

APPLICATION FOR USE OF
CITY PARKS AND/OR BUILDINGS

DATE OF APPLICATION: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone: HM _____ Organization (if any): _____
WK _____ Reason for Reservation: _____

IF YOUR PAYMENT IS NOT RECEIVED WITHIN 10 DAYS OF THE DATE LISTED ABOVE, YOUR RESERVATION WILL BE CANCELLED.

- *Group 1: Coon Rapids Based Civic, public & non-profit organizations - No **permit fee**. However, damage, cleaning and key deposits required (does not pertain to park shelters).
- *Group 2: Private groups and organizations and private profit making organizations whose activities generate monies for the financial enrichments of the members - Must pay applicable **usage fee** plus all damage, cleaning and key deposits required.
- If Group 1: Is it State Certified as non profit? Yes No (If yes, a copy of certification is required. If no, will have to pay **fees** as well as **all deposits**.)

Park or Facility Requested: _____

Dates/Days Requested: _____

Hours Requested: _____ to: _____

Approximate Number in Your Group: _____

Please make checks payable to Coon Rapids City Center.

PARK/BUILDING:	DEPOSIT	FEES
<u>Riverwind</u> - Large meeting room (capacity 88) Small meeting room (capacity 18)		
Minimum charge 2 hrs. \$40	_____	_____
Additional hrs. @ \$20.00/hr.	_____	_____
Damage and cleaning deposit \$100 (\$150 if food is served)	_____	_____
Kitchen use \$12	_____	_____
Key deposit \$25 (key is located at Public Works Dept. 7am – 3:30pm)	_____	_____

Lions Coon Creek Park

Shelter #1, #2 & #3 (electricity available)
Minimum charge 3 hrs. \$45.00

Shelter #4 (by parking lot, no electricity)
Minimum charge 3 hrs. \$35.00

DEPOSIT FEES

Picnic Shelters (Soccer Complex, Crooked Lake, Sand Creek Park)

Minimum charge 2 hrs. \$20 _____
Additional hrs. @ \$10.00/hr. _____

TOTAL DEPOSIT/USAGE FEE _____

I hereby state that I will agree to abide by the provisions contained in the Rules and Regulations attached.

Signature of Applicant _____

OFFICE USE ONLY		
Date received by Public Works Department _____	Approved _____	Denied _____
Applicable Fees: _____		
Date received by Cashier _____	Date Fee Paid _____	Receipt # _____
Date Fire Dept. Notified _____		