

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 554-9539
(filing application)

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 ****

ZJG

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



Map of:
417 Green St
Muscatine, IA 52761-2851

Notes



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TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend
Approval

YES NO

Ruthie Alvis 4-10-14

Parks & Recreation

Date

Comments:

YES NO

SS 4/9/14

Building & Zoning

Date

YES NO

Davidell L. Lee 4/14/14

Public Works

Date

YES NO

B. Ralph 4/10/14

Police Chief

Date

YES NO

St. E 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 CONFERNS 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	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : GuideOne Mutual Insurance		15032
INSURED Saints Mary / Mathias Diocese of Davenport 215 W. 8th Street Muscatine, IA 52761	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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY				1200170	07/01/2013	07/01/2014	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE	X OCCUR						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
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$	
	POLICY	PRO- JECT	LOC						
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Hired AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB		OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTIONS							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS	OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N		N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							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

CANCELLATION

City of Muscatine
City Hall, 215 Sycamore
Muscatine, IA 52761

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