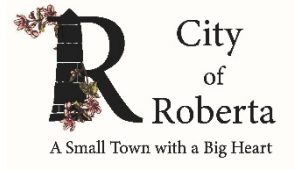


CITY OF ROBERTA PARK & FACILITY USE PERMIT APPLICATION



Personal Information

Company Name _____

**** If Non-Profit Organization, must provide 501-C3 form****

First Name _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # _____ Other _____

E-Mail address _____

Event Information

Date of Event _____

Event Description _____

Facility Choice: (Circle One) **Civic Ctr** **Park** **Pavilion**

Setup Time _____ Cleanup Time _____ Expected No. People _____

Keep premises/site clean. It is the responsibility of the applicant to clean-up the park at the conclusion of his/her event. Event time limit is 4 hours.

Fees

Civic Ctr – Showers or Birthday \$100 _____ Wedding \$350 _____ Wedding & Reception \$500 _____

Pavilion – Individuals \$ 25 _____

Park – Non-Profit No Charge

Park – For Profit (market, fairs, festivals) \$250 _____
(\$100 returnable deposit is required)

I, _____, the undersigned, acknowledge that I am the applicant or authorized agent of the above referenced organization. I am aware of the provisions of the City of Roberta in respect to this application and use of City facilities for which I have applied for a permit for use of the park or city facilities. If I fail to comply with these regulations, I will no longer be eligible to request a permit from the Roberta City Council in the future. I have been provided with the general rules prescribed by the City and agree to the terms thereof.

Signature of Applicant _____

PAID \$ _____ **DATE** _____ **CASH** _____ **CHECK** _____