



BUSINESS USE OF PARK APPLICATION



Name of Business: _____ Agent/Responsible Party: _____
(Individual Person must be identified)

Address _____ Phone #: (W) _____ (C) _____
_____ Email: _____

Purpose of Facility Use: _____

Requested Days/Times of Use: _____

of Persons Expected to participate in activity/event _____

List all individuals/employees who may/will conduct the business activity:

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

FACILITY REQUESTED-Check all that apply

Dr. William Edward Henry Park, Flower Street: Full Use _____ Partial Use _____

Basketball Courts #1 _____ #2 _____ #3 _____ Pavilion _____

Picnic Tables _____ # of Tables Needed _____ Play Equipment _____

Notes/Comments: _____

Stephen Decatur Memorial Park, Tripoli Street: Full Use _____ Partial Use _____

Tennis Courts #1 _____ #2 _____ #3 _____ #4 _____ Pavilion _____

Picnic Tables _____ # of Tables Needed _____ Play Equipment _____

Nature Trail/Pond Area: _____

Notes/Comments: _____

Please add any other information relevant to this application: _____

AGREEMENT

The agent/responsible party understands that, until approval by the Mayor and Council, this form is an application for use of the parks for the aforementioned purposes, and not a permit for use. He/She further assumes full responsibility for complying with the rules and regulations set forth in the Town of Berlin Code of Ordinances and, specifically, Chapter 22, "Parks and Recreation", Sec. 22.48-50, as well as any additional terms and conditions imposed by the Mayor and Council of the Town of Berlin. I understand that failure to comply may result in:

1. The imposition of limitations to this permit; and/or
2. Withdrawal of this permit; and/or
3. Refusal by the Mayor and Council to authorize future use by the entity.

A copy of this permit must be in the possession of the person conducting the business activity and shown upon request.

I, further acknowledge and agree to the following:

- 1) The Mayor and Council of the Town of Berlin reserves the right to refuse approval of any permit for any reason at their discretion.
- 2) I am responsible for application for and payment of a Town of Berlin Business License Fee or Vendor Permit as applicable under the Code of the Town of Berlin, Chapter 8.
- 3) If the nature of the business activity involves the sale or provision of food or drink to be prepared on site and/or prior to sale and to be sold to and/or consumed by the public, I am responsible for obtaining any and all applicable permits from any other agencies including, but not necessarily limited to, agencies of Worcester County and the State of Maryland. The Mayor and Council of the Town of Berlin reserves the right to deny approval of this permit pending verification of appropriate permits obtained from any other agency as applicable. Alcohol sales are prohibited under any circumstance.
- 4) That, if applicable, I am responsible for completion and submission of road closure permit forms to the State Highway Administration.
- 5) The Town of Berlin is in no way responsible for my adherence to the above conditions and that any fees associated with this permit, including the Town of Berlin Business License Fee and/or Vendor Permit, paid to the Town of Berlin, are separate from and unrelated to any fee charged for any other purpose by any other agency.
- 6) I will maintain insurance appropriate to the activity proposed.
- 7) If appropriate to the activity proposed, I will have my customers/clients sign documents acknowledging that the Town of Berlin holds no responsibility for any loss/injury/damage incurred by their participation in my business activity.
- 8) I will be responsible for any damage to Town of Berlin property incurred as a result of my use of the facility under this permit.
- 9) Under no circumstance are motorized vehicles permitted on parks' grounds.

Signature of Permittee: _____ Date: _____

Position with Group/Organization: _____

Office Use Only: Date Rec'd: _____ Initials: _____ Date Application Reviewed by Mayor and Council: _____ Mayor & Council Approval _____ Yes _____ No By a Vote of _____ For to _____ Opposed with _____ Abstaining Additional Conditions/Notations: _____ _____
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