

## CITY OF GLENDALE

### CONDITIONAL PERMIT AGREEMENT FOR USE OF FACILITIES/PARKS

City of Glendale, 5909 N. Milwaukee River Parkway, Glendale, WI 53209 ♦ 414-228-1700

Name of Organization or Group <i>(if applicable)</i> :		
Applicant's Name:		
Address:		
City:	State:	Zip:
Home #:	Work #:	Cell #:
e-mail Address:		
Please check which facility you would like to rent: <input type="radio"/> Johnson Controls Community Amphitheater <input type="radio"/> David Hobbs Honda For the People Community Room <input type="radio"/> Sprecher Brewing Outdoor Oasis Beer Garden Patio		
Will you be purchasing items from the Sprecher Brewing Outdoor Oasis? <input type="radio"/> Yes <input type="radio"/> No		
Are you >= 21 years of age? <input type="radio"/> Yes <input type="radio"/> No	<i>You may only purchase beer with your rental if you are 21 and over. All patrons purchasing or drinking alcohol will be carded. No carry in alcohol is allowed.</i>	
Nature of Use:	Number of Participants:	
Date Rented <i>(mm/dd/yy)</i> :	Day of the week <i>(circle)</i> : S M T W Th F S	
Hours: _____ AM/PM to _____ AM/PM	Will amplified music (live band, DJ) be provided? <input type="radio"/> Yes <input type="radio"/> No <i>(Not allowed at Sprecher Brewing Outdoor Oasis Beer Garden Patio)</i>	
Special Request:		
Checks for all fees should be made payable to "City of Glendale." A deposit is included and is refundable following the proper utilization of the facility/park. Refunds are processed in approximately 4 weeks following a rental. Refunds will be made payable to the above named applicant unless otherwise indicated. Please see park handbook for information on cancellations.		
<b>I/We the undersigned certify that all information provided above is accurate to the best of my/our knowledge. I/We attest that I/we are age 21 or over and will assume all responsibility for the proper care and utilization of the above stated facility/park, including equipment. I/We further agree to abide by the Use of City Facilities Policy and Procedures and/or Shelter Rental Guidelines and Park Rules of the City of Glendale.</b>		
APPLICANT'S SIGNATURE: _____		DATE: _____
CITY DEPT. APPROVAL: _____		DATE: _____

**FOR OFFICE USE ONLY:**

PERMIT NUMBER:			Certificate of Insurance? <input type="radio"/> Yes <input type="radio"/> No			
# of Hours	x	Rate /hour	=	Rental Amt.	+ Deposit Amt.	= Total Due
Amt. Paid		Date Paid		Rec. No.	Bal. Due	Date Bal. Paid
Describe and itemize any charge(s) withheld from deposit:						

Amount of deposit To be refunded:	Authorized Signature:	Date
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