

Village of Florida Facility Use Permit

Date of application: _____

Date of Event(s): _____

(Please note: All applications must be received a minimum of two weeks prior to the scheduled event)

Time of Event: _____ Organization: _____

Address: _____

Person making request: _____ Telephone number: _____

Type of Event: _____

Facility Requested: _____

A certificate of insurance is attached? Yes No (\$1,000,000.00 minimum required)

Deposit: \$ _____ (\$100 for Village or Town of Warwick residents; \$250 outside the Town of Warwick, refundable if site is left in good order)

Date Paid: _____

Use Fee: \$ _____ (\$50 for Village and Town of Warwick residents; \$250 for anyone outside the Town of Warwick, non-refundable)

Date Paid: _____

Items to be sold (if applicable): _____

(The sale of prepared food requires a permit from the Orange County Dept. of Health)

Expected Revenue: \$ _____ Approximate number attending event: _____

% Village Residents: _____ % Town Residents: _____ % Other: _____

*Documentation of these numbers may be required prior to any permit being issued.

Alcoholic beverages are not permitted at any park owned by the Village of Florida

This application is submitted to you for your approval. If approved, the organization assumes full responsibility for the care of equipment, buildings, and grounds. We also understand that if any equipment is missing or damaged, we may be held responsible for replacing the item(s). In addition, unless waived, we are responsible for custodial (cleaning) and supervisory expenses.

(Signature of applicant)

APPROVAL OF TRUSTEE

Permission is hereby granted for use of the facility: YES NO

Keys to the facility have been issued: YES NO

Date: _____

(Signature of Trustee)

AFTER THE EVENT

This facility was inspected by _____ on _____.
(Signature of person inspecting) (Date of inspection)

Keys to all facilities have been returned. YES NO

Approval for refund of Deposit: YES NO Date of Deposit Refund: _____

Actual Revenue Received: \$ _____ Proceeds Distributed To: _____, on

(Date)