



Belton Parks & Recreation Department

16400 Mullen Road. Belton. MO 64012 Ph: 816.348.7400 www.beltonparks.org

PERMIT FOR USE OF FACILITIES

Name of Organization: _____ Date of Application ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____

Facilities Requested: _____

Dates Requested: _____ Days: _____ Times: _____

Description of Event(s): _____

Estimated Attendance during event: _____

Will there be any commercial activity? Yes No
If so, please explain any items sold or fees charged: _____

Person in charge of group: _____ Phone Number: _____

Alternate person in charge: _____ Phone Number: _____

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: ____ / ____ / ____

NOTE: It is the responsibility of the user or group organizer to provide supervision of the event. All requests or directions of the park board or any park employee, written or verbal, shall be a condition of this application. Any violation of these rules can be grounds for immediate termination of your use of the Belton Parks and Recreation Department's facilities and/or extra charges. Donations may be solicited at your activity but will only be done in a manner so that it cannot be interpreted to be a charge for admission.

All permit requests are subject to the approval of the Belton Park Board. Applications should be submitted at least one week before a regularly scheduled Park Board meeting in the month prior to requested usage date. This is to insure that a representative will be included in the agenda for presentation of the request. A representative must be present to answer questions concerning the application and usage or the application may be denied. Applications must be turned into the Belton Community Center.

All applications must be accompanied with proof of liability insurance coverage in an amount no less than \$2,000,000. The insurance certificate must show the City of Belton as additionally insured. A signed copy of this application should be in your possession while using the park facilities.

FOR OFFICE USE ONLY:

Date Given to Organization: ____ / ____ / ____ by employee: _____

Date Received from Organization: ____ / ____ / ____ by employee: _____

Copy of Liability Insurance Received? Yes No

Application granted? Yes No Comments: _____

Signature of Park Board President or Representative: _____

Date Revised: 08/13/2004