

CITY OF MUSCATINE

TITLE 3, CHAPTER 14

License # _____
Wallet # _____
Sticker # _____
Receipt # _____
Issued _____
Expires _____

APPLICATION FOR USE OF ANY STREET, SIDEWALK, ROADWAY, ALLEY,
PARK, PUBLIC WAY, PROPERTY OR FACILITY

1. Name of applicant and sponsoring organization, if any:

United Way of Muscatine

Address: 208 W 2nd St. Suite 201 Muscatine, IA 52761

Telephone number: 563-263-5963 563-260-5771

E-mail address: nsorgentfrey@live.com

2. Type of event that is planned:

Pack the Bus = School Supplies Drive. We will have a School Bus that we will be packing full of donated School Supplies and that is how you get into the event.

3. Proposed location:

We would like to have it on 2nd Street between Pine and Chestnut.
Request to close street from 10 AM to 4 PM.

4. Date(s)/Time(s): June 28th, 2014

5. Expected length of use: Event runs 1-4pm Set-up will start at 10am

6. Expected size of group: 200-300

7. Names of any person or persons in charge of the proposed use at the specified location:

Nichole Sorgentfrey Program Manager at United Way

Address(es): 208 W 2nd St Suite 201

Telephone Number(s): 563-263-5963 260-5771

E-mail address(es): nsorgentfrey@unitedwaymuscatine.org

8. Names and addresses of any persons to be featured as entertainers or speakers:

We will have a family oriented D.J. But have not pointed out - who.

9. List mechanical or electronic equipment to be used:

Sound System

10. Number and type of any motor vehicles or other forms of transportation to be used, including bicycles, boats, carriages and golf carts:

NONE

11. Number and types of animals to be used:

NONE

12. A description of any sound amplification to be used:

Not Sure

13. Proposed monitoring of the group and/or activity including the number of people who will direct traffic, set up, clean up and maintain order, if necessary:

We have a group that will do cleanup. Each organization will do a activity.

14. All plans for the provision of security:

Did not think we need this unless you think we do.

15. Beer or wine consumption? Yes _____ No X

16. Describe any items to be sold or distributed:

NONE

17. Is water connection requested? Yes _____ No X

18. Is electricity requested? Yes X No _____

19. Have you provided a layout site plan for your proposed activity or event? Yes X No _____

If yes, please attach.

If no, please explain:

20. Do you understand that you will be financially responsible for all site restoration needed to restore the site to pre-event status? Yes X No _____

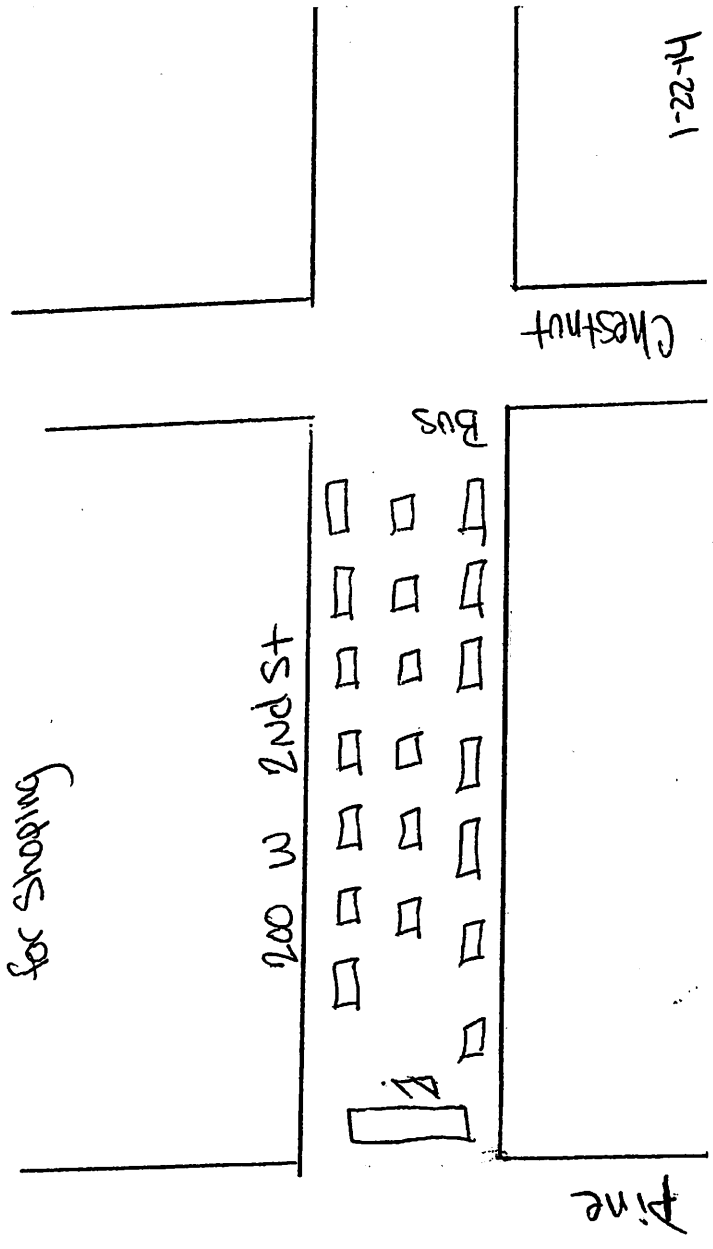
The applicant agrees to indemnify, defend and save harmless the City of Muscatine, together with its agents, officers and employees, from any and all claims, lawsuits, damages, losses and expenses, of whatever nature, which may result from or arise from the activity or event covered by the permit, including but not limited to the use of public ways, irrespective of whether said claims are frivolous or meritorious.

Nicholas Sorgenfrei
Authorized Representative

1-21-14
Date

Continuing Medical Education Division
 100 Medicine Administration Building
 Iowa City, Iowa 52242-1101
 319-335-8599 Tel
 319-335-8327 Fax

UNIVERSITY OF IOWA
 CARVER COLLEGE
 OF MEDICINE
 University of Iowa Health Care



This is a rough draft