

City of Columbus

PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: PERMIT # _____ DATE SUBMITTED: _____

EVENT INFORMATION

Name of Event _____

Event Organizer / Sponsor _____

Is Organizer / Sponsor a 501 (c) 3 non-profit agency? ____yes ____ no

If yes, provide State of Wisconsin Tax Exempt Number _____

Address _____

City/State/Zip _____

Primary Contact _____ Fax _____

Phone _____ Cell Phone _____

Email _____

Secondary Contact _____ Fax _____

Phone _____ Cell Phone _____

Email _____

Park Requested _____

Event date (s)/ Schedule _____

Start time _____ End time _____

Estimated attendance _____

APPLICATION SIGNATURE

The person / group named in this application will be responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Columbus, in addition to all rules and regulations governing the City's Park division. The applicant agrees that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of or otherwise subject anyone to discrimination because of the person's race, color, creed, national origin or handicap.

The applicant has read the Park shelter Policies. The applicant has included all of the appropriate permit applications and materials for this event (if needed).

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event / activity may result in the loss of deposit, revocation of permit and / or failure to secure future permits.

Signature _____ **Date** _____