



Village of Turtle Lake Park Reservation / Exclusive Use Permit Application

114 Martin Ave East ♦ PO Box 11 ♦ Turtle Lake WI 54889 ♦ (715) 986-2241

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>Permit Required—Apply at Clerk's Office</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:

Applicant's Certification:

I hereby certify that all information on this application is true and correct to the best of my knowledge.

_____ Applicant's Signature Date

_____ Clerk's Signature Date

Application Submitted:	
Date Reported to Board:	
Date Approved:	
Permit Fee:	\$ 75.00
Date Paid:	