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: State:	Zip:	_ Telephone No.:
Name of Organization (if applicab	ble):	
PARK USE INFORMATION: Date of Picnic Shelter Use:	Hour	rs Used:
* Number attending:	* Note: Groups of 50 o	r more must receive council approval
Other park facilities may be reserved (mark 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.)		
 bags and take garbage with yo The park facilities may not be us The event may not unreasonably orderly movement of traffic on s The applicant is aware of a parkidisabilities. The applicant understands that the The applicant may consume male. The applicant shall carry a copy If the applicant experiences problemours or Ramsey County Dispate. The applicant understands that the and hold harmless the City of Languinst any and all claims, dama any manner connected with, related 	the when you leave. The sed for advertisement of process interfere with the general partreets surrounding the park. It is a lot on Roselawn Avenue are park opens at 8 a.m. and of the approved application of the approved application of the after hours at 651-767-06 are renter/users of Lauderdale, Minnesota, its off ages, losses, and expenses of ted to, or as a result of any activation of the surface of the s	cohol may not be distributed or sold. form with them as proof of reservation. applicant may contact City Hall during office 40 to notify a police officer. e park facilities at all times indemnify, defend, icers, employees, and contractors from and whatever nature, including attorney fees, in actions or inaction associated with the usage of y be required to provide a certificate of
FOR OFFICE USE ONLY: Date Application Received: Approved By:		
Date Application Received: Check #:		Approved By: Damage Deposit Check #:

If so, date Council granted:

Temporary Non-Intoxicating Liquor License Granted?