

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:

Phoenixe Mason
 Address: 215 Brook St Musc. IA 52761
 Telephone number: 563 260 8806
 E-mail address: Myson19@Hotmail.com

2. Type of event that is planned:

*1st Annual Back to School Chill & Grill
 Taste of Muscatine*

3. Proposed location:

2nd - Pine, Chestnut, Iowa

4. Date(s)/Time(s): Sept. 9-11 2011

5. Expected length of use: Sept. 9th 5-12, Sept. 10th 10³⁰ - 12:00

6. Expected size of group: 50 +

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

Phoenixe Mason

Address(es): 215 Brook St

Telephone Number(s): 563-260-8806

E-mail address(es): MYSON19@Hotmail.com

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

PTS - 215 Brook St, Musc. IA 52761

9. List mechanical or electronic equipment to be used:

Lights
Cameras
Sound Machines
DJ Equipment

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

11. Number and types of animals to be used:

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

Speakers
DJ Equipment
Mics

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:

? 10+ Traffic, 10+ security
50+ cleaner/2pt up.

14. All plans for the provision of security:

Volunteer security

15. Beer or wine consumption? Yes No

16. Describe any items to be sold or distributed:

Vendors

17. Is water connection requested? Yes No

18. Is electricity requested? Yes No

19. Have you provided a layout site plan for your proposed activity or event? Yes 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 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

06/23/2011
Date

ACKNOWLEDGEMENT OF EVENT STREET CLOSING

I hereby acknowledge that I have been notified of the closing of _____

Pine, Chestnut, Iowa / 2nd st intersection street(s)

for the 1st Annual Taste of Musc. event on the following dates/times

Sept 9-11 2011

Name/Business	Signature	Address
<u>Elly's</u>	_____	<u>Big blocking off</u> <u>street should not</u> <u>have business</u>
<u>just Because</u>	_____	✓ -
<u>THE HAWTREE</u>	<u>Peg Shulman</u>	<u>200 W 2nd</u>
<u>Serendipity Yarn Shoppe</u>	_____	✓ -
<u>Feather Your Nest</u>	_____	✓ -
<u>Andy Monk - Pearl City Town Realty</u>	_____	✓
<u>Hill's Paint</u>	<u>B. D.</u>	✓ - <u>Prefers not to</u> <u>close street</u>
<u>Corandmas Just Buttons</u>	_____	✓ - <u>Absent</u>
<u>Mami Restaurant</u>	_____	✓ - <u>Schedule APP</u>
<u>Anewell Salons</u>	<u>Ashley Brumagh</u>	<u>128 W 2nd St.</u>
<u>Metcalfe Colon & Siring</u>	_____	✓ -
<u>Music Ctr for Non Profits</u>	<u>Paul Carolyn</u>	<u>129 W 2nd, Muscatine</u>
<u>J.B. Mark & Sons</u>	<u>Bill Mark</u>	<u>120 W. 2nd - Muscatine IA</u>
<u>Hist. & Indus. Center</u>	_____	<u>Mary Wildermuth not</u> <u>available</u>
<u>Muscatine Travel</u>	<u>Lindy Edmond</u>	<u>104 W. 2nd St.</u>
<u>Curver Trust</u>	_____	✓ - <u>Security</u> for <u>Volunteer</u>

TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend Approval

YES NO

Mark Miles 2-1-11
Parks & Recreation Date

Comments:

YES NO

Building & Zoning Date 7/11/11

SUBJECT TO HEALTH INSPECTION APPROVALS

YES NO

Paula E. Lee 7/5/11

YES NO

B. Talley 6/27/11
Police Chief Date

A diagram consisting of two boxes. The first box, labeled 'YES', contains a diagonal line from the top-left corner to the bottom-right corner. The second box, labeled 'NO', is empty.

ACR/Cane-30-11

FINAL APPROVAL:

YES NO

1. **What is the primary purpose of the study?** (Please check one box)