Revised 7-21-2023

Permit must be submitted at least 30 days before AN event date.

Permit Number		

CITY OF GRAYLING MULTI-USE PERMIT

Please check below for the type of	of permit being reques	ted (mark all	that apply): Use black or blue ink	
			tion for Use of City Park Pavillion	
	Council Chambers	[] Other _		
Name of Organization:				
Address:				
Contact Person:			Telephone Number:	
Alternate Contact Person:			Alternate Telephone Number:	
Date(s) requested:			Time(s) requested / Hours of Operation:	
Alternate Date(s) / Time(s) in case of car	cellation due to inclement v	weather or other	unforeseen events:	
Location(s) of Event (attach a separate s	neet if necessary):			
Purpose / Type of Event (attach a separa	te sheet if necessary):			
Will the organization be doing any cookin	g? [] Yes [] No	Will there be	any items offered for sale? [] Yes [] No	
What will be used for a power supply, if a	nything?			
What chemicals will be on location, if any	?			
What will parking arrangements be? (atta	ch a separate sheet, if nec	essarv)		
	•	,,		
Do you have any special needs or reques	ets for this event? [] Ves	[] No. If V	es, please explain (attach a separate sheet if necessay):	
bo you have any special fields of reques	no for this event: [] res	[]NO II I	25, please explain (attach a separate sheet ii necessay).	
I have read and agree that we wil	I abide by all of the co	nditions that	apply.	
Signature:			Date:	
	OFFICE USE	ONLY		
These special conditions apply	to applicant as mar	ked (as well	as all noted on the reverse side):	
[] Supply a Certificate of insurance indicating the City of Grayling as a co-insured party.				
[] Supply a \$50.00 security dep cleaned your security deposit pos	•		000), if the attached list of items are not	
[] Keep a copy of the approved	-		ueu	
[] No Alcohol Allowed.				
[] City Park closes at 10:00 PM	, unless otherwise rec	quested and a	approved.	
[] The City reserves the right to	cancel this event due	to unsafe co	nditions.	
[] Do not Block Fire Hydrants.				
Maintain 18 ft. safety lanes for emergengy equipment / vehicles. Obtain a copy of City Park - Council Room - Nature Center Rules				

OFFICE USE ONLY

Conditions / Advisory Comments:					
Receipting Information	Application Received By:	Date:			
[] Received Certificate of Insurance	Employee Initials:	Date:			
[] Received Security Deposit ck#	Employee Initials:	Date:			
[] Returned Security Deposit ck#	Employee Initials:	Date:			
[] Entered into Reservation Book - Initials &	م Date:	[] Entered onto Online Calendar - Initials & Date:			
Application Review:					
[] Request Approved					
[] Request Denied Reason:					
Signature: Erich Podjaske, City Mal	nager	Date:			
	idgo.				
Route Copy To:					
[] Police Department					
[] Fire Department [] DPW					
[] Other:					
CUSTODIAN ONLY-CHECK LIST	Date Checker Date (Checke Date Checke Date Checked			
[] Furniture back in same orientation	on	JANITOR NOTES			
	[] Tables, Chairs, Counter Top & Coffee Pot Cleaned				
[] Projection Screen Cleaned and put up					
[] Restrooms Clean of trash					
[] Restrooms Clean (Nov 1 - March 31st nature center use only)					
Restrooms Clean (Nov 1 - March	31st nature center use o	nnlv)			
 Restrooms Clean (Nov 1 - March Thermostat temperature to 60 de					
	egrees (winter) 70 degrees	es (summer)			

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