



TOWN OF NORTH EAST, MARYLAND

106 S. MAIN ST, P.O. BOX 528
NORTH EAST, MD 21901-0528

PARKS AND RECREATIONAL AREA PERMITS FOR SPECIAL EVENTS

Phone: 410-287-5801

Fax: 410-287-8267

DATE: _____

PERMIT NO. _____

APPLICANT(S) _____

ADDRESS: _____

PHONE _____

SPONSOR OF EVENT: _____

ADDRESS: _____

PHONE _____

DATE OF EVENT: _____ RAIN DATE _____

TIME OF EVENT (FROM) _____ A.M./P.M. (TO) _____ P.M.

PARK LOCATION: _____ NORTH EAST TOWN PARK

_____ TURNER PARK

_____ HERRING SNATCHER'S PARK

_____ SANTA HOUSE

PAVILION DESIRED: _____ BENJAMIN

_____ CROUCH

_____ LEVY

_____ GILBERT LIGHTHOUSE PAVILION (NO FOOD OR DRINK ALLOWED)

NUMBER OF PERSON ANTICIPATED TO ATTEND: _____

BRIEF OUTLINE OF ACTIVITIES _____

- 1) The permittee shall be bound by all park rules and regulations and all applicable ordinances fully as though the same were inserted in said permit (see attached copy).
- 2) The person(s) to whom the permit is issued shall be liable for all loss, damage or injury sustained by any person, whatever the reason of the negligence of the person(s) to whom such permit shall have been issued. The Town Board shall have the right to require any permittees to submit evidence of liability insurance covering injuries to members of the general public arising out of such permitted activities, in such amounts as may from time to time be determined by the Board, prior to the commencement of any activity of the issuance of any permit.
- 3) **The use of electricity and water is prohibited except as authorized by special exception by the Mayor and Commissioners.**
- 4) **Restrooms are closed Monday through Friday after 4:30 P.M.**
- 5) Reservation Fee is non-refundable.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF APPROVAL SET FORTH IN THIS PERMIT AND HAVE RECEIVED APPLICABLE REGULATIONS. I UNDERSTAND THE FEE IS NON-REFUNDABLE.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IS INSURANCE APPLICABLE TO THIS PERMIT _____ YES _____ NO

IF YES A. AMOUNT REQUIRED _____

B. DATE POLICY SUBMITTED TO TOWN _____

C. DATE POLICY APPROVED BY TOWN _____

NOTE: IF INSURANCE IS APPLICABLE TO THE PERMIT, THE TOWN RESERVES THE RIGHT TO HAVE IT REVIEWED.

DATE & AMOUNT PAID _____ APPROVED BY: _____

PLEASE NOTE: IF THE RAIN DATE IS NEEDED, YOU MUST CALL THE NEXT BUSINESS DAY BY NOON OR FORFEIT THE DATE.