

## CITY OF INDEPENDENCE SPECIAL EVENT APPLICATION

In order to determine if an event requires special planning by the City of Independence, this application must be completed and submitted to the City Clerk/Treasurer thirty (30) days prior to the event in its entirety before any City property can be utilized.

INITIAL INFORMATION (Please Print)
Name of Event: <u>Celebrate</u> Indee  Date of Event: 7/2/25 Location: Riverwalk PACK,
Date of Event: 7/2/25 - 7/4/25 Location: Riverwalk PARK
Starting Time: 7/3/25 3pm Ending Time: 7/4/25 11: 30pm Setup Time: 7/2/25 Am
If event is more than one day, please list additional dates and times below. If more
room is needed, please attach a separate piece of paper listing additional dates and
times.
Day 2: 7/2/25 Set-P
Day 3: 7/3/25 event day/ Day 4: 7/4/25 event day 2
Day 4: 7/4/25 event day 2 Day 5: 7/5/25 RAIN FIREMONKS day
Day 5: 7/5/25 RAIN FIRE MONKS day
Contact Person #1: JUAN ROLFIGUEZ
Contact Person #1: JUAN ROENIGUEE  Phone Number: 319-610-0117 E-mail: JUAN ROE40 EgMAIL: COM  Contact Person #2: Travis Meride  Phone Number: 319-939-0119 E-mail: Travist Mc Bride & gmAil: Com
Phone Number: 5/1-610-01/ E-mail: 60/20 1/3 / Grant Research
Phone Number: 319-939-0119 E-mail: Travis JAC Bride & gmAil. con
Type of Event:  □ Ceremony □ Race Event ② Other
☐ Company Activity ☐ Fundraiser
Bike Event Cultural Event
Event Description: 4th of July Celebration
Map of Proposed Special Event Area is <b>required</b> and must be attached to this application. The
map should show where all features associated with the Special Event will be located.
Map attached:  YES  NO

If required for the special event, a listing of requested street or alley closures must be listed.

C. All	İ			
Street or Alley to be closed	Beginning Point	Ending Point	Date(s)	Hours of Closure
Sent under Siffent cor	er			

Applicant acknowledges that approval of this request is subject to any requirements imposed by the Police Chief to ensure the effective closure of the streets and maintain necessary safety measures will be followed.

#### **INSURANCE**

Applicants are required to furnish a Certificate of Insurance on fully paid comprehensive public liability and property damage insurance from a licensed broker, protecting the City of Independence, its officials, and employees from any and all claims which may result from or in connection to the special event. The City of Independence must be named as "Additional Insureds" on the certificate. The Certificate of Insurance must be received by the City Clerk/Treasurer at least ten (10) days prior to the special event. The Certificate of Insurance may also be attached to the application.

The liability insurance limits shall not be less than the following:

•	General Aggregate	\$2,000,000
•	Products-Completed Operations Aggregate	\$2,000,000
•	Personal & Advertising Injury	\$1,000,000
•	Each Occurrence	\$2,000,000
	Fire Damage (any one fire)	\$2,000,000
•	Medical Expenses (any one person)	\$5,000

#### **USE OF CERTAIN MOTORIZED VEHICLES**

The City of Independence prohibits the use of certain motorized vehicles on city streets/property except by special permission of the Mayor. Please indicate if any of the vehicles from the list below may be used during the special event. Please also indicate quantity and model of vehicles. If approved, these vehicles that may be used may be subject to the liability insurance coverage of the event sponsor.

□ ATV (All Terrain Vehicles)

ATV (All Terrain Vehicles)		
Golf Carts 1996 VAMAHA		
Off-Road Utility Vehicles	*	
Snowmobiles		
of the original section of the secti		

#### **EXCLUSIONS FROM REGULAR LICENSING REQUIREMENTS**

An applicant may request the City Council to consider a temporary limitation by the City for the issuance of Peddlers, Solicitors, and Transient Merchants Permits. This request may ask the Council to consider limiting the area in which such licenses are issued during the time period approved for the Special Event. In considering this, the City Council must recognize in a separate Resolution, the City-wide interest in promoting the Special Event and in limiting the issuance of Peddlers, Solicitors, and Transient Merchants Permits. If the applicant so desires, such a request should also be attached to this application for the City Council's consideration.

I have completed the Special Event Application. I understand the conditions under which it is issued and agree to comply with these conditions for this event.

Applicant Printed Name: 📐	WAN RODEISU CE
Applicant Signature:	I wan forlig
Date: 2-26-2005	0 8

#### INTERNAL OFFICE USE ONLY

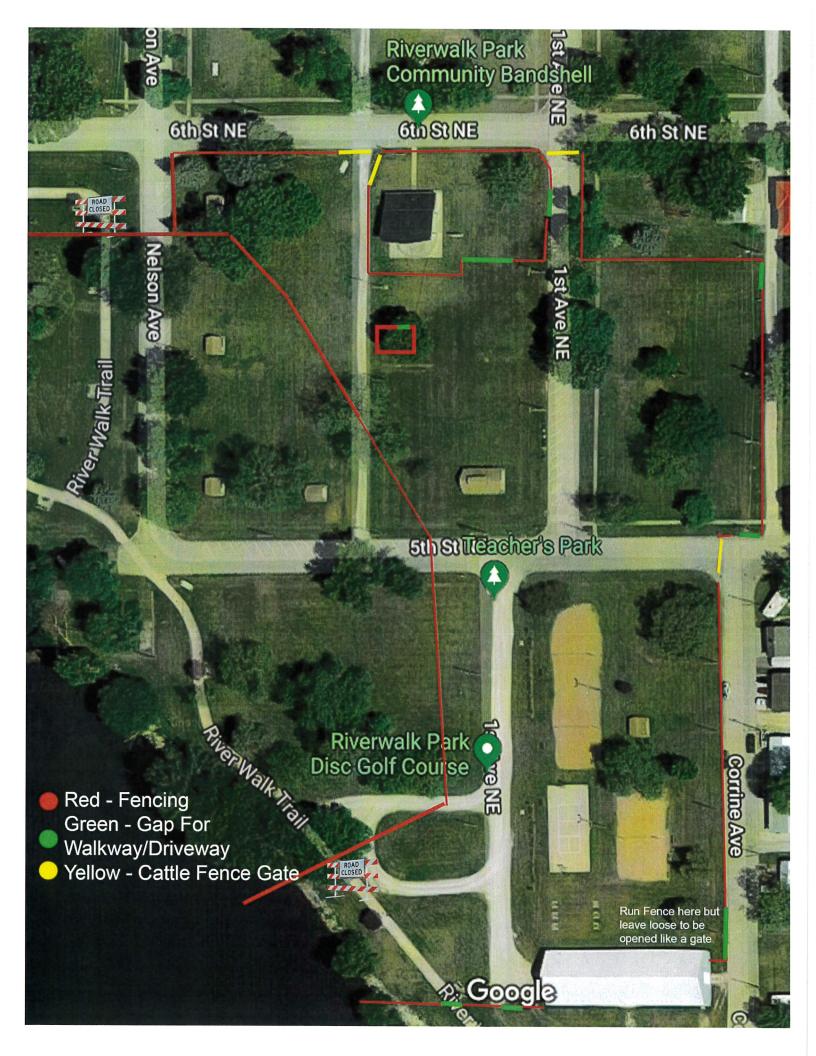
### **DEPARTMENT REVIEW**

All affected departments are to review the application and provide written comments for the City Clerk/Treasurer to compile and submit to the City Council and applicant prior to the City Council meeting where the event will be up for consideration.

Department	Comments attached (Yes/No/NA)
Police	OKay 4/8/25
Fire	okay 4/8/25
Streets	0 Kayed 3/26/2025
Parks & Recreation	0Kay 4/8/25

#### REQUIREMENT CHECKLIST

REQUIREMENT	DATE RECEIVED/ACTION TAKEN
Application Submittal Date	March 20, 2025
Map Submitted	March 27,2025
Certificate of Insurance Submitted	in praess
Department(s) Reviewed	Sent March 26, 2025
Council Reviewed	4/14/25
Council Approval	
Permit Issued	





"4<sup>th</sup> of July" March 20, 2025

City of Independence 331 1<sup>st</sup> Street E. Independence, Iowa 50644

The Independence Day Celebration Committee, in support of the 2025 festivities requests closing, restricted traffic flow and 'No Parking' zones for the following avenues and streets from 6:00 a.m. Wednesday July 2 through dusk the evening of Saturday July 5:

- o Closings:
  - 5th Street NE at Corinne west to the river
  - 1st Avenue NE south from 5th Street to 6th Street
  - Nelson Avenue NE south from 5<sup>th</sup> Street to 6<sup>th</sup> Street
- o Restricted Traffic Flow (residents only):
  - 5<sup>th</sup> Street NE from 2<sup>nd</sup> Avenue NE to Corinne Avenue NE
  - Corinne Avenue NE south from 5<sup>th</sup> Street to 3<sup>rd</sup> Street
- No Parking:
  - North side of 5th Street NE from 2nd Avenue to Corinne Avenue NE
  - West side of Corinne Avenue from 5th Street to 3rd Street NE
  - North side of 6th Street NE from 2nd Avenue NE to Nelson Avenue NE
  - South side of 6th Street NE from 1st Avenue NE to Nelson Avenue NE
  - East and west side of Nelson Avenue NE from 6<sup>th</sup> Street NE north 150 feet towards 7<sup>th</sup> Street NE

Your favorable consideration of this request is greatly appreciated.

Cordially, Juan Rodriguez Independence Day Celebration Committee

cc Police & Streets Department



# APPLICATION FOR FIREWORKS PERMIT

331 1street East Independence, IA 50644

Applicant: Celebrate Frace Phone: 3/9-610-0117
Address: Po Box 366 todee JA 50694  Organized Group Name: Celebrate todee Phone: 319-610-0117
Organized Group Name: <u>Celebrate tradec</u> Phone: 319-610-0117
Address: Po Bo + 366
Address: Po Bot 366  Date/Time of Display: 7/4/35 10 pm or 7/5/35 10 pm (RAindAte
Rain Date/Time of Display: 7- 5-35
Location of Display: River WAIK PARK
Operator: SGOH Anderson Phone: 319-240-8512
Operator: SGOH Anderson Phone: 319-240-8512  Address: 3145 Dugan Ave Brandon FA 52210-9763
Attach copies of valid driver's license for applicant and operator unless they are the same.
Control of the standard MUST he etteched
Operator's Qualifications (Copy of proof MUST be attached)  1 Pyrotechnic Guild International, Inc. certification  2 Other formal fireworks safety training. Please specify:
Pyrotechnic Guild International, Inc. certification      Other formal fireworks safety training. Please specify:  Insurance Coverage (Attach ORIGINAL certificate of insurance)
1 Pyrotechnic Guild International, Inc. certification 2 Other formal fireworks safety training. Please specify:  Insurance Coverage (Attach ORIGINAL certificate of insurance)  Company Name:
1 Pyrotechnic Guild International, Inc. certification 2 Other formal fireworks safety training. Please specify:  Insurance Coverage (Attach ORIGINAL certificate of insurance)  Company Name:
1 Pyrotechnic Guild International, Inc. certification 2 Other formal fireworks safety training. Please specify:  Insurance Coverage (Attach ORIGINAL certificate of insurance)  Company Name:

I, Joan Roder guller, hereby affirm that I have read the City of Independence
Fireworks Permit Ordinance; that I understand the terms of the attached Code of Ordinances of the Cit
of Independence, Iowa
Further, I specifically agree to protect, defend, and hold City of Independence, Iowa, its officers, and
employees, and the Fire Chief who signs this application harmless from any and all damages or claims
for damages that might arise or accrue by reason of the granting of the permit for which I am applying.
Signature of Applicant:
Signature of Applicant:
Date:
This application (is) (is not) approved by the City Council of Independence, IA on the day of
, 20
Mayor:
Date:
I,, being Fire Chief of the City of Independence Fire Department, do
hereby approve the location and fire prevention of this Fireworks display.
Fire Chief: Date:
Fire Chief: Date:
\$Fee Paid Cash Check Money Order
PLEASE NOTE: This application must be completed and returned to the City of Independence, City Hall
not less than fourteen (14) days in advance of the date of the display. The City of Independence sells
these permits only to qualified operators with a pyrotechnic certification for a fee of \$10.00. All

documentation must be provided accurately or the application will be rejected by City Council of

Independence, Iowa