

PICNIC PAVILION RENTAL PERMIT APPLICATION

Facility Fee:	\$ _____
Security Deposit @ \$75	\$75.00
Extra Tables @\$10 each:	# _____ / \$ _____
Additional Green Space Permit:	\$ _____
TOTAL:	\$ _____

Additional high impact activity deposit:	
\$250	<input type="checkbox"/> <input type="checkbox"/>
	Yes No

GROUPS LARGER THAN PAVILION CAPACITY SHOULD CONTACT THE PARKS DEPARTMENT AT 847-360-4725 FOR PRICING AND ASSISTANCE IN PLANNING THEIR EVENT.

GENERAL

Please complete the entire application. **Failure to completely fill out or sign your application will result in a delay in processing.**

1. Facility Requested (See page 1) _____
2. Name/Organization _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Email _____ Fax _____
Note: Deposits/refunds are mailed to the address provided. Please make sure your address is correct.
 Date(s) requested _____
3. Estimated Attendance _____ **There may be a \$50 fine as well as loss of deposit if this number is exceeded.**
4. Actual Arrival Time _____ am/pm Actual Departure Time _____ am/pm
5. Event
 Describe in detail the type of activity or event that will take place: _____

ABOUT YOUR EVENT

6. Will there be any temporary structure set up (Examples: tents, canopies, stages, volleyball nets)?
YES _____ **NO** _____ **How many structures?** _____ **What type?** _____
What size and where in the park? _____
A JULIE Locate may be required for large tents/structures.
7. Will your activity include any carnival rides, dunk tanks, pony/horse rides, any animals, bounce houses, etc?
YES _____ **NO** _____ **If yes, please describe:** _____
Such an activity requires a certificate of insurance naming the Waukegan Park District as additional insured and a \$250 damage deposit.
8. Will your activity include music (i.e. boombox, band, etc).
YES _____ **NO** _____ **If yes, source? Band** _____ **DJ** _____ **Radio** _____ **Other** _____
As there is limited electricity, this activity may require a generator & additional permission. Please contact the Parks Department for assistance.
9. Are you planning on having food prepared/served by vendors/caterers or to sell food at the proposed activity (Examples: food booths, vending trucks, grills/other equipment)?
YES _____ **NO** _____ **If yes, please describe:** _____
Such an activity requires a certificate of insurance naming the Waukegan Park District as additional insured and/or a permit from the Lake County Health Department.
10. Any request for special services from the Waukegan Park District?
YES _____ **NO** _____ **If yes, please describe:** _____
NOTE: Vehicles are restricted to designated parking areas and are not allowed on grass.

I have read, understand and will abide by the ordinances, policies and procedures established by the Waukegan Park District. I take responsibility for the conduct of my party. I will notify the Parks Department if my event is cancelled. I shall indemnify and hold harmless the Waukegan Park District, its officers, employees, volunteers and agents against any claims, demands, costs and expenses, including reasonable attorney fees for the defense thereof, arising from or in connection with my use of District property provided that said claims, demands, costs and expenses have not been caused by the negligence of the District, its officers, employees, volunteers and agents.

SIGNATURE X _____ **DATE:** _____

Staff Initials _____
