City of Lauderdale

1891 Walnut Street • Lauderdale • Minnesota 55113 Phone: (651) 792-7650 Fax: (651) 631-2066

RESIDENT APPLICATION FOR USE OF COMMUNITY PARK

APPLICANT INFORMATION:			
Name: Address:			
City: _ <u>Lauderdale</u> State	e:MN Zip:	Te	lephone No.:
Name of Organization (if app	olicable):		
PARK USE INFORMATION Date of Picnic Shelter Use:		Hours Us	sed:
* Number attending:	* Note: Groups of 50 or more must receive council approval		
Other park facilities may be	reserved (circle a	all that apply):	
Ball Field / East or West Tennis Court / East or West Basketball Court / Hours Used:			
Volleyball Court / Paved Hockey Rink (Summer) / Ice Skating Rink (Winter) Hours Used:			
(Winter Skating Rinks can only be reserved from 9–10 p.m. when open skating ends at 9 p.m.)			
 The applicant will clean upags and take garbage wit The park facilities may not The proposed event may not and orderly movement of tr The applicant is aware of a disabilities. The applicant understands the applicant can consume The applicant agrees to carrest if the applicant experiences hours, or Ramsey County Defended the applicant understands the and hold harmless the City against any and all claims, of any manner connected with 	p the area after the you when you be used for advert of unreasonably interaction on streets surparking lot on Rothat the park opens 3.2% and intoxicately a copy of the approblems with the Dispatch after hour that the renter/user of Lauderdale, Midamages, losses, and related to, or as a ses. Furthermore, in	the event has occur go. disement of products terfere with the generounding the park. It is selawn Avenue which at 8 a.m. and close ating liquor which the proved application are facilities, the application of facilities, the application of the facilities, the application of the facilities, its officers and expenses of what a result of any action of the facilities of the	sered. Please bring your own garbage s, goods, or services, or for personal profit. eral public use of the park, or with the safe ch includes spaces for people with s at 10 p.m. hey bring to park and keep possession of. form with them as proof of reservation. icant shall contact City Hall during office k facilities at all times indemnify, defend, tever nature, including attorney fees, in as or inaction associated with the usage of required to provide a certificate of
Applicant's Signature	Applicar	nt's Printed Name	Date
	FOR (OFFICE USE ONLY	
Date Application Received: Approved By:			

Fees Received: _____ Check #: ____ Receipt #: ____ Damage Deposit Check #: _

If so, date Council granted:

Temporary Non-Intoxicating Liquor License Granted?