

**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:	
Hours of Use:	AM / PM	Park Location:	
Will Sound Amplifiers be used? *Yes [    ]    No [    ] <i>* If YES, Amplified Device Permit Required</i>		Date Applied for Amplified Device Permit:	
Approximate Number of Attendants:		Is Usage of the Facility for Public or Private Use?	Public [    ]    Private [    ]
Insurance Carrier:		Type of Insurance:	
Phone Number:		Name of Policy Holder:	

**DESCRIPTION OF PROPOSED USE:**

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<p>Applicant's Certification:</p> <p>I hereby certify that all information on this application is true and correct to the best of my knowledge.</p> <p>_____ Date</p> <p>Applicant's Signature</p> <p>_____ Date</p> <p>Clerk's Signature</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Application Submitted:</td> <td></td> </tr> <tr> <td>Date Reported to Board:</td> <td></td> </tr> <tr> <td>Date Approved:</td> <td></td> </tr> <tr> <td>Permit Fee:</td> <td>\$ 10.00</td> </tr> <tr> <td>Date Paid:</td> <td></td> </tr> </table>	Application Submitted:		Date Reported to Board:		Date Approved:		Permit Fee:	\$ 10.00	Date Paid:	
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