JOHNNY APPLESEED METROPOLITAN PARK DISTRICT SPECIAL USE PERMIT

FACILITY INFORMATION

Park/Facility requested:							
Date (s) requested:							
Time requested:							
Explain purpose of requested use:							
APPLICANT INFORMATION							
Sponsor Name/Event Name:							
Contact Name:							
Contact Name:							
Address:		State:	Zip Code:				
Phone:		E-mail:	Fax:				
Cell Phone:		Work:					
SPACE REQUESTING							
Shelter (s)							
Other:							
Outer.							
ORGANIZATION CATERGORY Check one of the following categories							
501.3 c Non Profit If 501.3c, non profit, list state registration identification number	Government	Other Group or Individual (non-business/commercial)	Business or Individual				
If other than "business" category is checked above, what of Allen County	approximate percentage o	f group members are residents	%				

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SPECIAL USE PERMIT

	Pleas	ADDITIONAL INFORMA e fill in the following informat		
Expected number in		Adults=	Youth=	Total=
Describe any revenu	e you will collect, i.e. admis	sions, sale of items, donation	s, registrations, pledges, etc.	
Will any speaker, ent luring this event:	tertainer or other person/gr	oup be paid for services rend	ered	
he Johnny Appleseed	d Metropolitan Park District		ing QUESTING TO BRING TO THE PEF	RMITTED SPACE.
Tent/Size	Vendor(s)	Sound System	Play Equipment/Inflatables	Other
SIGNATURES				
			wise promoted by the Johnny Appleso ty of the name/sponsor above.	eed Metropolitan Park
Signature of applicant	t:	Date:		
JOH	HNNY APPLESEED M	ETROPOLITAN PARK	DISTRICT OFFICE USE O	NLY
Date Applicatio	on Received:			
Permit /	Approved:]	Permit Declined:	
Approved/Decl	lined By:			
		Insuran		_