

VILLAGE OF CELORON
21 BOULEVARD AVE
PO BOX 577
CELORON, NY 14720-0577

APPLICATION FOR THE USE OF LUCILLE BALL MEMORIAL PARK

TODAY'S DATE: _____ DATE(S) REQUESTED _____

FACILITY REQUESTED: _____

NAME OF ORGANIZATION OR INDIVIDUAL: _____

TIME: _____ TO _____ SUPERVISOR IN CHARGE _____

MAILING ADDRESS: _____

TELEPHONE (DAY) _____ (NIGHT) _____

CHECK ONE: _____ RESIDENT _____ NON-RESIDENT

INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

PURPOSE OF USE: _____

WILL ANY OF THE FOLLOWING BE USED: INFLATABLES ___ PERFORMANCES ___ VENDOR SALES ___

TOTAL PARTICIPANTS EXPECTED: _____ ADULTS _____ CHILDREN _____

IS MATERIAL OR EQUIPMENT REQUIRED FROM MUNICIPALITY? YES _____ NO _____

IF NEEDED, STATE WHAT TYPES AND FOR WHAT PURPOSE: _____

IS ELECTRICITY NEEDED? YES NO (ADDITIONAL FEE FOR ELECTRICITY)

IS AN ADMISSION FEE CHARGED? YES _____ NO _____

IF SO, WHAT WILL PROCEEDS BE USED FOR? _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/She agrees to be responsible to the municipality for the use and care of the facilities. He/She, on behalf of _____ does hereby covenant and

(Name of Organization)

agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Municipality's property, facilities and/or services by

(Name of Organization)

(Signature of Organization's Representative)

Address: _____ Phone: _____

READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

VILLAGE OF CELORON
21 BOULEVARD AVENUE, P.O. Box 577
CELORON, NY 14720-0577
ATTENTION: JETTA L. WILSON, DEPUTY CLERK

DATE: _____

REQUESTING ORGANIZATION: _____

**VILLAGE OF CELORON
21 BOULEVARD AVE
PO BOX 577
CELORON, NY 14720-0577**

**APPLICATION FOR THE USE OF LUCILLE BALL MEMORIAL PARK
Supplemental Information**

Will you be utilizing the picnic pavilion: _____ No _____ Yes

Will you be providing temporary restroom facilities: _____ No _____ Yes If yes, how many?: _____

Location of temporary restroom facilities: _____

PERFORMANCES:

Will you be utilizing the Bandshell: _____ No _____ Yes

If yes, Type & Times of Performances: _____

Electrical Requirements: _____

VENDORS:

Number of Total Vendors: _____ Number of Information Only Vendors: _____

Number of Food Vendors: _____

Please note that all food vendors must have the proper permits from the Chautauqua County Health Department.

Number of Vendors selling items: _____

Location of Vendors: _____

Electrical Requirements: _____

INFLATABLES:

Number of Inflatables: _____

Size of Inflatables: _____

Location of Inflatables: _____

Electrical Requirements: _____