

Pavilion Rental Application

5055 Monticello Road Jefferson City, MO 65109 Phone: 573-636-3614

Fax: 573-636-8389

Mon - Fri 8:00 a.m. thru 4:00 p.m.

	Name (on-site event supervisor)				Driver License #	State:				
z	Address				E-mail Address					
APPLICANT INFORMATION	City		State	Zip Code	Your Age Under 21	_ 21 or Over				
NFOR	Day Phone #	Evening Ph	none #		Cell Phone #	Fax #				
ANT	Company/Organization Name (if a	applicable)			Is this a company sponsored ev	ent? No				
PPLIC	Address				Company Phone #	Ext. #				
•	City State Zip Code				Company Web Address					
	Name of Alternate Contact Person	1			Alternate's Day Phone #	Alternate's Cell Phone #				
	Event Date(s) Type of Eve			vent		Estimated # of People Attending				
ATION	Event Start & End Time (include so	et-up/clean	-up)	e shelter/facility for this event:						
INFORMATION	Describe your event or activity:									
_										
EVENT										
	If the majority of the participants	It supervisors will be in attendance	,							
					nded that you go ahead & reserve the shelter/facility to ensure its application is being processed.					
œ	Please check any of the following items that apply to your event OR check the last line indicating none apply.									
ОТНЕ	Collection of fees on County property (i.e., donations, admissions, concessions, or merchandise sales.) Additional structures such as bounce house, tents, stages, booths or trailers.									
Ö	General public is invited or notified by the media of the event.									
	Use of grounds or fa	cilities in m	anner othe	r than their specific	recreational use.					
	None of the items a	bove apply	to my even	t.						
	I have read and understand the rules and regulations pertaining to the use of park facilities and the issuing of a use permit. The information provided in									
	this application is a true and accurate representation of the proposed event. I realize that any incomplete information, misrepresentation or false information pertaining to this event may result in rejection of the application, voiding of any permit issued, denying of any future usage and/or forfeiture of bonds and/or deposits.									
	Signature of Applicant: Date:									

pplicatio	n is:							
	_ Approved As Is							
	_ Disapproved	Explanation:						
	Application status is pen	ding further information on item #	Specifically: _					
leed the	_	he Cole County Public Works Departmer	nt:					
	Publicity plan or flyer							
	Payment of fees/deposit	s						
ther con	ditions/restrictions: _							
	_							
pplicable								
II fees lis	ted must be paid in person a	t the time that the reservation is made.						
\$20 Two hour minimum								
	\$10 Per Additional Hour Number of Additional Hours Reserved:							
\$80 Daily Maximum (unlimited hours)								
	Total Rental Fee Due	Date Received:	Cash:	Check #				
Cancellations made during business hours at least three (3) days prior to the rental date will receive a refund of this fee. Cancellations of less than three (3) days prior to the rental date will receive the damage/clean-up deposit only.								
		.,,,	•					
	Date of Cancella	ation:	Are Fees Retu	ndable? Yes No				
	Rental Fee Refu	ded To:						
	County Check #							
	-							
	Rental Fee Retu	rned by USPS Date:						
\$40		Date Received:						
	If upon inspection, after the event, the facility is found to be cleaned properly; all trash has been placed in the dumpster nearby; there is no damage to the pavilion, tables or any county property; there is no graffiti, etc., the full damage/clean-up deposit will be returned by mail.							
	Is Deposit To Be Refunded?							
	Yes	County Check # Date Deposit Returned Via USPS: Designated Agent:						
	No							
		Explanation:						

4/23/2015

Designated County Agent

Date: ___