

**TOWN OF GRAND ISLE
Recreation Park Permit**

NAME _____
ADDRESS _____
PHONE _____

NAME OF SPONSORING GROUP _____

DATE OF REQUESTED USE OF PARK _____
TYPE OF PROPOSED ACTIVITY _____

HOW MUCH OF PARK WILL BE USED _____

ESTIMATED ATTENDANCE _____
HOURS OF EVENT _____

WILL ALCOHOLIC BEVERAGES BE PRESENT AT THE PARK _____ YES _____ NO

LICENSED AND INSURED VENDOR
NAME _____

WILL ANY EQUIPMENT THAT IS RESTRICTED BY THE TOWN ORDINANCE BE NEEDED
TO SET UP, COMPLETE, OR IN USE OF ANY KIND TO COMPLETE YOUR EVENT?
_____ YES _____ NO
IF YES, HOW? _____

PERSON RESPONSIBLE FOR CLEANUP:
NAME _____
ADDRESS _____
PHONE _____

PERMIT APPROVED () WITH CONDITIONS:

- 1.
- 2.
- 3.

() WITH NO CONDITIONS

PERMIT DENIED ()
REASON FOR DENIAL _____

DATE _____

CHAIRPERSON
GRAND ISLE RECREATION COMMITTEE