

# **APPLICATION FOR PARK USAGE PERMIT**

This information allows the City to inform others of activities in the park that may encompass large areas of the park or trail system. Events NOT needing a Park Usage Permit: family reunions, graduations, retirement parties, anniversaries, birthday parties, company picnics that do not extend over 50 feet from a shelter. Events needing a Park Usage Permit: any organized event including rides/walks/runs on the trail system, weddings, car shows, church events which may extend beyond 50 feet from a shelter.

**Applicant Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Event Information:** Type of event: \_\_\_\_\_ Date: \_\_\_\_\_

Hours: From \_\_\_\_\_ a.m. / p.m. to \_\_\_\_\_ a.m. / p.m.

Name of park: \_\_\_\_\_ Estimate attendance: \_\_\_\_\_

Do you intend to possess and consume alcoholic beverages?  yes  no (If so, refer to Ordinance Sect. 17-208)

Do you intend to use amplifying equipment?  yes  no (If so, refer to Ordinance Section 17-205)

Do you intend to use inflatables?  yes  no

(If you do intend to use inflatables you will need to show proof of General Liability that will cover you at the facility, with the City of Cedar Falls being named as an additional insured. Please contact Colleen Sole at City Hall (319-243-2712) for more information.

Do you intend to spray or broadcast pesticides in conjunction with your activity?  yes  no

(If you do, the Director of Public Works or their designee must grant permission and you must post signage (at your cost) notifying your guests that pesticides have been applied. The Director of Public Works or their designee can be reached by calling 273-8629.)

Do you intend to utilize the recreation trail system for your activity?  yes  no

(If you do, please complete the trail usage application at: [www.cedartrailspartnership.org/node/216](http://www.cedartrailspartnership.org/node/216))

I do hereby acknowledge that I have read and do fully understand all stipulations so described in the attached Ordinance Sections 17-197 through 17-208.  yes  no

I / we the undersigned will be present at the stated facility and will be accountable during the hours that this permit is valid.

\_\_\_\_\_  
Lessee Date Lessee Date

\_\_\_\_\_  
Title Title

**Permit issued by:**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Title

Note: Park shelters are not automatically included in this request and MUST be reserved separately. To reserve a shelter please go to the Recreation Center at 110 East 13<sup>th</sup> Street. To check on available dates call 273-8636.

The Director of Public Works, other designated officials or any law enforcements officer of the Cedar Falls Police Department has authority to enforce or revoke this permit for any just cause so described in the attached Ordinance.