APPLICATION FOR EXCLUSIVE PARK USAGE PERMIT

Applicant Information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Event Information:

Type of event: _____ Date: _____

Hours: From _____ a.m. / p.m. to _____ a.m. / p.m.

Name of park: _____ Estimate attendance: _____

Do you intend to possess and consume alcoholic beverages? _____ yes _____no
(If so, refer to Ordinance Section 20-223)

Do you intend to use amplifying equipment? _____yes _____no
(If so, refer to Ordinance Section 20-220)

Do you intend to spray or broadcast pesticides in conjunction with your activity? _____yes _____no
(If you do, the Park Division Manager must grant permission and you must post signage (at your cost) notifying your guests that pesticides have been applied.)

I do hereby acknowledge that I have read and do fully understand all stipulations so described in the attached Ordinance Sections 20-211 through 20-223. _____yes _____no

I / we the undersigned will be present at the stated facility and will be accountable during the hours that this permit is valid.

_____ _____
Lessee Date Lessee Date

_____ _____
Title Title

Permit issued by:

_____ _____
Name Date

_____
Title

(Note: To reserve a shelter please contact the Recreation Center at 273-8636)

The Director of Human & Leisure Services, other designated Park Division officials or any law enforcements officer of the Cedar Falls Police Department has authority to enforce or revoke this permit for any just cause so described in the attached Ordinance.