

VILLAGE OF NEW AUBURN
Park Reservation / Exclusive Use Permit Application

130 E Elm St. | New Auburn, WI 54757 | 715-237-2223

Applicant's Name:		Organization Name:	
Address:		Operator/Agent:	
		Address:	
Phone Number:		Phone Number:	

Person Responsible for Use:	
Business Name & Address:	
Business Phone Number:	

DESCRIPTION OF EVENT:

Date(s) of Use:		Park Name:	Village Park
Hours of Use:	AM / PM	Park Location:	175 Park St, New Auburn, WI
Will Sound Amplifiers be used? *Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] <i>* If YES, Amplified Device Permit Required</i>		Amplified Device Permit Date Applied:	
Approximate Number of Attendants:		Is Usage of the Facility for Public or Private Use?	Public [<input type="checkbox"/>] Private [<input type="checkbox"/>]
Insurance Carrier:		Type of Insurance:	
Phone Number:		Name of Policy Holder:	

DESCRIPTION OF PROPOSED USE:

Applicant's Certification:

I hereby certify that all information on this application is true and correct to the best of my knowledge. (If approved, the charge is indicated on the Fee Schedule).

Applicant's Signature Date

Clerk's Signature Date

Application Submitted:	
Date Reported to Board:	
Date Approved:	
Permit Fee:	\$
Date Paid:	