



Special Permit Application for Park Operations/Outdoor Pools

(Includes fields, shelters, outdoor pools, and buildings other than activity centers)

Note: REQUIRES A MINIMUM OF TEN WORKING DAYS TO PROCESS

AREA REQUESTED: (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Boat Landing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Field | <input type="checkbox"/> Outdoor Pool |
| <input type="checkbox"/> Model Airfield | <input type="checkbox"/> Ray Jenkins Arena |
| <input type="checkbox"/> Northport Community Center | <input type="checkbox"/> Shelter |

SPECIFIC FIELD/BLDG/SHELTER/AREA/POOL REQUESTED _____

DATE(s) REQUESTED _____

HOURS _____

Anticipated/expected total attendance during rental _____

Organization responsible for rental _____

Name of applicant responsible for rental _____

Address of applicant (mailing address) _____

(city) _____ (state) _____ (zip) _____

Applicant's phone number (h) _____ (w) _____ (c) _____

Applicant's email address _____

Check the item(s) applicable to your rental:

- | | | |
|--|------------------------------|-----------------------------|
| Will there be admission fees/sales/or any monies exchanged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the event be publicly advertised and/or open to the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any unusual activities scheduled (e.g.: moonwalk)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any unusual/additional electrical or equipment needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will a live band or DJ be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any animals/fireworks/potential liabilities involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE GIVE A DETAILED DESCRIPTION OF PROPOSED ACTIVITY:

I understand that I will be fully responsible for conforming to the Facility/Shelter/Field rental rules and regulations and the Park Ordinances and that I will be held liable for all actions during this activity/rental. Drugs, firearms/weapons are prohibited in any PARA center, facility or park

Signature of Applicant Date

Deposit Fee Amount \$ _____ Receipt # _____ Receipt by _____

PARA Office Location _____ Forwarded to & Date _____