



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: | \$ 10.00 |
| Date Paid: | |