

DEPARTMENT OF PARKS & RECREATION

683 Oak Street - Post Office Box 179 – Franklin, Virginia 23851
(757)562-2475 – bwilkerson@franklinva.com

APPLICATION FORM – ACTIVITIES/RENTAL OF FACILITIES Barrett's Landing Bathrooms

Name or Sponsoring Organization _____
Address _____ City _____
Contact Person _____ Telephone # _____
E-mail Address _____ Is this a Fundraising Activity? Yes _____ No _____
If yes, Purpose? _____ Estimated Attendance _____
Date(s) of Activity _____ Time (start/finish) _____
Nature of Activity _____
Requested Area _____
Rental Fee _____ \$50 _____ Security Deposit _____ \$50 _____ Date Paid _____
Will food and beverages be served? Yes _____ No _____ Will food be sold? Yes _____ No _____
Will ABC license be applied for? Yes _____ No _____

NOTE: The applicant may not consider this application approved until the applicant receives a copy of this form with the appropriate box checked and signed. All special equipment such as tables, chairs, p/a system, etc., will have to be arranged by the sponsoring organization. For all activities/rentals of department facilities, in which food will be sold, a special events packet from the Franklin Health Department will be given to the contact person of the event. It will be the applicant's responsibility to contact the Health Department and apply for a temporary food permit.

NOTE: The security deposit is not refundable.

Signature of Applicant Date

A conference is required: _____ Approved _____ Disapproved _____

Facility not available _____ Police Officers required _____

Director of Parks & Recreation Date



OFFICE USE ONLY

Rental Fee of _____ and Security Deposit of _____ was paid on _____

Check _____

Cash _____

Signature

Date