

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:

Jesus Mission Church / Pearl City Outreach

Address: 509 Mulberry Avenue, Muscatine IA 52761

Telephone number: 563-264-5430

E-mail address: Hope Thornburg Youth Director hopeandfaithcare@gmail.com
Pastor - Sharon Phillips - revsphilips@hotmail.com

2. Type of event that is planned:

Block Party - Bands, Food, Jump House, Clown, Balloon Animals,

Good Clean Fun, for All ages!

3. Proposed location:

On Mulberry Ave from 5th - 6th in front of the Jesus Mission Church.

4. Date(s)/Time(s): August 27th 12:00PM - 10:00PM

5. Expected length of use: 10:00AM - 12:00AM (to set up & clean up)

6. Expected size of group: 200⁺

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

* See attached Sheet

Address(es): _____

Telephone Number(s): _____

E-mail address(es): _____

7/16

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

There will be many christian bands performing throughout the day. Please see attached sheet, ** for list of a few

9. List mechanical or electronic equipment to be used:

LCD Projector, Projection Screen, Laptop, Sound System, Backline gear (i.e. guitars, guitar amps, drums, pianos, etc.)

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

NA

11. Number and types of animals to be used:

NA

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

10,000 watt System crossed over 3way, 2-18" speakers on each side of stage, 2-15" speakers w/ a horn on each side of stage, yamaha mixing console, 4 rack w/ outboard effects, gates, Eq's, etc.

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:

30 Volunteers helping w/ all aspects of event.

14. All plans for the provision of security:

There will be 5 security guards monitoring the area at all times.

15. Beer or wine consumption? Yes _____ No ☒

16. Describe any items to be sold or distributed:

Food, Snacks, Water, Popcorn, Shaved Ice, Cotton Sticks

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.

Hope A. Thornburg
Authorized Representative

July 25, 2011
Date

ACKNOWLEDGEMENT OF EVENT STREET CLOSING

I hereby acknowledge that I have been notified of the closing of Mulberry Ave
5 to 6 ST street(s)

for the music / childrens event on the following dates/times

Aug 27 11p - 9p.m

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/19/2011

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 Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	CONTACT NAME: Jody L Ament PHONE (A/C No. Ext): 1-800-554-2642 Option 1 E-MAIL ADDRESS: jament@churchmutual.com FAX (A/C No): 855-264-2329
INSURED JESUS MISSION CHURCH 509 MULBERRY AVE MUSCATINE IA 52761-4237	INSURER(S) AFFORDING COVERAGE INSURER A: Church Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 18767

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> N <input type="checkbox"/>	0261178-02-362745	06/26/11	06/26/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A <input type="checkbox"/>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<input type="checkbox"/> <input type="checkbox"/>				

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

Evidence of Liability Insurance for a Block Party on September, 10, 2011 from 1pm - 9pm at 513 Mulberry Ave, Muscatine, IA. 544

CERTIFICATE HOLDERCity Hall of Muscatine
215 Sycamore Street
Muscatine, IA 52761**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

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TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend
Approval

☒
YES

☐
NO

Michael Miller 8-1-11
Parks & Recreation Date

☒
YES

☐
NO

[Signature] 7/29/11
Building & Zoning Date

☒
YES

☐
NO

Robert L. Smith 8/1/11
Public Works Date

☒
YES

☐
NO

B. Talbot 07/28/11
Police Chief Date

☒
YES

☐
NO

AL Miller 7/29/11
Fire Chief Date

Comments:

MUST COORDINATE WITH HEALTH OFFICER FOR PERMITS + INSPECTIONS

FINAL APPROVAL:

☐
YES

☐
NO

City Administrator Date

*

Persons in charge of event

1. Tom & Hope Thornburg
2101 Ridgewood Ave. Muscatine IA 52761
563-263-6834
hopeandfaithdaycare@gmail.com | tom.thornburg@musco.com
2. Sharon Phillips
2116 Roselawn Ave. Muscatine IA 52761
563-264-3805
revsphilips@hotmail.com
3. Jeff & Cindy Peterson
1808 Foster St. Muscatine IA 52761
563-554-0681
tiggercool2@hotmail.com
4. Peggy Nelson
32908 120th Ave. W IL Cty IL 61259
309-537-3530
pjmart2253@yahoo.com

★★

Persons to be featured as entertainers / speakers

1. Cloverton - Contact - Shawn Dickinson
Hometown - Tour Manager
Manhattan KS Cell - 785-418-5838
shawn@clovertonmusic.com
2. Dividing The Masses - Contact - Kyle Flickinger
Hometown - Drummer
Muscatine IA Cell - 563-299-9009
dtmetal@hotmail.com
3. A Wretched Betrayal - Contact - Zach Fulton
Hometown - Vocals
Milwaukee WI Cell - 563-607-0509
zachvocalist@gmail.com
4. The Dawn Retreat - Contact - Dan Smotz
Hometown - Lead Vocals / Keyboards
Aledo IL Phone - 347-470-3296
thedawnretreat@gmail.com

Please note that these are only a few of the bands playing throughout the day.

10th Street

Drugtown Parking Lot

Alley

(outhouses)

Pearl City Outreach

Jesus Mission Church

Drugtown Grass
Area

(Jump House)

(Selling) Mulberry Ave.

(Stage)

(Vendors)

Church Outreach Parking Lot

5th

Street