

# Application for Park Use

City of Wilder 107 4<sup>th</sup> 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 \_\_\_\_

SUBMISSION OF THIS APPLICATION DOES, BY NO MEANS, GUARANTEE AVAILABILITY OF PARK USE.

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

<p><i>Office Use Only</i></p> <p>Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Initial _____</p> <p>Deposit Received: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Deposit Refunded: Yes <input type="checkbox"/> Date _____</p> <p>No <input type="checkbox"/></p> <p>If no, state reason:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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