

CITY OF MUSCATINE

LICENSE APPLICATION

LICENSE #
WALLET#
STICKER#
RECEIPT#
ISSUED
EXPIRES

TITLE 5, CHAPTER 14, SECTION 5

SOLICITING FOR RELIGIOUS AND CHARITABLE ORGANIZATIONS

Procession Permit request

1. Name of Organization:

Saints Mary Mathias Church

Names and Addresses of Officers (Directors) Attach list if necessary:

*Father Jason Crossen Pastor 263-1416**Father Jacob Greiner assistant 263-1416**Michelle Schaapveld event assistant*
*(filing application) 554-9539*2. Period activities will be carried out *June 21st 2014 from*
*approx 5p-6pm (street procession)*3. Purpose or cause of solicitation: *Closing Mass and Corpus*
Christi Feast (Procession to ST Mathias from
ST Mary.) *See route attached*

4. Are any commissions, fees or wages to be charged by the solicitor for his efforts?

NA If so, in what amount? *NA*5. If organization is determined to be a bona fide charity or religious organization, a
License will be issued free of charge for the specified period.
(ATTACH YOUR IRS NON-PROFIT CERTIFICATE)**** See Route attached ****

**STS. MARY MATHIAS CHURCH
FINAL CLOSING AND CORPUS CHRISTI
PUBLIC PROCESSION**

St. Mary Church will be having a FINAL CLOSING MASS with the Bishop on June 21, 2014 at 4:00 p.m. This is also the vigil of the FEAST OF CORPUS CHRISTI. Each year we have a public procession for this feast day. However, this year we are going to incorporate both events into ONE procession. At approximately 5:00 to 5:15 the Mass will be concluded and we will want to begin our final walk/procession to St. Mathias Church.

The route for the procession will take place from St. Mary Church to St. Mathias Church. We are proposing the route to be as follows. See attached map.

Leaving the parking lot of St. Mary Church out on 4th St., turning right, down 4th and then to the right side of the park, then continue down 4th to Pine. Left on Pine, crossing 8th and then up the hill on Pine to St. Mathias Church.

We are concerned whether this route will work or if it is contingent upon any pending street construction. At this time, this is the route we want to consider.

If you have any questions,
Please contact Fr. Jake Greiner @ 263-1416 or
Michelle Schaapveld @ 563-554-9539

As always, we will canvas the route and neighbors days prior with notification of the procession. We also understand that we need a truck following the closing end of the procession



TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend
Approval

☒
YES

☐
NO

Richard Morris 4-10-14
Parks & Recreation Date

Comments:

☒
YES

☐
NO

[Signature] 4/9/14
Building & Zoning Date

☒
YES

☐
NO

[Signature] 4/14/14
Public Works Date

☒
YES

☐
NO

B. [Signature] 4/10/14
Police Chief Date

☒
YES

☐
NO

[Signature] 4/9/14
Fire Chief Date

FINAL APPROVAL:

☐
YES

☐
NO

City Administrator Date

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/09/2014

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 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 Molyneaux Insurance, Inc. 100 Kirkwood Blvd. P.O. Box 939 Davenport, IA 52805	CONTACT NAME:	
	PHONE (A/C, No, Ext): 563 324-1011	FAX (A/C, No): 5633247909
INSURED Saints Mary / Mathias Diocese of Davenport 215 W. 8th Street Muscatine, IA 52761	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : GuideOne Mutual Insurance	NAIC # 15032
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC			1200170	07/01/2013	07/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Muscatine City Hall, 215 Sycamore Muscatine, IA 52761	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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