## APPLICATION FOR USE OF TOWN OF KENNEBUNK PUBLIC PLACE

## KENNEBUNK RECREATION DEPARTMENT

1 SUMMER STREET, KENNEBUNK, ME 04043 PHONE: 207-604-1335 FAX: 207-985-4609 Please Print or Type

| Name & Address of Organization   |   |   |
|--|---|---|
| Non-Profit Organization Federal I.D. #   | Private/Co  | ommercial Organization  |
| Name of Public Place   |   |   |
| Facilities Desired   |   |   |
| Date or Dates Desired (List each separately. If ap   | oplication is for a weekly function, please state the beginning and o   | ending dates).  |
| Purpose of Use   | Number of Persons Expected  |   |
|  | mplete & specific as each activity requires separate approval)  |   |
| Time Activity Will Start   | Time Activity Will End  |   |
| Building to be opened at:  | Building to be closed at:   |   |
| Any person issued a permit shall observe all rul<br>permitted without prior written permission for<br>liable for any loss, damage or injury sustained l<br>engaged in the activity being sponsored under t | les, regulations and ordinances adopted by the Town of Kenne the fire & the burning material. The person to whom a permit by any person or property whatsoever by reason of negligence the permit and shall agree to hold the Town and any of its agent permittee or any person engaged in activity being sponsored | ebunk. Open fires are no<br>t is issued shall agree to b<br>on the part of any perso<br>ts, servants and employee |
| NAME OF APPLICANT  | DATE  | <u>-</u>  |
| ADDRESS  | HOME PHONE WOR  |   |
| TITLE OF APPLICANT IN ORGANIZATION_  |   |   |
|  |   |   |
| OFFICE USE ONLY           Special Permit         YES NO           Approved         YES NO           Key Needed         YES NO           Certificate of Insurance         YES NO                            | TYPE OF PERMIT  |   |
| _  | Director of Recreation  | Date  |
|  | Parks Supervisor  | Date  |
| Site Inspection Required   | Facility Supervisor   |   |