

**CITY OF MUSCATINE**

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

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

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

Jennifer Defosse (Muscatine Area Farmers Market)

Address: 1564 Washington St. Muscatine, IA 52641

Telephone Number: 563-571-4092

E-mail Address: defosse44@msn.com

2. Type of event that is planned:

Farmers market

3. Proposed location:

City lot on corner of 3rd & Cedar

4. Date(s)/Time(s): Saturdays, May - October 5:30 a.m. - 12:30 p.m.

5. Expected length of use: 6 months

6. Expected size of group: 50 vendors

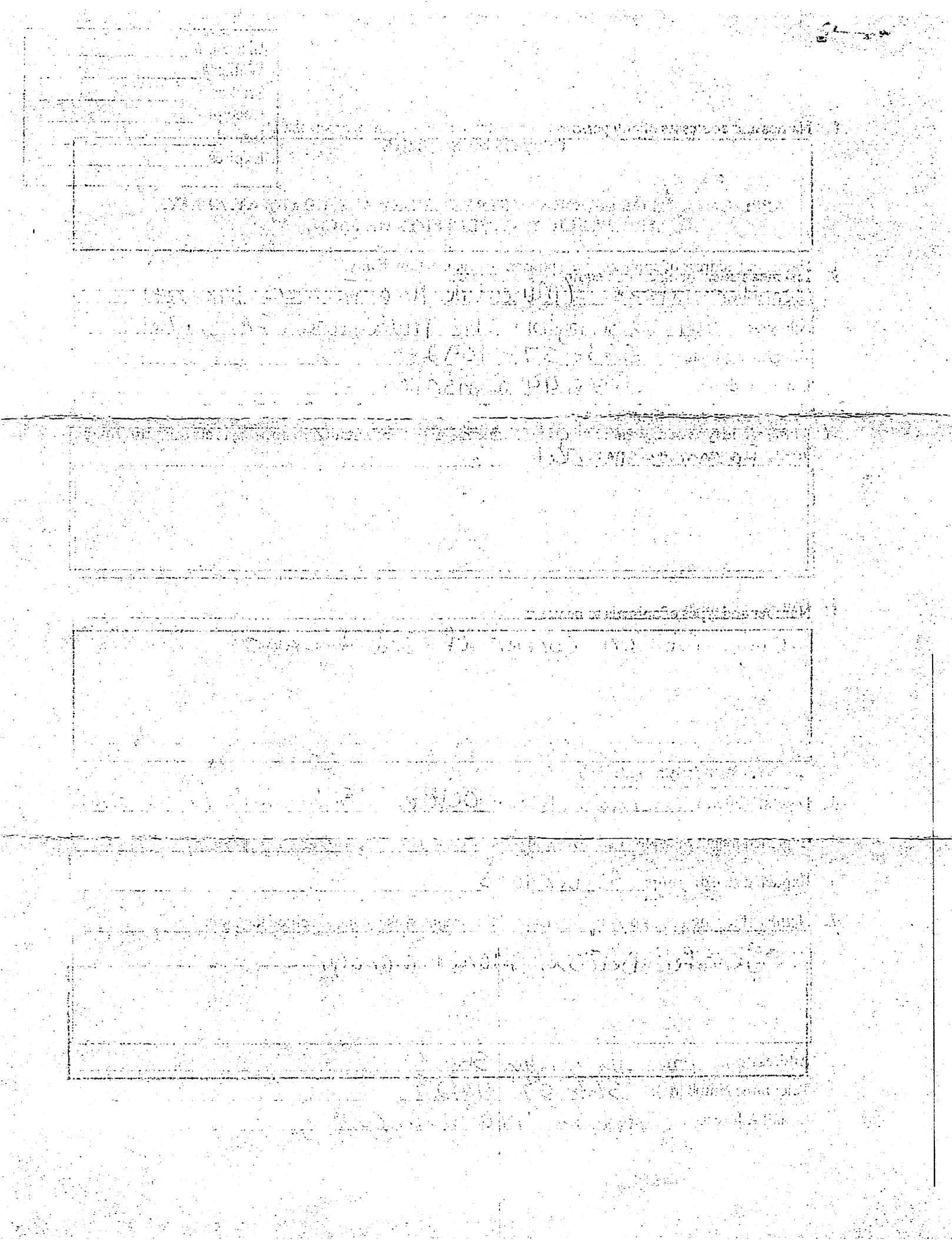
7. Names of any person or persons in charge of the proposed use at the specified location:

Jennifer Defosse, Market manager

Address(es): 1564 Washington St.

Telephone Number(s): 563 571-4092

E-mail Address(es): defosse44@msn.com



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

N/A

9. List mechanical or electronic equipment to be used:

N/A

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

Vendors' vehicles - up to 50 vendors per market

11. Number and types of animals to be used:

N/A

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

N/A

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:

Manager + board members will be on-site  
during each market



14. All plans for the provision of security:

Manager will contact police, etc. in the event of an emergency.

15. Beer or wine consumption? Yes \_\_\_\_\_ No X

16. Describe any items to be sold or distributed:

produce, honey, baked goods, prepared foods, crafts

17. Is water connection requested: Yes \_\_\_\_\_ No X

18. Is electricity requested: Yes \_\_\_\_\_ No X

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

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.

Jennifer DeBoise  
Authorized Representative

1/22/2021  
Date

records of authors, you have a choice. Authors are bound to the library, even if

borrowed.

RECORDED

**TO BE COMPLETED BY CITY DEPARTMENTS:**

I have reviewed the attached application with the following recommendations:

## Recommend Approval

YES  NO

 2-12-21  
Parks & Recreation Date

### Comments:

YES NO

Community Development 2-2-21

YES NO

  
Public Works Date

Approval subject to pre-event  
meeting and meeting all  
COVID-19 mandates.

YES  NO

BSB 2/11/21  
Police Chief Date

YES NO

SPG 2-10-21  
Fire Chief Date

**FINAL APPROVAL:**

YES NO

City Administrator Date

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### THE HIGHLIGHTS (2)

Yggdrasil (sv).