

MONTEITH PARK USE PERMIT

Town Of Dillsboro
Post Office Box 1088
Dillsboro, NC 28725
(828) 586-1439

Organization/Applicant: _____

Address: _____

Telephone Number: _____ Alternate Number: _____

Date Requested for Use: _____ Hours of Use: _____

Area Requested for Use: _____ Date of Application: _____

Failure to abide by all rules and regulations set forth in this Use Permit and/or failure to disclose information regarding activities will result in the revocation of Use Permit, immediate eviction from the premises, and forfeiture of all fees and deposits.

Use Fee: \$25.00 Fee Waived (Non-Profit Use) Security Deposit: \$25.00

TERMS OF USE

1. A \$25.00 non-refundable Use Fee and \$25.00 refundable Security Deposit must be paid before the facility can be reserved.
2. A signed Use Permit is for the designated area only. No other area of the park is considered reserved by the Use Permit and remains open for public use.
3. The designated area is reserved only for the time set forth in the Use Permit.
4. All vehicles must remain in designated parking areas.
5. Liability insurance is the responsibility of the organization/person requesting the Use Permit and must be provided to the Town of Dillsboro prior to use.
6. Restrooms will remain open during times set forth in the Use Permit.
7. Special arrangements for use of electricity are required in advance.
8. Cancellations must be made no less than four working days prior the use date for a full refund of the Use Fee.
9. All activities must be approved by the Town of Dillsboro prior to park use.
10. The Organization/Applicant assumes responsibility for any damages incurred during use.
11. It is the responsibility of the Organization/Applicant to remove all trash and leave the facility clean.
12. The \$25.00 refundable Security Deposit will be returned within seven days of the date of use if no damage is incurred and all trash is removed following the use of park facilities.
13. No fires are permitted.
14. **ALCOHOLIC BEVERAGES ARE PROHIBITED ON PARK PREMISES.**

Signature of Organization/Applicant: _____

Application: APPROVED DENIED Date: _____

Signature for Town of Dillsboro: _____