

## 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:

Phoenix Mason

Address: 215 Brook St Musc. IA 52741

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 10:30 - 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:

Phoenix 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  
Computers

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

0

11. Number and types of animals to be used:

0

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

Speakers  
DJ Equipment  
Mics  
Radios  
Computers

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+ cleanup/set up.

14. All plans for the provision of security:

*Volunteer security*

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

16. Describe any items to be sold or distributed:

*Vendors*

17. Is water connection requested? Yes *X* No \_\_\_\_\_

18. Is electricity requested? Yes *X* No \_\_\_\_\_

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.

*[Signature]*  
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
Elly's	_____	_____ <i>Big blocking off street I will not have business.</i>
Just Because	_____	<u>✓ -</u>
THE HAUTREE	<u>Regina</u>	200 W 2nd
Serendipity Yarn Shoppe	_____	<u>✓ -</u>
Feather Your Nest	_____	<u>✓ -</u>
Anna Mack - Pearl City Town Realty	_____	<u>✓</u>
Hill's Pawn	<u>R.D.</u>	<u>✓ -</u> Prefer not to close street
Corandmas Lost Button	_____	<u>✓ -</u> Absent
Mami Restaurant	_____	<u>✓ -</u> Schedule App.
Anewall Salon	<u>Ashley Bingham</u>	128 W 2nd St.
Metcalf Cabin & Siding	_____	<u>✓ -</u>
Musc Ctn for Non Profits	<u>Paul Carroll</u>	129 W 2nd, Muscatine
J.B. Mark & Sons	<u>Bill Mark</u>	120 W. 2nd - Muscatine IA
Hist. & Indus. Center	_____	<u>✓ -</u> Mary Wilder math not available.
Muscatine Travel	<u>Lindy Edmond</u>	<del>305 East</del> 104 W. 2nd St.
Carver Trust	_____	<u>✓ -</u> Security Volunteer

**TO BE COMPLETED BY CITY DEPARTMENTS:**

I have reviewed the attached application with the following recommendations:

Recommend  
Approval

☒  
YES

☐  
NO

Michael Miller 2-1-11  
Parks & Recreation Date

☒  
YES

☐  
NO

[Signature] 7/1/11  
Building & Zoning Date

☒  
YES

☐  
NO

Paula E. Egan 7/5/11  
Public Works Date

☒  
YES

☐  
NO

B. Talley 6/27/11  
Police Chief Date

☒  
YES

☐  
NO

ACRj 6-30-11  
Fire Chief Date

Comments:

SUBJECT TO HEALTH INSPECTOR APPROVALS

**FINAL APPROVAL:**

☐  
YES

☐  
NO

\_\_\_\_\_  
City Administrator Date