

DRAFT
Park Use Permit Application

Applicant Information

Company Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Alternative Phone Number: _____
Fax Number: _____ E-mail address; _____

Permit Type (check one)

- Single day Date: _____ Time: _____
 Ongoing (up to 12 months) Please list dates and times you wish to be in the park:

Park Information

Park: _____
Location within Park: _____
First alternative location within Park: _____
Second alternative location within Park: _____
Second park (if 1st choice is not available): _____

Business/Event Information

Please list the exact services/products you will offer and the prices of each:

Estimated number of participants and spectators: _____

Fee charged to participants: \$ _____

Description of equipment used by applicant (include picture):

Permits Information

If applicable, do you have a food sales permit issued by the Williamson County Health and Human Services Department? _____. Please list permit number _____. If you do not have a health permit, you must have one before you sign a contract (if applicable).

Insurance Information

The applicant shall procure and maintain in force for the duration of this permit, liability insurance against any claim for injury to a person or damage to property which may arise from, or in connection with, the use of the park or lake by the applicant and its agents,

Last update 9/29/10

representatives, volunteers, employees, subcontractors, invitees, and all registrants in the applicant's program. The Comprehensive General Liability Insurance should have a combined single limit of \$1,000,000 per occurrence. The applicant shall procure and maintain such insurance coverage at its own expense. The applicant shall provide proof of insurance prior to the execution of this permit and at such other times as demanded by the City. The applicant shall ensure that the City is named as an additional insured on such policy. The applicant shall provide a Certificate of Insurance with the types and amounts of coverage and a copy of the paid receipt showing the policy has been paid in full. Statutory Worker's Compensation Insurance may be necessary.

Minimum program requirements

At the time contract is signed, applicant must provide documentation of the following:

Health and Safety Requirements:

- a. Certification from a reputable fitness training organization for all representatives.
- b. First Aid and CPR certified instructors; cell phone access to report medical emergencies.
- c. Calendar/documentation illustrating requested dates/times.
- d. Special events may have additional requirements depending on the nature of the event.

Risk Management Requirements:

- a. General Liability Insurance
- b. Instructor and participant waivers
- c. Emergency Action Plan

Business Experience Requirements:

- a. At least one (1) year of documented business experience.
- b. Current Sales Tax Permit (if applicable)
- c. Reliable business contact information (phone, website, business hours)
- d. Class size limitations (per industry standards)

Waiver

Applicant agrees that, in consideration of permission to use the park facility for the conduct of the activity or event applicant will maintain the present condition of the park. Applicant is responsible for any damage to the grounds or facilities that are a direct or indirect result of the activity, whether caused by participants, referee, coach, spectator, etc of the activity. Applicant shall at all times comply with all laws and ordinances and all rules and regulations of Municipal, State and Federal Government authorities relating to the conduct of the activity authorized herein. Applicant shall fully indemnify, protect and hold harmless the City of Pflugerville, its employees and agents from all claims, demands, and causes of actions of every kind and character, including the of defense thereof, for any injury to, including death of, persons and any losses for damages to property caused by or alleged to be caused, arising out of, either directly or indirectly or in connection with this agreement or the activities authorized to be performed hereunder.

Groups are not allowed to disrupt the activities of other users in the park. Applicant is responsible for the conduct of their group.

Fee Structure

Business will pay City a fee for use of the park grounds/facilities as it applies to the following applicable uses. Please check the box that best describes you business activity or event.

- One-time use activity \$30.00 per use Business, vendor or individual providing a service or selling an item for profit on a non ongoing bases.

- Special events \$100.00 per event A one-time event where members of the public are invited to attend, donations may be requested, but no entry fees may be collected.

- Instructional/fitness/
health/recreation classes
or programs 20% of gross revenues Private, nonprofit organization or commercial business requesting to use the park on ongoing bases to run instructional/fitness/health/recreation classes or programs.

- Youth day camps 10% of gross revenues Private, nonprofit organization or commercial business requesting to use the park on an ongoing bases to run youth day camps.

Payment for one time use and special events must be received prior to use. Entities paying 20% of gross payments must be received monthly, no later than the 10th day following the month. Upon three days written notice, the applicant agrees to provide the City with access to all of its books and financial records, including, but not limited to, accounting records and banking records, in order to verify the amount of payments due to the City.

Verification

I verify that all of the above information is true. I have also read, understand and I am willing to comply with the business/event use permit policies and procedures set by the City of Pflugerville Parks and Recreation Department.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Application Received _____ Payment Due _____

Dates for the permit _____ Payment Received _____

Date Permit Approved _____ Payment Type Check Cash Credit Card

Date Applicant Notified _____ Receipt Number _____

Exhibits Received

- A- Park & facility use permit
- B- Liability Insurance
- C- Calendar/ documentation of event dates and times
- D- Emergency Action Plan
- E- Sales tax permit (if necessary)
- F Copy of participant waiver
- G- Required certifications

Notes: _____

Parks and Recreation Department Approval

Parks and Recreation Director or designee

Date

Please complete this application and return to the
City of Pflugerville Parks and Recreation Department
Attn: Amy Atkins
Mailing Address:
P.O. Box 589
Pflugerville, TX. 78691
Fax: (512) 990-0932
E-mail: amya@cityofpflugerville.com