

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: Rosa Mendoza
Diversity Service Center of Iowa
Address: 119 Sycamore Street Suite 420
Telephone number: (563) 264-8883
E-mail address: multirosa@hotmail.com

2. Type of event that is planned:

International fair - event to showcase diversity and various cultural backgrounds of our community & how we can benefit from it.

3. Proposed location:

Pearl City Station & parking lot by building

4. Date(s)/Time(s): Sunday, September 7th, 2014 Event time: 11am-5pm
5. Expected length of use: 8am-8pm
6. Expected size of group: 250

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

Rosa Mendoza

Address(es): 119 Sycamore St. Suite 420
Telephone Number(s): (563) 264-8883
E-mail address(es): multirosa@hotmail.com

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

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:

N/A

11. Number and types of animals to be used:

None

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

D.J.

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:

- Volunteers of the Diversity Service Center of Iowa
- Staff of the Diversity Service Center of Iowa

14. All plans for the provision of security:

Volunteers

15. Beer or wine consumption? Yes _____ No X

16. Describe any items to be sold or distributed: Food vendors

various ethnic food prepared by local vendors

17. Is water connection requested? Yes X No _____ bathrooms

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.


Authorized Representative

6/23/14
Date

TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend
Approval

☒
YES

☐
NO

Michael Almes 7-1-14
Parks & Recreation Date

Comments:

~~☒~~
YES

☐
NO

~~*[Signature]*~~ ~~6/27/14~~
Building & Zoning Date

All Food Vendors Must Have
Prior Approval By Health
Officer

☒
YES

☐
NO

Carroll D. [Signature] 6/30/14
Public Works Date

☒
YES

☐
NO

B. Taylor 7/1/14
Police Chief Date

☒
YES

☐
NO

[Signature] 7/2/14
Fire Chief Date

Pending review of applicable
fire codes/per cent meeting

FINAL APPROVAL:

☐
YES

☐
NO

City Administrator Date

Burned House in Grass area

Park

Basketball Court
used for soccer tournament

Restrooms

Recycling Station
Display tables
other tables

Display Table

Boat Dock

resource booths

resource booth

other booths

tables for eating

Kids entertainment

some seating

Stage

info & volunteer

Iowa Avenue Entrance

First Aid

Drink Booth

Food Vendors

Parking