

Application for Park Use

City of Wilder 107 4th Street, P.O. Box 687, Wilder, Idaho 83676

Phone (208) 482-6204, Fax (208) 482-7890

Fees: **Park Shelter - \$5.00 per hour**

Application Date _____

_____ hours X \$5.00 = \$ _____

Security Clean-Up Deposit \$ 30.00

Total Due \$ _____

Event or Reason: _____

Date(s) of Permit: _____ to _____

Hours Requested: _____ to _____

Is this reservation in conjunction with a Special Event? Yes ☐ No ☐

If yes, will additional park space be utilized? Please Explain:

Name of Applicant: _____

Business Name or dba: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: (_____) _____

E-mail: _____

Do you need power or water? No ____ Yes ____ If yes, please indicate: 110 ____ 220 ____ Water ____

ALL RESERVATION FEES ARE NON-REFUNDABLE.

THE SECURITY CLEAN-UP DEPOSIT WILL BE REFUNDED AND RETURNED TO THE APPLICANT, AT THE REQUEST OF THE APPLICANT, ONCE VERIFICATION HAS BEEN PROVIDED TO THE CITY CLERK'S OFFICE THAT THE RESERVED FACILITY HAS BEEN SUFFICIENTLY CLEANED AND THERE HAS BEEN NO DAMAGE TO THE FACILITY OR CITY PROPERTY. IF IT IS DETERMINED THAT THE PARK FACILITY WAS NOT SUFFICIENTLY CLEANED OR DAMAGE WAS DONE, THE ENTIRE DEPOSIT WILL BE FORFEITED, AND ANY

ADDITIONAL COST FOR DAMAGE WILL BE ASSESSED TO THE APPLICANT. IF THE APPLICANT FAILS TO REQUEST THE SECURITY CLEAN-UP DEPOSIT WITHIN SIXTY (60) DAYS OF THE RESERVATION, THE DEPOSIT WILL BE FORFEITED TO THE CITY.

IN CONSIDERATION FOR GRANTING THE PERMIT AND OTHER GOOD AND VALUABLE CONSIDERATION, APPLICANT HEREBY AGREES TO INDEMNIFY THE CITY OF WILDER FROM AND AGAINST ALL LIABILITY, THEFT, DAMAGE, DESTRUCTION, INJURY OR LOSS WHATSOEVER THAT APPLICANT MAY SUSTAIN.

IF PERMIT IS GRANTED, APPLICANT AGREES TO COMPLY WITH ALL LAWS AND ORDINANCES OF SAID CITY APPLICABLE TO THE SUBJECT MATTER THEREOF.

THIS PERMIT IS VALID ONLY FOR THE UNDERSIGNED AT THE LOCATION(S) AND FOR THE DATES AND TIMES SET FORTH ON THIS PERMIT.

Signature of Applicant

Date

Office Use Only

Approved: Yes ☐ No ☐ Initial _____

Deposit Received: Yes ☐ No ☐

Deposit Refunded: Yes ☐ Date _____

No ☐

If no, state reason:

