

PLEASE ANSWER THE FOLLOWING QUESTIONS

Will alcohol be served? Yes No

Will food be served? Yes No

Will alcohol be sold? Yes No

Will food be sold? Yes No

Are you requesting non-profit rate? Yes No

Will there be an admission fee? Yes No

*Will you be renting porta potties? Yes No

*Will you be renting an inflatable attraction? (i.e. jump house, slide, etc.) Yes No

Will there be amplified sound? Yes No

Will there be amplified sound outdoors? Yes No

Please specify what type of amplified sound:

Are you using a Caterer? Yes No

Please provide name and contact information of Caterer:

Please list any additional equipment you plan to have on site:

Are you using a Special Event Planner? Yes No

Please provide name and contact information of Special Event Planner:

** These questions apply to picnic/park sites only.*

APPLICANT SIGNATURE

I understand that I will be contacted by a CSD representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct.

Applicant Signature: _____ Date: _____

CSD OFFICE USE ONLY

Date Received: _____ Received By: _____

Approved: _____ Denied: _____ Date: _____ Staff: _____