

## APPLICATION FOR PARK USE PERMIT

Please Return To

## Parks and Recreation Department 50 Ida Lee Drive, N.W. Leesburg, VA 20176

Please Type or Print Clearly

Activity		Date of Application	
Sponsored By	Lo	ocation of Activity	
For Profit	Non-Profit	Tax Exempt No.	
Organizers/Contact:			
Name	Home #	Work #	
Address	City	State	Zip
Name	Home #	Work #	
Address	City	State	Zip
Description of Activity:			
Date Activity to Begin	Da	ate Activity to End	
Day(s) of Week		Hours	
Number of Weeks			

* Anticipated Attendance (Per Day): Participants _	Spectators
* Will You Need Electricity? Yes □ No □	(if Yes, Number of Outlets)
* Will Food be Served? Yes ☐ No ☐	
* Will Fees for Food or Merchandise be Charged?	Yes □ No □
* Will Admission Fees, Entry Fees or Other Fees be	Charged as Part, or in Association
with the Activity? Yes   No	
* Will Portable Restrooms be Provided? Yes 🗖	No 🗖 (if Yes, How many)
* Will There be Parking Control Staff? Yes 🗆	No 🗆 (if Yes, How many)
* Will You Have Security on Site? Yes • No •	(If Yes, Who)
* Will Any Items be Left Overnight? Yes 🗆	To 🗆 (If Yes, What)
* Will Signs or Banners be Displayed? Yes 🗆 N	To \( \bigcup \) (If Yes, Where \( \bigcup_{\text{\text{\text{\text{\text{\text{\text{\text{(If Yes, Where}}}}}} \)
* Will Tents be Erected? Yes □ No □ (If `	Yes, What Size)
* Will Water Hook-up be Needed? Yes $\square$ No $\square$	(if Yes, What For)
Name of Insurance Company Providing Certificates	of Insurance for the Event:
I agree to indemnify and hold harmless the Town of agents from and against any and all liability for any i connection with this event. I also hold harmless the and its agents form and against any liability for any edamaged that are stored or otherwise as a result of the	njury which may be suffered in Fown of Leesburg, its employees, equipment or supplies lost or
Signature	Date