

CITY OF KEWAUNEE

APPLICATION FOR COMMUNITY CENTER OR PARK FACILITY USE

Requested Day & Date: _____ Purpose: _____ Estimated Attendance: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Street/Mailing Address
City
State
Zip

(Check the areas to be used under the facility requested)

Father Marquette Memorial Park	Harbor Park	
Pavilion	Gazebo	
Kitchen		
Grounds & Beach		

Time of Activity: Begins: _____ am/pm Ends: _____ am/pm Will there be alcohol? Yes or No

I understand that electrical power outlets are available at certain locations. However, the City does not guarantee a supply of power at all times.

All fees are due when application is submitted (minimum of 5 working days prior to event).

I agree to follow all rules, regulations and policies of the City of Kewaunee on the use of the Community Center or park facilities. I understand that I am responsible for any, and all, repair costs for damages caused during my event.

I understand that I am responsible for all costs associated with clean up if facilities are not properly cleaned after use.

I understand the City of Kewaunee will not be held responsible for items brought to this activity as requested in this application which becomes lost, stolen or damaged before, during or after the activity. This is to include damage or loss due to any mechanical failure that may occur.

The Lessee shall save, keep and hold harmless the City of Kewaunee, its officers, agents, employees, and volunteers from all damages, costs or expenses in law or equity that may at any time arise or be set up because of damages to property or personal injury received by reason or in the course of use which may be occasioned by any willful or negligent act or omissions of the Lessee, any of the Lessee's employees, or guest. The City of Kewaunee will not be held liable for any accident, loss or damage.

Signature of Applicant: _____ Date: _____

Return completed application to: City of Kewaunee, 401 Fifth Street, Kewaunee, WI 54216

-----OFFICE USE ONLY-----

Application Request: Granted Denied Reason for Denial: _____

Signature: _____ Date: _____

Facility inspected on _____ by _____ Facility left in ___ good condition ___ unacceptable

Note deficiencies: _____

Fees/Deposits

_____ Deposit: \$75 _____ Rental Fee: \$25 (Non-Resident for Parks) _____ TOTAL	Receipt# _____ Date: _____ Cash/Check#: _____ From: _____
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