

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 there be amplified sound? Yes No
 Will there be amplified sound outdoors? Yes No

Please specify what type of amplified sound:

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

Are you using a Caterer? Yes No

Please provide name and contact information of Caterer:

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.*

*Will you be renting porta potties? Yes No

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

How did you hear about our facility? _____

APPLICANT SIGNATURE

Counterparts. This Agreement may be executed in two or more counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. This Agreement shall be effective and binding on all parties upon the delivery by both parties of a sign copy to the other party, which may be done by facsimile transmission or portable document format (PDF).

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: _____