

VILLAGE OF VINTON PARK USE PERMIT APPLICATION

Please provide complete information and submit request at least two weeks prior to the event

Applicants		r	Pate:
			-mail address:
Address:			
Park Requested:		L	ocation/Area:
Date of Event:		Т	ime:
Public Event	Private Eve	nt 🔲	
Purpose and Descrip	ption of Event:		
Alcoholic beverages of Vinton's Building Regulations governing Alcohol: Yes	Services Department an ng possession and consu	e possessed in ad then only as umption of alc	the park without prior approval of the Village s provided in the <i>Parks and Recreation</i> coholic beverages in city parks.
-			ed at the private or public event.
law and ordinances. revoke the permit a	The Village of Vinton re	serves the rig olicant to rem	ements and conditions and with all applicable ht at any time and in its sole discretion to ove any person, animal or property item from
employees, agents, losses, claims, dema limitation, worker's ("Claims") which ari Village property or t invitees, guests, vol	licensees, and invitees ands, and actions of any compensation and dea ises or is claimed to aris the presence on the Vill unteers, and patrons of	("Indemnitee , nature, due ; th claims), or se out of or is lage property f the Event for	old harmless the Village of Vinton, its officers, s") against any and all liability, damages, to personal injury (including without property loss or damage of any kind in any manner connected with the use of the of the Applicant, its contractors, agents, which the Applicant plans to use the Facility, the Village of Vinton's own negligence.
Signature of Applica	ınt		 Date
Office Use Only:			Date:
			Date:
			Date: Date:
	Dormit leaved are:		License / Daweit #



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FEE SCHEDULE		
	Amphitheater	Picnic Area***
		\$25.00 up to 4hrs
Rental/Hr.*	\$35.00	\$50.00 all day
Cleanup & Damage Deposit	\$250.00	\$75.00
Refund **	\$200.00	\$25.00
Alcoholic Permit Fee		\$50.00
Multiple Day Usage (up to 12 days)	\$150.00 and	d must specify days

- * Set up two hours prior
- ** Depending on cleanup of site or damages
- *** Fees double on these holidays:

Easter Mother's Day Father's Day Memorial Day 4th of July Labor Day

Refund of Deposit. All information must be complete in order to process refund of deposit.

Print name	Signature	Date	Time of Walk-through
List any areas o	f concern:		
Valkthrough after ever	nt by Public Works and/or Co	uncil Member:	
Print name	Signature	 Date	Time of Walk-through
Print name	Signature	 Date	Time of Walk-through
List any areas o	f concern:		
Signature of Renter:		Date:	
Please refund the depos	sit: 🗌 In Full 🔲 Partial/nor	ne due to damages. Am	ount to be refunded \$
	up onfor dep		
Check #	Date	Signature	