



City of Meadville
Office of City Clerk

894 Diamond Park
Meadville, PA 16335

Phone: 814-724-6000 Fax: 814-333-3353
cityclerk@cityofmeadville.org

PARK SHELTER RESERVATION APPLICATION

Please note your application is for the reservation of a park shelter ONLY. The park will remain open to the public. Shelter reservations are accepted daily from dawn to dusk. No overnight camping permitted except with prior approval. No rain dates are accepted.

Pursuant to Ordinance No. 3651 of 2008

PLEASE PRINT CLEARLY

Type of Event: _____

Please Circle the Shelter you would like to reserve: *(refer to City of Meadville website for locations and/or images)*

Park Shelters with Electric: *Kenneth A. Beers, Jr. Bicentennial* *Shadybrook*

Park Shelters with no Electric: *Huidekoper* *Cora Clark* *H.P. Way*

Applicant's Name: _____

Phone Number: _____ Email Address: _____

Event Sponsor or Organization: _____

Contact Person (if different than above): _____

Organization Address: _____
Street City State Zip Code

Organization Phone Number: _____

On-Site Event Contact: _____ Phone: _____

Estimated Attendance: _____

Event Date(s): _____

Event Times:

Event Start		Event End	
Setup		Cleanup Complete	

Will the event use any temporary structures i.e. tents, canopies, tables, etc.? Yes No

If so, please indicate the type and number of structures, as well as location: _____

NOTE: The City reserves the right to determine location and limit number of structures used.

Is there entertainment related to the event? Yes No

Type of Entertainment: Theatrical Performance Musical Performance DJ
 Other (specify) _____

Will the event include the use of amplified sound? Yes No

If yes, please list the approximate time of use: _____

Will the event include the use of any signs, banners, and/or other decorations on site? Yes No

If so, please describe the nature of the signs, banners, and/or decorations:

Alcohol Consumed: Yes No

NOTE: The serving or consumption of any alcohol is subject to any and all regulations by the Pennsylvania Liquor Control Board (PLCB). A separate Permit may be required through the PLCB.

Required Attachments:

1. A detailed event description including all aspects of the proposed event, such as schedule of events, logistics, proposed activities, etc.
2. At the discretion of the City Manager, the City of Meadville reserves the right to require a Certificate of Liability Insurance in the amount of \$1 million with the City of Meadville listed as an additional insured.

Declaration

1. *I hereby certify that I am an authorized agent of the organization (the Applicant) and that I am authorized to make an application on their behalf.*
2. *I have received and read the Shelter Reservation Policies and Procedures and agree that the Applicant will abide by these and all other applicable City, State, and Federal Regulations.*
3. *I have included all the mandatory attachments and required fees with this application.*
4. *The information contained in this application and its attachment(s) are true and correct to the best of my knowledge.*
5. *I and the Applicant agree to hold harmless the City of Meadville and its agents and employees from suits, claims, damages, personal injuries, and loss or damage property sustained during the period of setup, execution, and tear down of this event. Furthermore, Applicant assumes all liability for damages or injury occurring to any person or property through or in consequence of any act or omission of anyone associated with this event, and agrees to hold harmless, defend, and indemnify the City of Meadville and its agents and employees from any suits, claims, damages, personal injuries, losses, or damaged property arising from negligence, recklessness, or intentional conduct of Applicant's agents or employees.*

Applicant Signature: _____ **Date:** _____

SHELTER RESERVATION FEE – OFFICE USE ONLY

<i>Service Requested</i>	<i>Fee</i>	<i>Paid</i>
<input type="checkbox"/> Shelter (includes electric)	\$50	_____
<input type="checkbox"/> Clean-up Deposit	\$25	_____
Total Fee Amount:	\$_____	

Payment Method: Check Card Cash

Amount Paid: _____ **Initials:** _____ **Date:** _____

For Office Use Only

Application Received: _____ Insurance Certificate Rec'd: _____

To Public Works: _____

Permit Approved: _____ Permit Not Approved: _____

Permit Issue Date: _____ Mail Email In-Person

Signature: _____

Print Name & Title: _____

Clean-up Deposit Returned: _____ Clean-up Deposit Not-Returned: _____

Reason Clean-up Deposit Not Returned: _____

Signature: _____