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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:

Dr. Bradley Bark BARK Chiropractic and Rehab Clinic

Address: 200 East 2nd Street

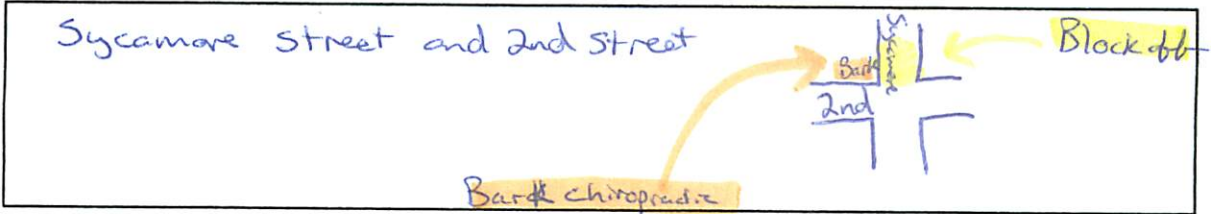
Telephone number: 563-263-3800

E-mail address: bradley.bark@gmail.com

2. Type of event that is planned:

Grand opening for Bark Chiropractic and Rehab Clinic.

3. Proposed location:



4. Date(s)/Time(s): 9/9/11 @ 3pm - 6pm

5. Expected length of use: 3 hours

6. Expected size of group: 200-300

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

Dr. Bradley Bark

Address(es): 200 East 2nd Street

Telephone Number(s): 563-263-3800

E-mail address(es): bradley.bark@gmail.com

9/11

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

\_\_\_\_\_

9. List mechanical or electronic equipment to be used:

Possibly a DJ playing music. Free food vendor will use electric in my office.

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:

Regular DJ sound system.

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:

Blocking of the 2nd Street entry and alley of Sycamore Street.

14. All plans for the provision of security:

No security is needed.

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

16. Describe any items to be sold or distributed:

\_\_\_\_\_

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

18. Is electricity requested? Yes \_\_\_\_\_ No  will get electricity from my office.

19. Have you provided a layout site plan for your proposed activity or event? Yes \_\_\_\_\_ No

If yes, please attach.

If no, please explain:

Please see item #3.

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

8/15/11  
Date

**TO BE COMPLETED BY CITY DEPARTMENTS:**

I have reviewed the attached application with the following recommendations:

Recommend  
Approval

YES  NO

*Michael Miller* 8-23-11  
Parks & Recreation Date

Comments:

YES  NO

*[Signature]* 8/24/11  
Building & Zoning Date

HLTH INSPECTIONS REQUIRED

YES  NO

*Lawrence Lee* 8/18/11  
Public Works Date

YES  NO

*B. Talbot* 8/19/11  
Police Chief Date

YES  NO

*AC Johnson* 8-19-11  
Fire Chief Date

**FINAL APPROVAL:**

YES  NO

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