

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:

Jaime Weiker, Muscatine Journal  
 Address: 301 E. 3rd St. Muscatine, IA 52701  
 Telephone number: 563-262-0543  
 E-mail address: jweiker@muscatinejournal.com

2. Type of event that is planned:

Holiday Stroll

3. Proposed location:

2nd St. Mulberry Ave to Pine St.  
All cross-streets from Alley #1 - Alley #2

4. Date(s)/Time(s): Friday, Dec. 6th <sup>Event 5:30-8:30</sup> streets closed at 8:00 pm  
<sup>Re-open at 10:00 pm</sup>

5. Expected length of use: 7 1/2 hrs.

6. Expected size of group: 2,000 - 6,000

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

Jaime Weiker

Address(es): 1514 Hershey Ave.

Telephone Number(s): (563) 571-3183 cell (563) 262-0543 office

E-mail address(es): jweiker@muscatinejournal.com

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

9. List mechanical or electronic equipment to be used:

Gas powered train will loop designated area. likely Walnut to Chestnut.

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:

None

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

Outdoor sound system will be placed in Pine St. lot or near Miller Harmon lot. Various business owners may have sound.

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:

We request Police explorers. FFA volunteers and Jarral staff are responsible for clean-up. We request use of many additional trash cans. Will discuss at city meeting.

14. All plans for the provision of security:

We request patrols as past years.

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

16. Describe any items to be sold or distributed:

None on city streets.

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

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:

No overall layout - will discuss train at city meeting. side plan will be 2nd.

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.

James Whitcomb  
Authorized Representative

11/5/13  
Date

**TO BE COMPLETED BY CITY DEPARTMENTS:**

I have reviewed the attached application with the following recommendations:

Recommend  
Approval

YES  NO

Michael Oliver 11-15-13  
Parks & Recreation Date

YES  NO

[Signature] 11/6/13  
Building & Zoning Date

YES  NO

[Signature] 11/6/13  
Public Works Date

YES  NO

B. Tall 11/6/13  
Police Chief Date

YES  NO

[Signature] 11/13/13  
Fire Chief Date

Comments:

certificate of Insurance  
will be provided by the  
Muscatine Journal

no open flames and ~~no~~  
~~no~~ only artificial trees  
& decorations unless properly  
treated with fire retardant,  
can call Fire Marshal with questions  
263-9233

**FINAL APPROVAL:**

YES  NO

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



LEEENTE-01

MOREHU

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2013

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).

<b>PRODUCER</b> Willis of Illinois, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(877) 945-7378</b>		<b>FAX (A/C, No): (888) 467-2378</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b>  Lee Enterprises, Incorporated 201 N. Harrison Davenport, IA 52801	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Sentry Insurance a Mutual Company</b>		<b>24988</b>
	<b>INSURER B : Travelers Property Casualty Company of America</b>		<b>25674</b>
	<b>INSURER C : Hiscox Insurance Company Inc.</b>		<b>10200</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**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		901533103	6/1/2013	6/1/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 10,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY		901533104	6/1/2013	6/1/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	\$
			\$				
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		901533101	6/1/2013	6/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Blanket Bldg BPP		KTJCMB297T068813	6/1/2013	6/1/2014	Spec Form RC	1,000,000
C	Professional Liab.		US UUA 2666035.13	6/1/2013	6/1/2014	Errors & Omissions	5,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>For Informational Purposes Only</b>	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.