



# CITY OF COBURG Facilities Use Application

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_  
 Received Deposit  Yes  No Check Number \_\_\_\_\_

### Applicant Information

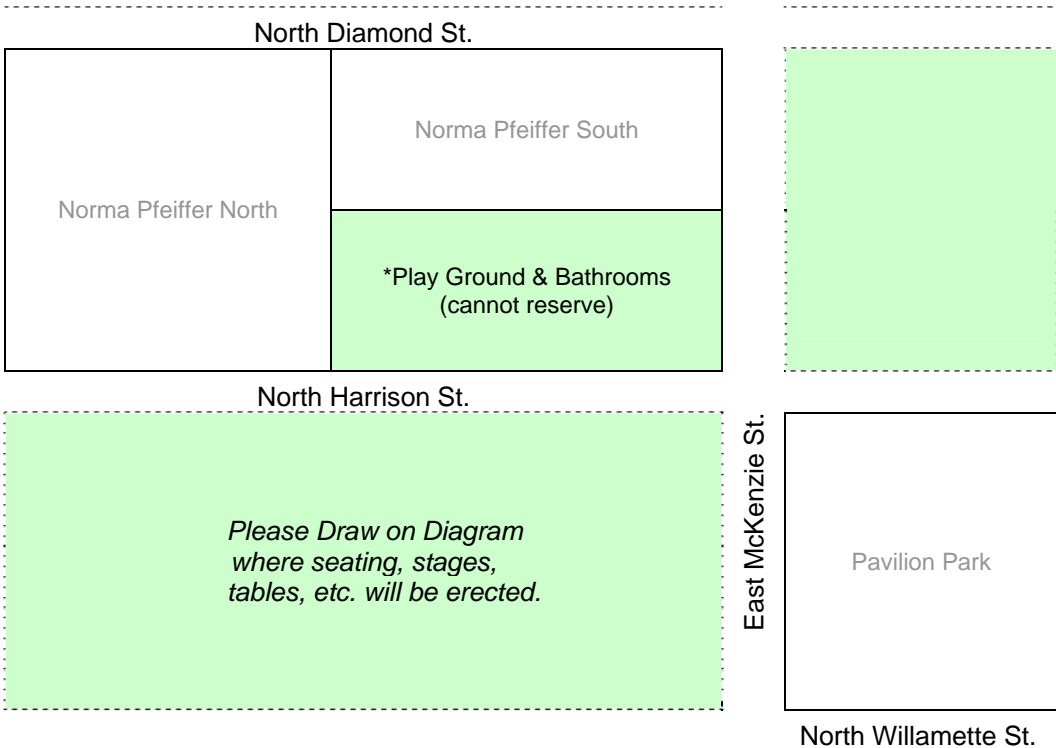
Applicant Name \_\_\_\_\_ Applicant Phone \_\_\_\_\_  
 Applicant Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Mailing Address (If different than above) \_\_\_\_\_  
 Contact Person (If different than applicant) \_\_\_\_\_  
 Name of Organization (If applicable) \_\_\_\_\_

### Facilities Use Information

Park Facility Requested (please circle all that apply):

Pavilion \$50    Norma Pfeiffer North \$25    Norma Pfeiffer South \$25    Moody Park \$25    Other: \_\_\_\_\_

\*Area of Norma Pfeiffer Park with Playground Equipment and Restrooms cannot be reserved. This area is to remain available to the general public at all times.



Date(s) \_\_\_\_\_ Times \_\_\_\_\_  
 Set Up and Clean Up Times \_\_\_\_\_  
 Estimated # of Participants \_\_\_\_\_  
 Type of Event/Activity (please describe) \_\_\_\_\_  
 Projected City Staff Needed \_\_\_\_\_  
 Projected Equipment Needed \_\_\_\_\_

Will Food be served:  Yes  No  
 Will Food be sold:  Yes  No  
 Will Alcoholic beverage be served:  Yes  No  
 Only beer/wine allowed. (Attach Certificate of Liquor Liability Insurance. No alcohol permitted in play ground area.)  
 Will Alcoholic beverage be served:  Yes  No  
 Only beer/wine allowed. (Attach OLCC Permit and Certificate of Liquor Liability Insurance.)  
 Will Electricity be needed:  Yes  No  
 Will Merchandise be sold:  Yes  No  
 Will Amplified sound be used:  Yes  No  
 What times will amplified sound be used: \_\_\_\_\_  
 Will booths or stages be created:  Yes  No

**City Fee Schedule:** *(The City reserves the right to suspend some/all fees to local not for profit events.)*  
 Public Safety fees and Public Works fees..... \$20.00 per staff hour  
 All actual costs of repair or replacement equipment shall be billed..... Amount to be determined

**Appeal Process:**  
 Any billing disputes arising from facility use may be appealed to the Coburg City Council. Such appeal must be filed at City Hall within 10 working days of billing. There will be no fee for this appeal.

**I certify** that I am the authorized representative of the above organization, that the above statements are true to the best of my knowledge. I agree to be responsible for the safe keeping of the facilities used for the above activity and for payment of all charges. I further agree that the City property will be used in accordance with the ordinances adopted by the City of Coburg. I acknowledge copies of local ordinances were made available to me.

I personally, and on behalf of the above organization, agree that I and the organization shall indemnify, defend and hold harmless the City of Coburg, its officers, agents and employees from any claims, actions, liability or costs, including attorney fees and other costs of defense, arising out of or in any way related to the use and occupancy allowed under this agreement and arising from the sole or joint negligence of the user, its members, officers, agents, spectators or invitees. I understand the issuing entity is in no way a co-sponsor of this event and shall not be represented as such.

The User shall be responsible for any loss, damage or destruction of its own property, equipment and materials connected with this activity. The User agrees to reimburse the City for any loss, labor, damage or destruction of property and/or equipment associated with this activity.

All Users of City of Coburg property shall comply with all federal, state and municipal laws and regulations.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permit Approval/Denial** *(office use only)*  
 Application Approved  (Permission granted to proceed with request)  
 Application Denied  because \_\_\_\_\_  
**Signature of Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**CITY OF COBURG** P.O. BOX 8316 91069 NORTH WILLAMETTE STREET  
 COBURG, OREGON 97408 PHONE 541-682-7850 FAX 541-485-0655