

CITY OF MUSCATINE

TITLE 3, CHAPTER 14

PARADE APPLICATION

LICENSE #
WALLET#
STICKER#
RECEIPT#
ISSUED
EXPIRES

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

ITEM 8H

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

Greater Muscatine Chamber of Commerce & Industry
102 Walnut St

2. Type of event that is planned:

Fourth of July Fireworks, Musc. Symphony
Orchestra Performance, parade

3. Proposed location:

Riverfront & Pearl City Station (M.S.D.)

4. Dates: July 4

Time: 3 pm - 10 pm

Expected length of use: Afternoon - Evening

5. Expected size of group: 5000 +

6. Names, addresses and telephone numbers of any person or persons in charge of the proposed use
at the specified location: Jodi Hansen

102 Walnut St 543-263-8895

Muscatine, IA 319-325-6381

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

Parade: KWPC / Local Access Channel 9

Symphony Concert will/may have programming
not determined at this time

8. List of mechanical or electronic equipment to be used:

Connection to local access channel at Muscatine
Public Library & Riverfront Speaker System

9. Number and type of any motor vehicles or other forms of transportation to be used, including bicycles,
boats, carriage and golf carts: There will be approx. 80-100

entries in the parade w/ various bicycles, cars,
fire & police, pick ups w/ & w/o trailers, golf carts
ATV's, utility vehicles, farm tractors, MPR vehicles
semi-trucks w/ & w/o trailers

10. Number and types of animals to be used:

Typically we have dogs + other small domestic animals along w/ horses w/ or w/o carriages

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

The entries may have small sound equipment for their purposes. Usually something like a boom box

12. 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 provide block captains that assist w/ the line up + help to maintain order during the parade.

12 people. In the past we have sometimes assisted w/ traffic control to have IOWA One way from Fullerton to 4th w/

13. All plans for the provision of security:

GMCCL requires a control access point on fireworks site. We have a master shooter that is responsible for the pyrotechnic crew + Rock Island County Sheriff

flow w/ river from

3-5

The applicant agrees to indemnify, defend and save harmless the City of Muscatine, together with its dept. agents, officers and employees, from any and all claims, lawsuits, damages, losses and expenses, of what ever 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.



Lori Hansen
Authorized Representative

4/1/2013
Date

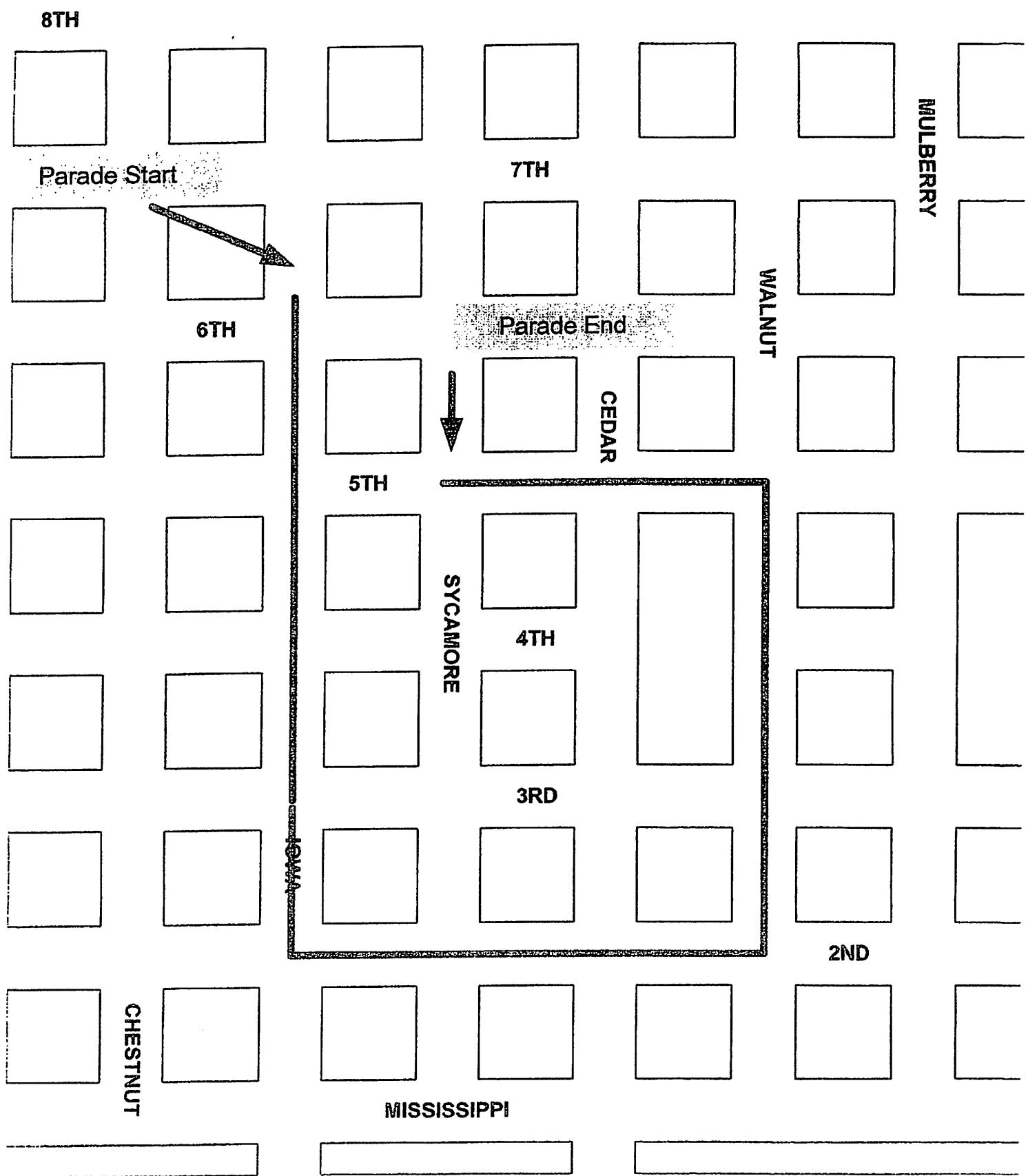
Muscatine
Search + Rescue
To maintain
Controlled
access on
Mississippi

Parade Requirements:

1. Attach sketch of parade route #1 or parade route #2 to be followed.
2. Submit \$30.00 permit fee with application. (Non-profit organizations exempt).
3. Insurance certificate with the following minimum requirements must accompany application:

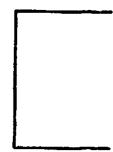
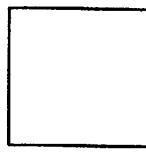
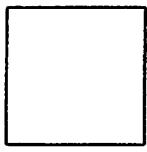
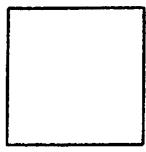
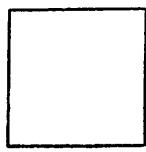
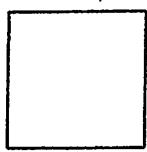
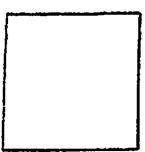
General Liability - \$500,000 Bodily Injury & \$50,000 Property Damage
or \$500,000 Combined Single Limit.

Parade Route #1

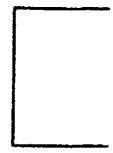
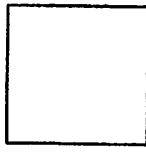
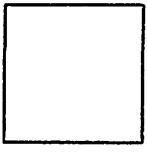
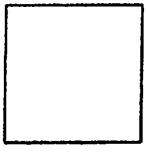
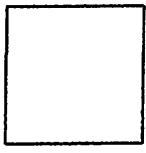
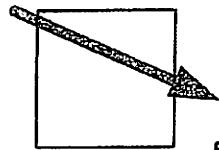
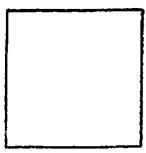


Parade Route #2

8TH

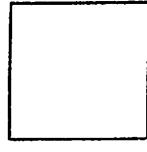
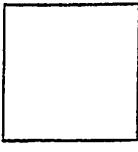


Parade Start

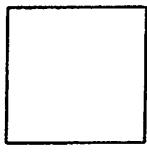
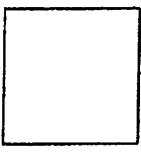


7TH

6TH

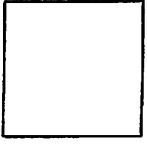
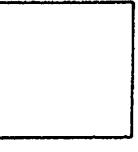


Parade End

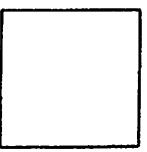


5TH

SYCAMORE

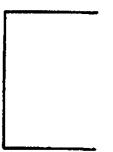
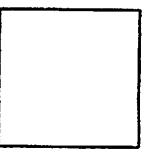
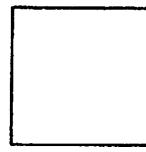
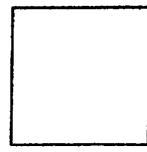


4TH

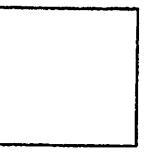
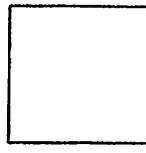
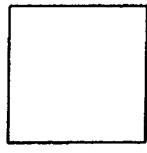
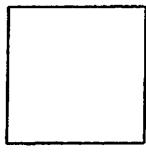
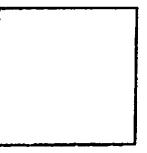
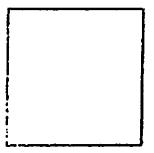


3RD

IOWA



2ND



CHESTNUT

MISSISSIPPI



CERTIFICATE OF LIABILITY INSURANCE

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 Miller-Harrison Insurance Services 100 W. Second St. Muscatine, IA 52761 Michael Harrison	Phone: 563-263-6044	CONTACT NAME:	FAX (AJC, No.):
	Fax: 563-263-6667	PHONE (AJC, No. Ext):	
	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	
	INSURER A: EMC Insurance Companies	NAIC #	
INSURED Greater Muscatine Chamber of Commerce & Industry 102 Walnut Street Muscatine, IA 52761	INSURER B: West Bend Mutual Insurance Co.	15350	
	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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
						EACH OCCURRENCE	\$ 1,000,000	
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		NSJ170546601	12/01/2012	12/01/2013	DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 200,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NSJ170546601	12/01/2012	12/01/2013	BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		NUJ170546801	12/01/2012	12/01/2013	EACH OCCURRENCE	\$ 3,000,000	
						AGGREGATE	\$ 3,000,000	
							\$	
	DED <input checked="" type="checkbox"/> RETENTIONS					X WC STATUTORY LIMITS	OTH-ER	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	4Y6477313	12/01/2012	12/01/2013	E.L. EACH ACCIDENT	\$ 100,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
						E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

4th of July parade

CERTIFICATE HOLDER City of Muscatine 215 Sycamore St Muscatine, IA 52761	MUSC001	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 <i>Michael Harrison</i>

TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend
Approval

YES NO


Parks & Recreation

4-9-13
Date

Comments:

Approval subject to attendance
at pre-event meeting.

YES NO


Building & Zoning

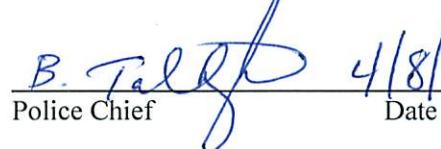
4/11/13
Date

YES NO


Public Works

Date

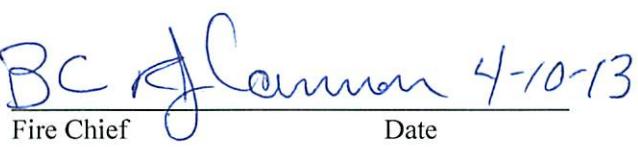
YES NO


Police Chief

4/8/13
Date

Pending Pre Event meeting

YES NO


Fire Chief

Date

FINAL APPROVAL:

YES NO

City Administrator Date