FACILITY USE APPLICATION AND PERMIT

City of Marysville, 526 C Street (P.O. Box 150)
Phone: (530) 749-3902 / Fax: (530) 749-3991

Reservations May Be Pre-empted for City-Related Functions

TYPE OR PRINT CLEARLY

EVENT

1. Name of Event: _____
2. Date and Time of Event: _____
3. Requested Facility: _____
4. Anticipated Attendance: _____
5. Is the event open to the public? Yes ☐ No ☐

CONTACT INFORMATION

1. Contact Person _____
2. Mailing Address _____
   City _____ State _____ Zip_____
3. Work/Home Phone _____ Cell Phone _____

ALCOHOLIC BEVERAGES

1. Will alcoholic beverages be consumed or served? Yes ☐ No ☐ Type: Beer ☐ Wine ☐
2. Will alcoholic beverages be sold? Yes ☐ No ☐
3. Vendor _____ ABC Permit No._____
   Mailing Address _____
   _____ Phone _____

In making this application for use of City Property, I acknowledge that all fees, including insurance, if required, shall be submitted no later than two weeks prior to the date of the event noted above, otherwise the event will be canceled. I further acknowledge that I have read and understand the rules governing the use of City property, I agree to abide by these rules and any special conditions of the permit, and I will be present at the facility during the use of the property.

_____ _____
Signature Date

Permit: ☐ **Approved** ☐ **Denied** **Signature**_____ **Date**_____

▾ FOR OFFICIAL USE ONLY ▾

RENTAL FEES

Administrative Fee	_____	[*Non-refundable reservation fee]
Use Fee	_____	
Electrical Fee	_____	
Key Deposit	_____	Issued #_____ Returned _____ Refunded _____
Clean-up Deposit	_____	Refunded _____
Other	_____	
TOTAL	_____	
Less Deposit	_____	Date Paid: _____ Receipt No. _____
BALANCE DUE	_____	Date Paid: _____ Receipt No. _____

DEPARTMENT REVIEW

	Initials/Date	Recommendations
___Police Chief	_____	_____
___PW Director	_____	_____
___Other	_____	_____