License #_____
Wallet #_____
Sticker #_____
Receipt #_____
Issued_____
Expires_____

CITY OF MUSCATINE

TITLE 3, CHAPTER 14

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

1. Name of applicant and sponsoring organization, if any:
   Muscatine Downtown Action Alliance
   Address: PO Box 1531 Muscatine IA 52761
   Telephone number: 563-506-5762
   E-mail address: downtownmuscatine@gmail.com

2. Type of event that is planned:
   Downtown Sidewalk Sale

3. Proposed location:
   Sidewalks on 2nd Street from Pine to Walnut (Great River Days)

4. Date(s)/Time(s): July 30th 9am-6pm

5. Expected length of use: 9am-6pm

6. Expected size of group: 200

7. Names of any person or persons in charge of the proposed use at the specified location:
   Kim Warren- DAA Promotions Committee Chair
   Sarah Ott- DAA Board President
   Address(es):
   Telephone Number(s): Kim-563-506-5762 Sarah-563-554-7440
   E-mail address(es): Kim-warren.kim.a@gmail.com Sarah-sarahmichelleott@gm

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:

n/a

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:

The DAA will assign businesses to sidewalk locations on a first come first serve basis. Those businesses will be responsible for set up and clean up of their location.

14. All plans for the provision of security:

n/a

15. Beer or wine consumption? Yes_____ No X

16. Describe any items to be sold or distributed:

Businesses will sell items from their stores. Non-profits may sign up to sell items for fund raising Anyone selling food will be notified that they need a Health Permit from the City.

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 Y

If yes, please attach.

If no, please explain:

we will have five slots per block on each side of 3rd street on the sidewalk.

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

6/6/11
Date 6/6/11

TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend Approval

Comments:

☐ YES ☐ NO _____
Parks & Recreation Date

☐ YES ☐ NO _____
Building & Zoning Date

☐ YES ☐ NO _____
Public Works Date

☐ YES ☐ NO _____
Police Chief Date

☐ YES ☐ NO _____
Fire Chief Date

FINAL APPROVAL:

☐ YES ☐ NO _____
City Administrator Date

TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend Approval			Comments:
☒ YES	☐ NO	Parks & Recreation 6-13-11 Date	
☒ YES	☐ NO	Building & Zoning 6/13/11 Date	
☑ YES	☐ NO	Public Works 6/14/11 Date	
☒ YES	☐ NO	Police Chief 6/10/11 Date	
☒ YES	☐ NO	Fire Chief 6-13-11 Date	

FINAL APPROVAL:

☐ YES	☐ NO	City Administrator Date	