



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		

Additional Event Information	<p>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></p> <p>Should any of the services below be self provided, please write the word "SELF" on the blank line.</p> <p><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></p>				
	<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	_____		