



PARK USE PERMIT APPLICATION

CONTACT INFORMATION

FULL NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

EVENT DETAILS

DATE:	SETUP TIME:	START TIME:	OFF SITE:
ESTIMATED ATTENDANCE:			
LOCATION(S): V1 V2 V3 V4 V5 V6 SP1 SP2 SP3 R1 R2 R3 D1 D2 D3			

*Air jumps only allowed at these locations: V1, V2, V4, V5, SP3, R1, R2

AIR JUMP COMPANY: _____

*You must use a vendor from the approved vendor list or the company will need to apply for an Imperial Beach business license.

ACTIVITIES

<input type="checkbox"/>	PRIVATE GATHERING (25+)	<input type="checkbox"/>	CANOPIES (5 OR MORE 10X10 POPUPS)
<input type="checkbox"/>	AIR JUMP	<input type="checkbox"/>	LARGE TENT
<input type="checkbox"/>	BATTERY POWERED SOUND (INCLUDING BLUETOOTH)	<input type="checkbox"/>	DECORATIONS (NO BALLOONS, CONFETTI, PINATAS, ETC.)

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEVE THE ABOVE STATEMENTS ARE TRUE AND CORRECT. ON BEHALF OF AND AS AUTHORIZED BY THE PERMITTEE, I CERTIFY THAT THE PERMITTEE AGREE TO REIMBURSE THE CITY OF IMPERIAL BEACH FOR ANY LOSS OR DAMAGE TO THE PREMISES CAUSED BY THIS USAGE, AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY FROM AND AGAINST ANY/ALL LIABILITY WHICH MAY ARISE FROM THE USE OF THE PREMISES OR EQUIPMENT BY THE PERMITTEE, INCLUDING BUT NOT LIMITED TO THE ACTIONS OF THE PARTICIPANTS, SPECTATORS AND OTHER ATTENDEES. FURTHER, ON BEHALF OF THE PERMITTEE, I AGREE THAT I SHALL BE THE RESPONSIBLE PERSON WHO WILL BE PRESENT THROUGHOUT THE ENTIRE PERIOD OF THE ACTIVITY FOR WHICH THE PERMIT IS ISSUED AND WILL BE PRIMARILY RESPONSIBLE FOR THE PERMITTEE'S ADHERENCE TO THE REGULATIONS GOVERNING THE USE OF THE CITY FACILITIES.

APPLICANT'S SIGNATURE: _____ DATE: _____