APPLICATION FOR USE PERMIT
CITY OF COLUMBIA FALLS

Permission is hereby granted to: _____
(Organization)

_____
(Applicant's Name)

_____
(Mailing Address)

_____
Home Phone Work Phone

Date Requested_____ Facility Requested_____

From _____TO_____

Purpose of Use_____

Anticipated Attendance_____

Application and Organization agree to:

1. Payment of (2) checks, one for use fee and one for cleaning deposit. Cleaning deposit will be refunded after area of been inspected for cleanliness and possible damage.
2. Assume responsibility for any damages to the facility due to misuse or neglect, or caused by persons attending the event or activity.
3. Pay for all costs of any damages that may occur during the event or activity.
4. UPON REQUEST: Provide liability coverage, with the City as co-insured, IN THE MINIMUM AMOUNT OF $750,000 PER INDIVIDUAL AND $1,500.000 PER OCCURRENCE.
5. Know and follow all City rules and regulations. Along with (NO ALCOHOL)
6. Collect and dispose of all garbage and debris resulting from the event in trash receptacles.
7. All activities shall be properly controlled and supervised.
8. Provide a copy of their City Business license, if applicable.
9. Provide a copy of their Food Purveyors License from MT Dept. of Public Health, if applicable.
10. Provide own backup power and water in case of power outages or vandalism, if applicable.
11. Mobile concessions must be moved immediately upon conclusion of the event, if applicable.
12. Special Conditions: PLEASE BE MINDFUL THAT THE PARK IS A FAMILY AREA-WATCH CONTENT/LANGUAGE AND ACT ACCORDINGLY AND APPROPRIATELY.
13. OTHER CONDITIONS:_____
_____

WAIVER OF LIABILTY

I hereby certify that I have read and understand the policies and procedures regarding the use of City facilities. I Further agree to hold the City of Columbia Falls, its Governing Body, the individual members thereof, and all officers, Agents and employees free and harmless of any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of City property.

APPLICANT'S SIGNATURE _____DATE _____

City Representative: _____

OFFICE USE ONLY

Cleaning Deposit: $_____ Cash_____ Check # _____
Use Fee: $_____ Cash_____ Check # _____
Receipt # _____