APPLICATION FOR USE OF PUBLIC GROUNDS

Complete and return this application to the Parks and Recreation Department, 1086 New London Turnpike, at least two weeks prior to the date, or the first in a series of dates, covered by the application. Firm committments should not be made until an approved application is returned to you.

1. Park/Grounds Requested _____ Area(s) _____

2. Applicant (Organization) _____

3. Day/Date(s) _____ '20___

JANUARY	MAY	SEPTEMBER
FEBRUARY	JUNE	OCTOBER
MARCH	JULY	NOVEMBER
APRIL	AUGUST	DECEMBER

4. Time: Setup _____ Start _____ End _____

5. Type of Event (describe) _____

6. Projected Attendance _____ Kitchen Required (J.B.Williams Park Only)? YES _____ NO _____

7. Do you plan to have entertainment? _____ If yes, what type? _____

8. Will event be open to the public? _____ Members Only? _____

   Admission Charged? _____ If yes, how much? _____

9. Fund Raiser? _____ If yes, please describe _____

10. Will you be leasing space to vendors/exhibitors? _____ If yes, fee charged _____

11. Do you plan to have a concession? _____

12. Do you plan to post a sign? _____

13. If function is a youth program, please give name, address and phone number of adult supervisor who will be present and in charge.

NAME	ADDRESS	TELEPHONE (H) (W)

ANY PERSON ISSUED A PERMIT SHALL OBSERVE ALL RULES, REGULATIONS AND ORDINANCES ADOPTED BY THE TOWN OF GLASTONBURY. THE PERSON TO WHOM A PERMIT IS ISSUED SHALL AGREE TO BE LIABLE FOR ANY LOSS, DAMAGE OR INJURY SUSTAINED BY ANY PERSON OR PROPERTY WHATEVER BY REASON OF NEGLIGENCE ON THE PART OF ANY PERSON ENGAGED IN THE ACTIVITY BEING SPONSORED UNDER THE PERMIT. THE APPLICANT AGREES TO HOLD THE TOWN OF GLASTONBURY AND ANY OF ITS AGENTS AND EMPLOYEES HARMLESS FOR ANY AND ALL LOSSES CAUSED BY THE PERMITTEE OR ANY PERSON ENGAGED IN ACTIVITY BEING SPONSORED UNDER THE PERMIT. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER.

APPLICANT _____ ADDRESS _____ ZIP _____

ORGANIZATION _____ ADDRESS _____ ZIP _____

SIGNED _____ TEL. NO. (HOME) _____ (WORK) _____

TITLE _____ DATE OF APPLICATION _____

DISPOSITION OF APPLICATION
(Office Use Only)

APPLICATION APPROVED YES _____ NO _____ SIGNED _____

Cleared With: COMMUNITY USE _____ HEALTH DEPARTMENT _____
POLICE DEPARTMENT _____ BUILDING DEPARTMENT _____

Fee _____ Date Received _____ Receipt No. _____

Certificate of Insurance Required: Yes _____ No _____ Date Received _____

Liability _____ Property Damage _____

OTHER CONDITIONS OF APPROVED USE _____

(2/02)