of DeKalb, from 8:00 a.m. to 10:00 a.m. and from Illinois Fourth Street to First Street;

**WHEREAS**, Section 4.408 of the Illinois Highway Code authorizes the Department of Transportation to issue permits to local authorities to temporarily close portions of State Highways for such public purposes.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS**, that permission to close off Illinois Route 38 from 8:00 a.m. to 10:00 a.m. and from Fourth Street to First Street as above designated, be requested of the Illinois Department of Transportation.

**BE IT FURTHER RESOLVED** that this closure shall occur during the approximate time period between 8:00 a.m. and 10:00 a.m. on Monday, May 29, 2017.

**BE IT FURTHER RESOLVED** that traffic from that closed portion of highway shall be detoured over routes with an all-weather surface that can accept the anticipated traffic, which will be maintained to the satisfaction of the Illinois Department of Transportation and, which is conspicuously marked for the benefit of traffic diverted from the State highway. The detour route shall be as follows:

**WESTBOUND ROUTE 38, BEGINNING AT THE INTERSECTION OF ILLINOIS ROUTE 38 AND ILLINOIS ROUTE 23, THE DETOUR ROUTE WILL GO SOUTH ON FOURTH STREET TO FRANKLIN STREET, THEN WEST ON FRANKLIN STREET, THEN NORTH ON SOUTH FIRST STREET, RETURNING TO ILLINOIS ROUTE 38. EASTBOUND ROUTE 38 WILL BE THE REVERSE, BEGINNING AT THE INTERSECTION OF ILLINOIS ROUTE 38 AND FIRST STREET.**

**BE IT FURTHER RESOLVED** that the City of DeKalb assumes full responsibility for the direction, protection, and regulation of the traffic during the time the detour is in effect.

**BE IT FURTHER RESOLVED** that police officers or authorized flaggers shall at the expense of the City of DeKalb, Illinois be positioned at each end of the closed section and

at other points (such as intersections) as may be necessary to assist in directing traffic through the detour.

**BE IT FURTHER RESOLVED** that police officers, flaggers, and officials shall permit emergency vehicles in emergency situations to pass through the closed area as swiftly as is safe for all concerned.

**BE IT FURTHER RESOLVED** that all debris shall be removed by the City of DeKalb, prior to reopening the State Highway.

**BE IT FURTHER RESOLVED** that such signs, flags, barricades, etc., shall be used by the City of DeKalb as may be approved by the Illinois Department of Transportation. These items shall be provided by the City of DeKalb.

**BE IT FURTHER RESOLVED** that the closure and detour shall be marked according to the Illinois Manual on Uniform Traffic Control Devices.

**BE IT FURTHER RESOLVED** that an occasional break shall be made in the procession so that traffic may pass through. In any event, adequate provisions will be made for traffic on intersecting highways pursuant to conditions noted above.

**BE IT FURTHER RESOLVED** that to the fullest extent permitted by law, the City of DeKalb shall be responsible for any and all injuries to persons or damages to property, and shall indemnify and hold harmless the Illinois Department of Transportation, its officers, employees and agents from any and all claims, lawsuits, actions, costs and fees (including reasonable attorneys' fees and expenses) of every nature or description, arising out of, resulting from or connected with the exercise of authority granted by the Department, which is the subject of this Resolution. The obligation is binding upon the City of DeKalb, regardless of whether or not such claim, damage, loss or expense is caused in part by the act, omission or negligence of the Department or its officers, employees or agents.


**BE IT FURTHER RESOLVED** that the City of DeKalb shall provide a comprehensive general liability policy or an additional named insured endorsement in the minimum amount of \$1,000,000 per person and \$2,000,000 aggregate, which has the Illinois Department of Transportation, its officials, employees and agents as insureds and, which protects them from all claims arising from the requested road closing. A copy of said policy or endorsement will be provided to the Department before the road is closed.


**BE IT FURTHER RESOLVED** that a copy of this Resolution will be forwarded to the Department of Transportation to serve as a formal request for the permission sought in this Resolution and to operate as part of the conditions of said permission.

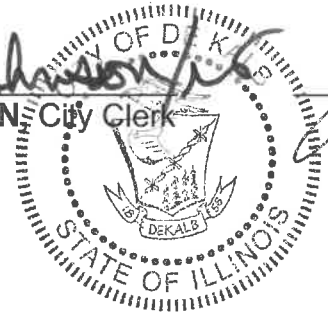
**BE IT FURTHER RESOLVED**, that the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor's Signature and shall be effective thereupon.

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois at a Regular meeting thereof held on the 27<sup>th</sup> day of March, 2017, and approved by me as Mayor on the same day. Passed by an Omnibus roll call vote of 8-0 under the Consent Agenda. Aye: Jacobson, Finucane, Marquardt, Snow, Noreiko, Baker, Faivre. Rey.

**ATTEST:**

  
JENNIFER JEEP JOHNSON, City Clerk

  
JOHN A. REY, Mayor



The seal is circular with a dotted border. The outer ring contains the text 'CITY OF DEKALB' at the top and 'STATE OF ILLINOIS' at the bottom. The center features a shield with a plow, a sheaf of wheat, and a bundle of cotton, with the word 'DEKALB' written below the shield.



# EVENT REQUEST

PARADE    RUN  
 MARCH    RIDE

ATTENTION: Finance Department

DATE OF APPLICATION: 2.23.17

Notification is hereby given to the City of DeKalb as provided in Chapter 51.20 of the City of DeKalb Municipal Code to request an Event (Parade, March, Run, Ride) as follows:

PLEASE ALLOW (4) WEEKS FOR PROCESSING THE REQUEST.  
 PLEASE ALLOW TWO (2) MONTHS FOR PROCESSING IF EITHER ILLINOIS ROUTE 23 OR ILLINOIS ROUTE 38 WILL BE CLOSED.

Name(s) of sponsoring organization(s): DeKalb Chamber of Commerce

Date of Event: May 29, 2017 Starting Time: 8:30 am Ending Time: 9:30 am

Name(s) of person(s) responsible for organizing and conducting event:

Name	Address	Phone	Email
Jessica Antonacci	[REDACTED]	[REDACTED]	[REDACTED]

Number of: people (250) animals (5) vehicles (20) expected to participate.

Describe the event in detail: Memorial Day Parade

Specify event route from starting point to termination point (*a map of the event route is required*):

Parade starts off at 2<sup>nd</sup> + W Lincoln Hwy, N on First, W on Locust, N on Linden Place, to rear entrance of Billmeyer House.

Are you requesting streets to be closed? If so, list specifics below and provide notation on the event route you are providing yes, please see map

Will either Illinois Route 23 or Illinois Route 38 be blocked (if YES, it will require approval from the Illinois Department of transportation):  Yes  No

Does this event require any of the following?

- Barricades  Yes  No
- Reflective vests for staff and/or volunteers  Yes  No
- Emergency Medical Services (an ambulance on site)  Yes  No
- Police Department presence (for traffic control)  Yes  No

**A CERTIFICATE OF INSURANCE NAMING THE CITY OF DEKALB AS AN ADDITIONAL INSURED IS REQUIRED IN THE AMOUNT OF \$1 MILLION DOLLARS. YOUR APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT RECEIPT OF THIS DOCUMENT.**

**IF EITHER ROUTE 23 OR ROUTE 38 WILL BE CLOSED, A CERTIFICATE OF INSURANCE NAMING THE CITY OF DEKALB AS AN ADDITIONAL INSURED IS REQUIRED IN THE AMOUNT OF \$1 MILLION DOLLARS. YOUR APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT RECEIPT OF THIS DOCUMENT.**

J. Antonacci  
Signature of Person Making Application

Jessica Antonacci  
Printed Name of Person Making Application

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

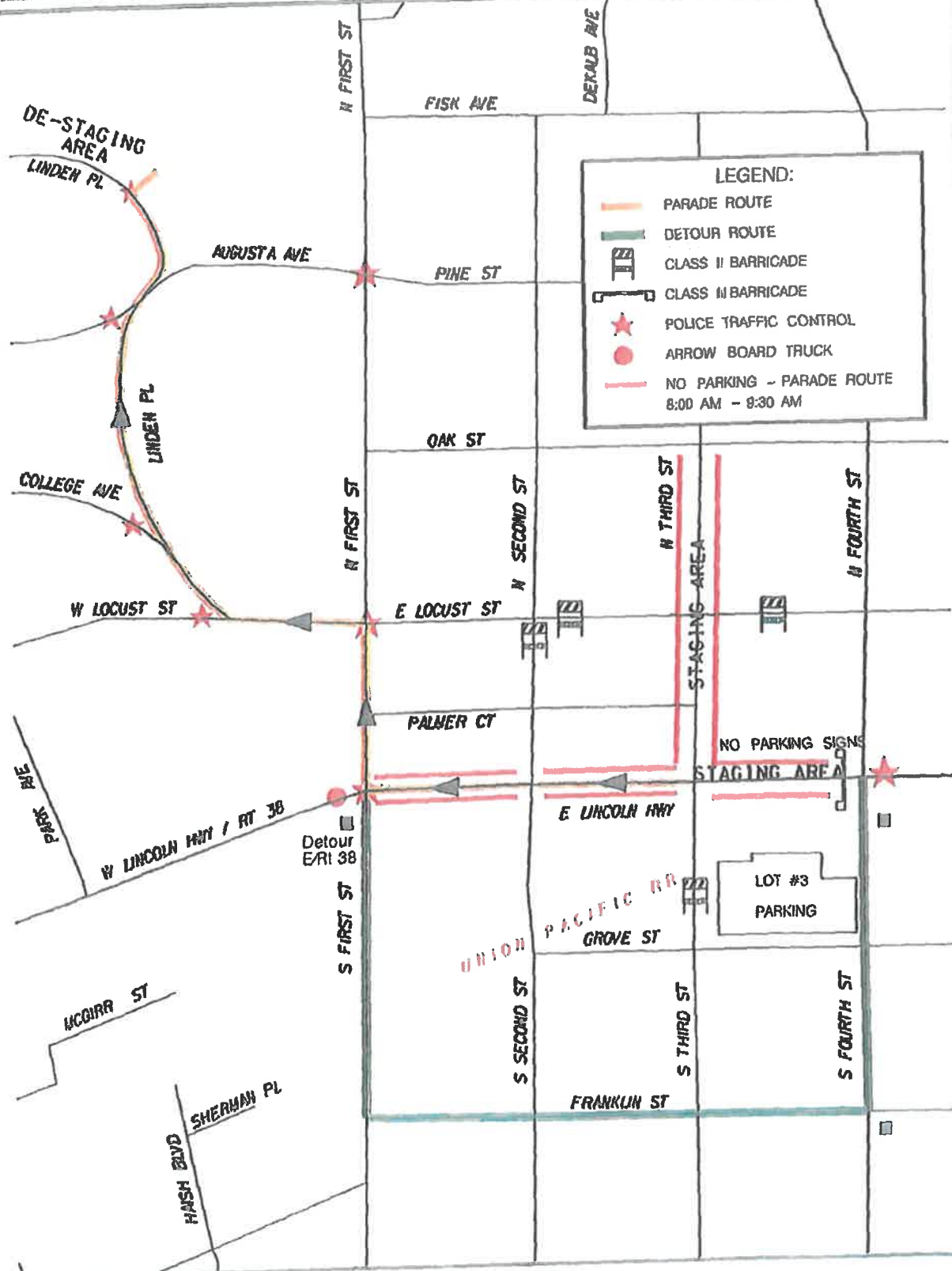
\_\_\_\_\_  
E-mail Address

Return this form to (can be mailed, emailed or faxed):

City of DeKalb Finance Department  
200 S. Fourth Street  
DeKalb, Illinois 60115  
E-mail: [Rachel.pacey@cityofdekalb.com](mailto:Rachel.pacey@cityofdekalb.com)  
Fax: (815) 748-2304

Please contact the Finance Department at (815) 748-2387 with questions regarding this application.

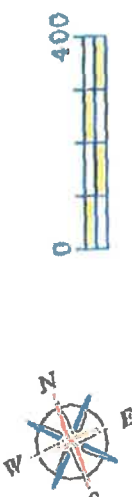
CHECKLIST (FOR USE BY CITY PERSONNEL ONLY)	EVENT INFORMATION E-mail complete event application to the staff listed below for review before scheduling a meeting (a meeting may not be necessary).
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Event Map <input checked="" type="checkbox"/> Insurance Certificate	Police Dept. Date: <u>2-27-17</u> Dep. Chief Hoadley Dep Chief. Petragallo Cmdr. McDougall: Fire Dept. Date: <u>2-27-17</u> Dep. Chief. Hoyle Engineering Dept. Date: <u>2-27-17</u> Mike Bauling Public Works/Streets Date: <u>2-27-17</u> Mark Espy
Date and Time of Event Discussion Meeting (if required): _____	
<input type="checkbox"/> Approved on: _____ <input type="checkbox"/> Denied on: _____	



**LEGEND:**

- PARADE ROUTE
- DETOUR ROUTE
- CLASS II BARRICADE
- CLASS III BARRICADE
- POLICE TRAFFIC CONTROL
- ARROW BOARD TRUCK
- NO PARKING - PARADE ROUTE 8:00 AM - 9:30 AM

CITY OF DEKALB - ADMINISTRATIVE SERVICES  
INFORMATION & TECHNOLOGY DIVISION  
UPDATED BY: JESSICA ANTONACCI  
DEKALB CHAMBER  
FEBRUARY 23, 2017



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/23/2017

PRODUCER  
**BRIAN R SCHOLLE**  
850 S 4TH ST  
DEKALB IL 60115

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  
**DEKALB CHAMBER OF COMMERCE**  
164 E LINCOLN HWY  
DEKALB IL 60115

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A:  
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	<b>GENERAL LIABILITY</b> <input 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	██████████	11/18/16	11/18/17	EACH OCCURRENCE	\$ 1,000,000.00
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000.00
						PERSONAL & ADV INJURY	\$ 2,000,000.00
						GENERAL AGGREGATE	\$ 2,000,000.00
						PRODUCTS - COMP/OP AGG	\$ 0.00
		<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 EA ACC	\$
						AUTO ONLY: 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  OTHER	██████████	11/18/16	11/18/17	WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$ 100,000.00
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000.00
						E.L. DISEASE - POLICY LIMIT	\$ 500,000.00

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

Memorial Day Parade on May 29, 2017 from 8:30 am – 9:30 am in Downtown DeKalb.

**CERTIFICATE HOLDER**

CITY OF DEKALB

**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

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/27/2017

**PRODUCER**  
BRIAN R SCHOLLE  
850 S 4TH ST  
DEKALB IL 60115



**INSURED**  
DEKALB CHAMBER OF COMMERCE  
164 E LINCOLN HWY  
DEKALB IL 60115

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A:	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	<b>GENERAL LIABILITY</b> <input 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		11/18/16	11/18/17	EACH OCCURRENCE	\$ 1,000,000.00
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000.00
						PERSONAL & ADV INJURY	\$ 2,000,000.00
						GENERAL AGGREGATE	\$ 2,000,000.00
						PRODUCTS - COMP/OP AGG	\$ 0.00
		<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 OTHER		11/18/16	11/18/17	WC STATUTORY LIMITS	
						OTHER	
						E.L. EACH ACCIDENT	\$ 100,000.00
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000.00
						E.L. DISEASE - POLICY LIMIT	\$ 500,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Memorial Day Parade on May 29, 2017 from 8:30 am – 9:30 am in Downtown DeKalb.**

## CERTIFICATE HOLDER

**CITY OF DEKALB**  
 Memorial Day Parade for IDOT as additional insured

## 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



<b>CITY USE ONLY</b>	
	<u>Approved / Denied</u>
Fire Dept:	_____
Public Works:	_____
City Manager:	_____
Police Dept:	_____
Engineering:	_____
Building:	_____
License #:	_____



## APPLICATION FOR MASS GATHERING

**License Fees: \$200.00 PER EVENT/PER DAY**

Municipal Code Chapter 34, *minimum 30 day advance notice must be given prior to issuance of license.*

License requested as provided for in Chapter 34 of the City of DeKalb Municipal Code for a period beginning on May 29, 2017 and ending May 29, 2017 as indicated hereafter.

Describe Event Specifically: Memorial Day Parade. Small parade in Downtown DeKalb to honor those that made the ultimate sacrifice for our country.

Company Name: DeKalb Chamber of Commerce

Company Address: [REDACTED]  
(City/State/Zip): \_\_\_\_\_

Company Phone: [REDACTED]

Applicant Name: [REDACTED]

Applicant Address: same as above  
(City/State/Zip): \_\_\_\_\_

Applicant Phone: same as above

List the two most current cities in Illinois that you conducted this type of business and the dates business was conducted: n/a

Location of Event: Downtown DeKalb

Dates of Event: May 29, 2017 Including additional Set up/Take down days /

Days/Hours of Operation: 8:30 am - 9:30 am

Number of Expended Participants: 250

Property

Owner: City of DeKalb

Property Address: Downtown DeKalb, Lincoln Hwy





Property Owner Telephone: 

Will you be requiring (check all that apply):

Electrical Access: \_\_\_\_\_ Water Access: \_\_\_\_\_ Other: \_\_\_\_\_

Specify Other: \_\_\_\_\_

Name, address, phone number of all responsible parties conducting, supervising and/or sponsoring the event

NAME: <u>Jessica Antonacci</u>	PHONE: 
RESIDENTIAL ADDRESS: 	
CITY: 	STATE: <u>IL</u> ZIP CODE: 
NAME: _____	PHONE: _____
RESIDENTIAL ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____

(Use additional sheet if necessary.)

**THE FOLLOWING SHALL APPLY TO THIS APPLICATION:**

**Permit Application:**

b) The permit application shall be accompanied by a site plan showing the proposed location and orientation of the event, and identifying: i) applicable occupancy limits; ii) temporary or permanent sanitation facilities; iii) all points of emergency ingress and egress; iv) any temporary structures, tents, facilities or utility connections anticipated to be utilized; and, v) the parking arrangements for anticipated attendees, showing that all anticipated attendees can be safely accommodated by planned parking. The site plan shall be accompanied by written letters from the owners of each parcel identified for use on the site plan (other than property owned by the applicant), consenting to the use of their property for the event.

c) The applicant shall be responsible for all costs of inspection or permitting for any inspection or permit which is required under applicable City Code. In addition, all permits shall be subject to review by the City of DeKalb Police Department, Fire Department and Public Works Department, which shall be authorized to require additional or supplemental inspections based on the nature of the proposed event; the cost of any such inspections shall be borne by the applicant. Any building within which an event including Hazardous Activity is proposed to be conducted within shall require a then-current Fire Life-Safety inspection and license (or such a License shall be acquired prior to issuance of a permit for the event).

d) For any Commercial Event or any event which requires a permit and is to be conducted on City-owned property, the applicant shall be responsible for entering into an agreement with the City of DeKalb which identifies a single person legally responsible for the ultimate collection and payment of any governmental fines, penalties, taxes or fees due in connection with the event, and which specifies any specific rules or regulations applicable to the event (including but not limited to regulations relating to the sale of any age-restricted items or services or the conduct of any Hazardous Activities).

1) Said agreement shall be in a form acceptable to the City Manager, and the City Manager is authorized to negotiate and enter into such agreements on behalf of the City. In the case of any event that is



200 South Fourth Street  
DeKalb, Illinois 60115  
Fax: (815)748-2304

If you have any questions or require further assistance, please call (815)748-2085.

<b>OFFICE USE ONLY:</b>		<b>Date After Hours Inspection Fee</b>	
<b>Date Application</b>		<b>Received:</b>	<b>Paid Stamp Here</b>
<b>Fee Received:</b> 2-27-17	Paid Stamp Here	_____	
<b>Amount Paid:</b> req. waiver		<b>Amt. Paid:</b> _____	
<b>Check #:</b> _____	Cash <input type="checkbox"/> see letter	<b>Check #:</b> _____	Cash <input type="checkbox"/>
<b>Plot Plan Included:</b> YES <input checked="" type="checkbox"/> NO _____			
<b>Scale Drawing Included:</b> YES <input checked="" type="checkbox"/> NO _____			
<b>Certificate of Insurance Included:</b> YES <input checked="" type="checkbox"/> NO _____			
<b>Letter from Property Owner Included:</b> YES _____ NO <input checked="" type="checkbox"/>			

Jessica Antonacci  
DeKalb Chamber of Commerce  
164 E Lincoln Highway  
DeKalb, IL 60115  
February 24, 2017

Anne Marie  
City Manager  
City of DeKalb  
200 South Fourth Street  
DeKalb, IL 60115

Dear Anne Marie:

I am requesting the \$200 license fee be waived regarding the Application for Mass Gathering. I am requesting this as the Memorial Day Parade is one of the events listed to be organized by the DeKalb Chamber as a part of our agreement with the City of DeKalb.

Sincerely,



Jessica Antonacci  
Events Manager  
DeKalb Chamber of Commerce



# Illinois Department of Transportation

Office of Highways Project Implementation / Region 2 / District 3  
700 East Norris Drive / Ottawa, Illinois 61350-1628

April 3, 2017

Honorable John Rey  
Mayor  
200 South Fourth Street  
DeKalb, IL 60115

Dear Mayor Rey:

In accordance with your request and in reliance upon the conditions noted in your resolution adopted March 27, 2017, the Illinois Department of Transportation grants the City of DeKalb permission, subject to the aforesaid conditions, to temporarily close Illinois Route 38, from Fourth Street to First Street, from 8:00 a.m. to 10:00 a.m. on May 29, 2017 for the purpose of a Memorial Day parade.

Your cooperation in minimizing confusion and delay to through traffic is earnestly solicited and a reminder that the roadway needs to be open to clear traffic after 15 minutes, if there is no detour route available for through traffic to utilize.

If you have any questions, please contact Tom Schaefer, Traffic Engineer, at 815-434-8446.

Sincerely,

Kevin Marchek, P.E.  
Region Two Engineer

A handwritten signature in cursive script that reads "Tom Hufnagel".

By: Tom Hufnagel, P.E.  
District Operations Engineer

cc: Illinois State Police, District 2  
DeKalb Police Department  
S. Meiborg/D. Rennels  
Julie Wielgolpolan