

# TOWN OF DAYTON

## APPLICATION FOR PERMIT TO USE MUNICIPAL FACILITIES

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Is this a fundraiser? Y or N \_\_\_\_\_ Proceeds benefit who? \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of use: \_\_\_\_\_

Time Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of event: \_\_\_\_\_

Estimated # of participants: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Have you used facilities before? Y or N \_\_\_\_\_ If so, when: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Insurance agent: \_\_\_\_\_

Permit Fee Paid \$: \_\_\_\_\_ Deposit Paid \$: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Note: Signature below (Age 21 or over) acknowledges that the authorized representative has read and agrees to abide by all rules and regulations outlined in the Policy for Rental of Dayton Municipal Facilities. Insurance certification and payment of fees should be attached and submitted at the time of application.

Make checks payable to "Town of Dayton".

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_