

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

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

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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: \_\_\_\_\_

\_\_\_\_\_