

Permit Application

Greenway (NO OPEN BATHROOM)

Hibernia

For Rental of Pavilion

| | | |
|-------------------------------------|---------------|----------|
| Applicant Name: | | Phone #: |
| Applicant Address | | |
| Name of Person sponsoring event: | | |
| Name of Person sponsoring event: | | |
| Date of reservation: | Hours needed: | |
| Estimate of anticipated attendance: | | |
| Purpose for reservation | | |

Yes - No

- Will your purpose for the reservation interfere with or detract from the general public's enjoyment of the park?
- Will your activity detract from the promotion of public health, welfare, safety, and recreation?
- Will your activity entail unusual, extraordinary expense, burdensome expense, or police operation by the City?
- Is the date requested available for the pavilion to be reserved.

OFFICE USE ONLY

Renters Identification: _____ Date Deposit Paid: _____
Type/Number: _____ Rental Fee: _____ Deposit: _____
Verified by: _____ Check #/ Cash: _____
Receipt #: _____ Signature of Employee: _____

Date Deposit Returned: ____/____/____ Returned By: _____

Amount Returned: \$ _____ City Check #: _____ Returned To: _____