



PERMIT REQUEST APPLICATION

Must be received 2 weeks in advance for indoor reservations/72-hours in advance for outdoor reservations
Failure to disclose any information related to your event may result in cancellation of this permit

FACILITY REQUESTED: (CHECK ROOM/FACILITY)

- | | | |
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| <p><u>Pool:</u></p> <p>_____ Corral A
 _____ Corral B
 _____ Corral C
 _____ Corral D
 _____ Shelter #1
 _____ Shelter #2
 _____ Private Party (After Hours)
 _____ Party Package</p> <p><u>Lilac Park:</u></p> <p>_____ Baseball Field
 _____ Pavilion</p> <p><u>Lakeside Center:</u></p> <p>_____ Main Room
 _____ Card Room</p> <p><u>City Park:</u></p> <p>_____ Basketball Courts 10ft (1-2)
 _____ Basketball Courts 8ft (1-2)
 _____ Pavilion</p> | <p><u>Burns Road</u></p> <p><u>Recreation Center:</u></p> <p>_____ Auditorium
 _____ Art Room
 _____ Large Dance Rm.
 _____ Small Dance Rm.
 _____ North Gym
 _____ South Gym
 _____ Kitchen
 _____ Pavilion
 _____ Celebration Package
 _____ Basic Party Package</p> <p><u>Gardens Park:</u></p> <p>_____ Soccer Fields (1-8)
 _____ Adult Baseball Fields (1-2)
 _____ Youth Baseball Fields (3-8)</p> | <p><u>PGA Park:</u></p> <p>_____ Multipurpose Fields (1, 2, or 3)
 _____ Softball Fields (North or South)
 _____ Basketball Courts (1-2)
 _____ Pavilion (#1 or #2)</p> <p><u>Mirasol Park:</u></p> <p>_____ Softball Field
 _____ Basketball Courts 10ft (1-2)
 _____ Basketball Courts 8ft (1-2)
 _____ Sand Volleyball Courts (1-2)
 _____ Multipurpose Fields (1-2)
 _____ Pavilion (#1 or #2)</p> <p><u>Lake Catherine Sportsplex:</u></p> <p>_____ Softball Fields (1-4)</p> <p>_____ Other</p> |
|--|--|--|

of Participants: _____ Circle Day(s) Needed: Mon Tues Wed Thur Fri Sat Sun

Start Date of Event: _____ Time of Set-Up: _____ Start Time of Event: _____

End Date of Event: _____ End Time of Event: _____ End Time of Take-Down: _____

Type of event/Activity: _____

Modifications needed (this includes if lights or field preparation will be needed for fields): Yes No

If yes, describe: _____

(This may require additional approval and will be discussed with requestor if denied)

Applicant Name: _____

Organization Name: _____ Title: _____

Best contact number(s): _____ E-mail: _____

Address: _____ City: _____ Zip Code: _____

Secondary Contact Person: _____ Title: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Circle all that apply to your group: Corporate Function Personal Party

Athletic Youth Association* Certified Non-Profit/Tax-Exempt* Partnered Events**

*** Documentation must accompany application ** Subject to City Code, Chapter 46**

Check all that apply to your function:

Food Served: ____ Advertised: ____ Open to the Public: ____ Admission Charged: ____
 Fundraising: ____ Food Sold: ____ Amplified Music: ____ Tent/Canopy: ____
 Catered: ____ Sporting/Team Event: ____ Bounce House (Mirasol only): ____ Other: ____

The Following Forms May be required: (Only submit if requested by the Events Coordinator)

1. Copy of Certificate of Insurance (**listing City of Palm Beach Gardens, 10500 N. Military Trail, Palm Beach Gardens, FL 33410 as additional insured**)
2. Special Event Permit.
3. Copy of Activity Plan
4. List of Coaches (Youth Sports ONLY)
5. Copy of By-laws, Rules of Play, & Code of Conduct (Sports Associations ONLY)
6. Background Consent Forms (Youth Organizations ONLY)

Permit Rules and Regulations

Please read and initial on line indicating that you understand each policy.

1. I understand this is only a request; no event is confirmed until confirmation from a City representative _____
2. Alcohol is not allowed in any City park _____
3. No animals, except service animals are allowed in City parks with the exception of Lilac Dog Park _____
4. Vehicles are to remain in parking lot areas unless prior authorization is given _____
5. Trash and event debris must be placed in proper containers. If trash cans are full please use dumpster _____
6. Applicant must adhere to start and end times indicated on this permit (set-up & clean-up included) _____
7. Any damage to City property or excess garbage requiring City support staff may result in loss of deposit and/or additional charges to applicant _____
8. Permit is only valid for the purpose indicated on permit application _____
9. Playgrounds, green space, and walkways are not permitted for exclusive use & can't be blocked _____
10. I have received, read, and understand the City's Facility Manual (indoor reservations only) _____
11. Applicant must be present at all times during reservation _____
12. All pavilion payments must be made 3 days prior to reservation or event will be cancelled _____
13. All indoor payments must be made 1 week prior to reservation or event will be cancelled _____
14. Grilling is only permitted at designated locations. You may **NOT** bring your own grill/barbecue _____
15. All DJ's, bands or other forms of entertainment must be preapproved and provide COI naming the City as additionally insured 1 week prior to event _____
16. If guidelines are violated by applicant or any persons in group, future reservations may be refused _____
17. Person listed as the applicant is responsible for all payments and will receive any refunds in their name _____
18. No refunds are given in the case of inclement weather once event has started- notification of cancellation due to inclement weather must be given at least one hour prior to event start time. _____
19. Refunds are handled on a case-by-case basis. _____
20. Sports providers must include a copy of practice and/or game schedules 72 hours prior to event _____
21. Signing applicant assumes all liability for any and all damages and any fees associated with those damages _____

The above named group & I, on behalf of the said group, agree to indemnify, defend and save harmless the City of Palm Beach Gardens, its staff and City Council from any & all injuries (including death), property damage and other claims, liabilities, losses, and causes of action arising out of any negligent act of omission by me or any person associated with said group during the permitted period and use of City facilities. By my signature, said group and I will comply with all City rules & regulations in addition to those listed with this permit. I understand that I, as applicant, am responsible for the actions of those associated with my group and non-compliance in any way may result in a loss of security deposit and subsequent permits. No animals or alcohol are allowed on any City of Palm Beach Gardens properties.

Signature of Applicant: _____

Date: _____

Do not write below this line

FOR OFFICE USE ONLY:

Date Received: _____ By: _____ Rental Fee Received: _____ Deposit Received: _____

Approval Date: _____ Name: _____ COI: _____ Reservation #: _____

Work Order Submitted: _____ Reserved on RecTrac: _____