(OFFICE USE ONLY)
EVENT DATE_____

DATE
_____DEPOSIT $_____
_____ RENTAL $_____
_____ INSURANCE $ _____
_____ KEY P/U _____
_____ KEY RETURNED ___YES ___ NO
REFUND DUE___YES ___ NO

CITY PARK PAVILION, PARKS AND RECREATIONAL FACILITIES APPLICATION

CITY OF VICKSBURG, OFFICE OF THE CITY CLERK
1401 WALNUT STREET
VICKSBURG, MS 39180

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT NAME		GROUP/ORGANIZATION	
PRIMARY CONTACT (IF DIFFERENT FROM ABOVE)		NAME/TYPE OF EVENT	
ADDRESS	CITY	STATE	ZIP
PHONE#		EMAIL/FAX	
DATE OF EVENT	ESTIMATED ATTENDANCE	EVENT HOURS (MUST BE BETWEEN 7 AM & 11PM) EVENT START TIME_____END TIME_____	
WILL THE EVENT BE OPEN TO THE PUBLIC?		WILL FEES OR OTHER DONATIONS BE REQUIRED FOR ATTENDANCE?	

A **Security Deposit in the amount of $100.00** will be required at the time of application. **In the event of cancellation, the deposit will be forfeited.** A security deposit is to cover any damage to the facility other than normal wear and tear to reserve the date of rental. Applicant shall be responsible for any damaged, missing, or broken items. **If we find there is need for excessive clean up or damages, you will not be issued a refund.**

All Deposit refunds go through an approval process before being approved for release. Your deposit refund will be issued via mail within 30 days post event if all requirements were met.

The keys must be returned to the City Clerk's Office the day after the event, if the event falls on a weekend or a holiday the keys must be returned on the following business day. **If the keys are not returned, you will not be issued a refund.**

Rental Fee for the facility is $200.00 The rental fee must be paid in full no later than 5 business days prior to the date of rental. Rental fees will be refunded in full if reservation is cancelled prior to the event. Cancellations must be in writing and received by the City Clerk's Office during normal business hours.

Liability Insurance is required either through the City or proof of insurance coverage in an amount not less than one (1) million dollars. A Liability Insurance Policy that is acquired by the applicant must show the Board of Mayor and Aldermen of the City of Vicksburg as additional insurers. Proof of Insurance must be provided prior to rental of the facility. Applicant shall also hold the Board of Mayor and Aldermen of the City of Vicksburg, its successors, employees and any and all other persons so associated with the City harmless from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, both known and unknown that may arise as a result of this event. Payment for insurance through the City is non-refundable.

No Alcohol or glass bottles/containers allowed.

BOUNCE HOUSES ARE NOT PERMITTED AT ANY OF THE CITY PARKS, PAVILIONS AND RECREATIONAL FACILITIES. Bounce houses shall mean any temporarily inflatable structure, trampoline, house, moon bounce or similar apparatus that is used for recreational purposes, particularly for children to jump within.

Security is required. Security must be provided by a reputable company, group, or individual (s) that is approved by the City of Vicksburg. Security must be present during the entire event.

Security Company:_____

Contact Person:_____ Telephone Number:_____

PLEASE SEE OTHER SIDE

I have read all the above and I fully understand that this application does not confirm any request until it has been signed and dated by the City Clerk's Office of the City of Vicksburg, at which time a copy will be given to me or my designee or mailed to the address designated above. I also acknowledge that I have received a copy and have read, understand, and agree to all rules and regulations as outlined in the Pavilion, Parks and Recreational Facilities Policy. I further acknowledge that all the information provided on this form is true and correct. I understand that if my application is approved for rental of the facility for my event, that failure to honor each provision of the Pavilion, Parks and Recreational Facilities Policy will be considered a breach by the City, of Vicksburg and will allow for immediate termination of the event. If the event is shut down by the City of Vicksburg, Applicant will not be entitled to any refund of monies paid and the City of Vicksburg may pursue any legal remedies for damages, if any, caused by Applicant's breach. Upon approval of the application, any addendums, modification or changes to the application must be in writing and approved. I further agree to hold the City of Vicksburg and its officials, employees, and agents harmless from and against any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, both known and unknown that may arise as a result of this event.

(Print) Applicant's Name _____

(Sign) Applicant's Name _____

Today's Date_____

FOR OFFICE USE ONLY-------DATE RECEIVED_____/_____/_____

APPROVED DENIED BY: _____ DATE:_____/_____/_____

IF NOT PURCHASED THROUGH THE CITY, IS A COPY OF THE CERTIFICATE OF INSURANCE ON FILE? _____