

PERMIT # _____

FEE \$ _____

RECREATION PERMIT

ORGANIZATION: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

REQUEST DATE: _____ TIME: _____

LOCATION REQUEST: _____

DESCRIBE ACTIVITY: _____

NO. ATTENDING: _____

LIABILITY INSURANCE CERTIFICATE _____

ADDITIONAL COMMENTS: _____

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ON THIS APPLICATION TRUE AND THAT IF ANY OF THE INFORMATION IS WILLFULLY FALSE, I SHALL BE SUBJECT TO PUNISHMENT AS SET FORTH IN THE ORDINANCE 92-03-424.

Applicant's Signature

Council Comments: _____

Approved/Denied _____
Date

Municipal Clerk

Date

Police Chief

CONDITIONS: _____