



APPLICATION FOR USE OF CITY FACILITIES

APPLICANT: _____

CONTACT (1): _____
(Name) (Address) (E-Mail)

(Home Phone) (Bus. Phone) (Cell)

CONTACT (2): _____
(Name) (Address) (E-Mail)

(Home Phone) (Bus. Phone) (Cell)

PURPOSE OF EVENT: _____

IS THIS AN OVERNIGHT EVENT: Yes No

If Yes, please described: _____

DATE(S) REQUESTED: _____ **TIME(S):** _____

FACILITY REQUESTED (Check Appropriate Box Below):

- Margaret Egan Center
- McCann Natatorium
- Milford Library, Program Rm.
- Milford Lisman Landing
- Milford Senior Center
- Other: _____

- TRUBEE DOOLITTLE**
- Beach
 - Field
 - Playground
 - Other: _____

- WALNUT BEACH**
- Beach
 - Casey Pavilion
 - Rotary Pavilion
 - Other: _____

- PARSONS GOVERNMENT CENTER**
- Veterans Mem. Auditorium
 - Gymnasium
 - Conference Room
 - Other: _____

- EISENHOWER PARK**
- Lower North Street Area
 - North Street Pavilion
 - West River Street
 - Tennis Courts
 - Other: _____

- FOWLER FIELD**
- Ballfields
 - Basketball Courts
 - Rotary Pavilion
 - Tennis Courts
 - Other: _____

- CITY GREEN**
- Center Green
 - Green's End
 - Lower Green
 - North Street
 - Other: _____

OTHER: _____

**If your request is for the Veterans Memorial auditorium, please complete page 3.

ESTIMATED # OF ATTENDEES: _____

**If for security measures, the City of Milford its agents and/or representatives determines it is necessary for traffic and/or crowd control, the applicant shall be required to provided police coverage at its sole cost and expense.

WILL ADMISSION/EXHIBITOR FEE BE CHARGED? Yes No

If yes, explain fee(s) to be charged: _____

**For use of Library program room, commercial transactions (selling), charging fees and soliciting (including asking attendees personal information or to sign attendance lists) are prohibited.

- WILL FOOD/BEVERAGES BE SOLD/SERVED/ALLOWED?** Yes No
WILL THERE BE FOOD/BEVERAGE VENDORS? Yes No
WILL ALCOHOL BE SOLD/SERVED/ALLOWED? Yes No
WILL THERE BE LP-GAS COOKING? Yes No

IF YES TO ANY OF THE ABOVE PLEASE EXPLAIN: _____

**All food/beverage vendors must meet the Milford Health Department regulations, which are available at the Milford Health Department. Serving and/or allowing alcohol requires an additional permit, which is available in the Recreation Department.

DESCRIBE SET UP PLANS: _____

DESCRIBE CLEAN UP PLANS: _____

ARE YOU REQUESTING ANY OF THE FOLLOWING ITEMS FROM THE CITY?

(Not all items are available at all locations.)

- Electricity
 Garbage Cans
 Safety Fencing
 Tables/Chairs
 Restrooms
 Other

EXPLANATION FOR REQUEST: _____

WILL YOU BE REQUESTING TO PLACE A SIGN ON PUBLIC PROPERTY TO ADVERTISE THIS EVENT?

- Yes No

If yes, you must complete a separate application form "Permit to Place Sign on Public Property. This may be obtained from the Recreation Department.

DEPARTMENT SIGN OFF'S AS APPLICABLE:

_____ Fire Marshal	_____ Date	_____ Public Works Director	_____ Date
_____ Police Department	_____ Date	_____ Recreation Director	_____ Date
_____ Building Maintenance	_____ Date	_____ Health Department	_____ Date

Special Instruction: _____

All fees payable by cash, money order or bank check. Check shall be made payable to the City of Milford. Cleanup Bond to be paid by separate money order or bank check. Police and Fire to be paid directly to those departments. At least two (2) business days prior to the event the Applicant shall contact the Public Works Department at (203) 783-3266 to confirm the availability of any special items that have been requested. Restroom keys may be obtained from the Recreation Department one (1) business day prior to the event and must be returned on the first business day following the event. A \$20.00 key deposit is required.

Rules and regulations governing the use of the requested facility are attached. The Applicant hereby acknowledges that it has read and will adhere to all applicable rules and regulations. Additional rules and regulations may apply. Please consult the appropriate City Department(s). Any violation(s) of these rules and regulations shall be cause to revoke this and/all other permits of the Applicant. The City reserves the right to deny an application for any reason, including but not limited to inadequate insurance coverage as determined by the City in its sole discretion.

The aforesaid Applicant agrees to provide a Certificate of Insurance and Indemnification Agreement satisfactory to the City of Milford.

(Signature of Applicant) (Title) (Organization)

(Date) (Non-Profit 501c3 Number)

COMPLETE FOR USE OF VETERANS MEMORIAL AUDITORIUM ONLY:

SHOW TIME(S)

REHEARSAL, SET UP OR OTHER PREPARATION

Dates you wish to reserve facility:
_____ to _____

Which rooms do you expect to use:

Times you wish to reserve facility:
_____ to _____

What time do you want doors opened?

State any equipment needed
(tables, microphones, etc.)

What time do you expect to leave?

EVENT, PERFORMANCE OR SHOW

Dates you wish to reserve facility:
_____ to _____

Times you wish to reserve facility:
_____ to _____

State any equipment needed
(tables, microphones, etc.)

What time do you want doors opened?

What time do you expect to leave?

Which rooms do you expect to use:

