



City of Seminole

FACILITY USAGE PERMIT APPLICATION

| | | | | | |
|--------------------|--|-----|---------------|--------|------|
| Renter Information | Applicant Name (hereinafter "Renter"): | | Today's Date: | | |
| | Authorized Agent for Renter:(may be the same as the applicant) | | | | |
| | Phone: | Fax | Email: | | |
| | Address: | | City: | State: | Zip: |

| | | | | | |
|--------------------------|--|-------------------------------|---|--|--|
| Rental/Event Information | Facility Room Requested: | | Date(s) Requested: | | |
| | Hours of Rental: Begin: End: | | Set up Time Begin: | Clean up Time End: | |
| | Type of Event to be Held(i.e. family reunion, birthday party, wedding etc.): | | | Ongoing Rental? Yes No | |
| | Anticipated Attendance: (must be completed) | Participation Fee Charged? | Vendors? Yes No If yes, number attending | | |

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|------------------------------|---|---|
| Additional Event Information | For a complete listing of rules and regulations for use of a facility owned and managed by the City of Seminole Recreation Department, see attached <u>Facility Rental Usage Policies.</u> | |
| | Should any of the services below be self provided, please write the word "SELF" on the blank line. | |
| | <u>Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</u> | |
| | <input type="checkbox"/> | Inflatable Device(s) _____ |
| | <input type="checkbox"/> | Alcohol (see rules and policies) _____ |
| | <input type="checkbox"/> | Music (Live) _____ |
| | <input type="checkbox"/> | Amplifying Devices or Loud Speakers _____ |
| <input type="checkbox"/> | Audio/Visual _____ | |
| <input type="checkbox"/> | Catered Event _____ | |
| <input type="checkbox"/> | Other _____ | |