

Marathon City – Administrator 311 Walnut Street PO Box 487 Marathon City, WI 54448 (715) 443-2221

Submission Date:	
Accepted By:	
Approval Date:	
Approved By:	

PARK RENTAL APPLICATION

Event Information			
Date of Event:		Event Name:	
Event Coordinator Name:			
Mailing Address:			
Email Address:			
Phone Number:		Village Resident? \square Yes \square No	
Approximate Number of Attendees:		Time of Event:	
Event Purpose:			
Will alcohol be sold at the event? ☐ Yes ☐ No (If Yes, Picnic License is required)			
Is Street Closure Required? \square Yes \square No		If yes, what Street(s)?	
 □ Veterans Park Facilities being used: □ East Pavilion □ West Pavilion and Stand □ Bathrooms □ Diamond Lights (\$20 charge) 			
☐ Lions Park			
☐ Tower Park			
Facilities being used: Pavilion			
Park Rental Fees			
Permit Type	Fee		
Pavilion and Bathroom Rental Fee	□ \$100.00 / Day Residents □ \$150.00 / Day Non-Residents		
West Ball Fields (Major)	□ \$20.00 / Day Residents □ \$25.00 / Day Non-Residents		
Diamond Lights	□ \$20.00 / Day		
Security Deposit	□ \$50.00 / Rental Day		
Total Due:	<u> </u>		

Applicant Ackno	wledgement	
Reservations will not be secured unless the above information is complete and accurate. The Administrator or designee approves all rentals and determines any restrictions or additional fees. Any parties that wish to have fees modified/waived must submit a formal request to the Village Administrator. Any person or group wishing to request to reserve a Village facility must submit this completed contract form with appropriate fee and deposit to the Village Office. Requests will be accepted on a first-come, first served basis. CANCELLATION — The full fee and deposit amounts will be refunded if the reserving party cancels the reservation not later than seven (7) days prior to the reservation date. Cancellations after seven (7) days prior to the reservation date will receive a refund of the full deposit and half the rental fee.		
By signing below, I hereby acknowledge that I have completed the above information to the best of my knowledge, read the above information, received a copy of the Rental Rules, and will agree to all said rules and guidelines governing the use of the Village Park Shelters.		
Signature:	Date:	

Rental Application Review (Office Use Only)		
Is the application complete? \square Yes \square No		
Is the date requested available		
Is proof of insurance required? ☐ Yes ☐ No		
Is Village named as secondary insured? \square Yes \square No		
Is a Street Use Permit Required? ☐ Yes ☐ No		
Will alcohol be sold during event? \square Yes \square No		
Has picnic license been applied for? $\ \square$ Yes $\ \square$ No	Has license been approved? \square Yes \square No	
Has a licensed operator been listed? \square Yes \square No	Has law enforcement been contacted? \square Yes \square No	
Is secondary dumpster required for event? \square Yes \square No		
Have rental fees been paid? \square Yes \square No	Check#	
Has security deposit been received? \square Yes \square No	Check#	
Is rental approved? ☐ Yes ☐ No		
Has calendar been updated? ☐ Yes ☐ No		
Key Number Issued?		
Date Key Issued:	Date Key Returned:	
Deposit Returned? ☐ Yes ☐ No	Date Deposit Returned:	