LICENSEE: Robert Rebitzer

LICENSING AGREEMENT

PARTIES: The LICENSOR is the City of Moline, Illinois, a municipal corporation,

hereinafter called the CITY.

The LICENSEE is Robert Rebitzer, hereinafter called the LICENSEE.

PREMISES: Street closure: 15th Street, South of 4th Avenue North of 5th Avenue

<u>USE</u>: LICENSEE shall be allowed only to: Use City Owned Property for "Classic

Car Show."

<u>INTEREST</u> LICENSEE acquires only the right to: Use City Owned Property - Street

closure: 15th Street, South of 4th Avenue and North of 5th Avenue, for "Classic Car Show", every third Thursday, April through October 2021, from 3:00

p.m. to 9:00 p.m.

The Licensing Agreement is not assignable without prior written approval of the CITY and the LICENSEE shall give the CITY at least twenty-one (21) days notice in writing of the intention to assign. If assignment is made without notice and approval, the CITY, in addition to any remedies for breach hereof, may hold the LICENSEE responsible for all things to be done, fees to be paid and documents to be filed under the terms hereof. No proprietary, ownership, possessory, possessatory, or other rights, except as

specifically given herein, are to be acquired by the LICENSEE.

<u>TERM</u>: The term of this Licensing Agreement is from 3:00 p.m. to 9:00 p.m. on each

April 15, 2021; May 21, 2021; June 17, 2021; July 15, 2021; August 19, 2021;

September 16, 2021; and October 21, 2021.

<u>FEE</u>: \$50 fee paid with Special Event application.

CONDITIONS: LICENSEE shall indemnify and hold the CITY harmless from all acts in

connection with use or misuse of the premises, and from any/all accidents on the premises. The LICENSEE shall procure, at its own expense, an Insurance Policy also **naming the CITY as additional insured** to protect the CITY from all damages to person or property on the premises resulting from accidents on the premises and also **naming the STATE OF ILLINOIS as an additional insured, if applicable**. Said policy or certificate shall be deposited with the CITY prior to the event and shall be in an amount not less than \$1,000,000.00, pursuant to Chapter 6, Section 2104, of the Moline

Code of Ordinances.

LICENSEE shall be the primary insured.

LICENSEE shall have the duty and responsibility to maintain the premises in a safe and neat condition, as determined by the CITY.

Upon termination of the Licensing Agreement, LICENSEE shall restore the premises to its condition prior to issuance of Licensing Agreement, or property on the premises shall become the property of the CITY - at the CITY's option.

Any construction on the premises shall be done under the direction of the CITY. The CITY and its authorized agents shall have the right to enter upon the premises for municipal purposes.

<u>LICENSEE</u> :	<u>CITY OF MOLINE, ILLINOIS</u> :
SIGNATURE	By: Mayor
By: <u>Robert Ribitzer</u>	
	Attest:City Clerk
Date:	



CROLLAND



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 have ADDITIONAL INSURED provisions or be endorsed.

	JBROGATION IS WAIVED, subject tificate does not confer rights to							require an endo	rsemen	t. A st	atement on
PRODUCER		CONTACT NAME:									
Nelson Brothers Schroder Insurance Inc DBA Nelson Brothers Agency 940 Lincoln Rd Bettendorf, IA 52722				PHONE (A/C, No, Ext): (563) 323-9233 FAX (A/C, No): (563) 3					323-9221		
				E-MAIL ADDRESS:							
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Illinois	Casualty				
INSURED					INSURE	RB:					
Rebitzer Bar & Grill Illinois LLC DBA Bier Stube 415 15th St				INSURER C:							
				INSURER D:							
	Moline, IL 61265				INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R										
	TIFICATE MAY BE ISSUED OR MAY										
	USIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
ΑΧ	COMMERCIAL GENERAL LIABILITY					Ì	,	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	Χ	BP31035		6/29/2020	6/29/2021	DAMAGE TO RENTEL PREMISES (Ea occur)	ence)	\$	
								MED EXP (Any one pe		\$	1,000
								DEDOCALAL A ABYLIN		_	1.000.000

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	BP31035	6/29/2020	6/29/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	1,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	UL14042	6/29/2020	6/29/2021	AGGREGATE	\$	
	DED X RETENTION \$ 10,000							s	1,000,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WC15472	6/29/2020	6/29/2021	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Liquor Liability			LL92172	6/29/2020	6/29/2021	Occ/Agg		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional named insureds

Rebitzer's Bar & Grill LLC DBA Brocken Saddle Three Kings of Moline LLC

City of Moline is an Additional Insured on the Commercial General Liability, Auto Liability and Excess Liability when required by written contract or agreement regarding activities by or on behalf of the Named Insured. This insurance is primary insurance and any other insurance maintained by the Additional Insured **SEE ATTACHED ACORD 101**

CERTIFICATE HOLDER	CANCELLATION				
City of Moline 619 16th St Moline. IL 61265	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Monne, 12 01203	AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE				

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Nelson Brothers Schroder Insurance Inc DBA Nelson Broth	iers Agency	NAMED INSURED Rebitzer Bar & Grill Illinois LLC DBA Bier Stube 415 15th St Moline, IL 61265
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

shall be excess only and non-contributing with this insurance. A waiver of subrogation applies to the Commercial General Liability, Auto Liability, Excess Liability and Workers' Compensation/Employers Liability in favor of the Additional Insured.

417 15th Street Moline, IL 61265 1417 5th Ave Moline, IL 61265 1423 5th Ave Moline, IL 61265