



CITY OF SIOUX CITY, IOWA
APPLICATION FOR SOLICITATION IN THE RIGHT-OF-WAY
 (Chapter 10.30.440 of the Sioux City Municipal Code)

DATE: _____

1. **Organization Name:** _____
2. **Address:** _____
3. **Phone:** _____
4. **Contact Person:** _____
5. **Home Address:** _____
6. **Phone:** _____
7. **Proposed Date(s) of Solicitation:** _____
8. **Hours of Solicitation:** _____
9. **Location of Solicitation: (Please list all intersections where solicitation will take place. Attach an additional form if necessary)**

<u>Address/Location</u>	<u>Approved/Denied (City Use Only)</u>

10. I have read Chapter 10.30.440 and 4.52 of the Municipal Code of Sioux City and will comply with all requirements of the ordinances. Yes No

11. All applicants must provide proof of comprehensive general liability insurance. This insurance must provide coverage to the applicant, the applicant's organization, if any, and the City of Sioux City, Iowa, of not less than \$3,000,000 combined single limit. The insurance shall cover damages to property or injuries to persons arising out of the soliciting activities of the person or the organization. Please attach a copy of your proof of insurance to this form.

Signature of Applicant _____

FOR CITY USE ONLY

Fee Paid: \$ _____ License #: _____ Date Filed: _____

Insurance Certificate attached: Yes No Date Issued: _____

Date Approvals Requested on:

Police Department: Approve: Deny: City Legal: Approve: Deny:

The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.