

OFFICE USE Staff time					
<u> </u>					
Permit #					

Facility Use Application for the GAP PARK | 133 S. Main Street | Hinesville, GA 31313

CONTACT INFORMATION:

Organization/Business N	ame:				_
Contact Name:					
Mailing Address:	(Street)		(City) (State) (Zip Code)		
Telephone:	(Daytime) _		(C	'ell)	
Email:					
EVENT INFOR	MATION: **GRI	LLS. W	ATER SLIDES AND FARM	A ANIMALS ARE PROHII	BITE
.				ublicPrivate	
Attendance expected When you are	l: At expecting more than	tendanc <mark>i 49 peo</mark>	e of previous events, if app ple, an outdoor permit is re	<mark>quired.</mark>)
			TD: e C		-
Event times: Start (actua Do you require electi	l event times)		(time facility is requested	End l, to include set-up/clean-up)
Will admission fee be	e charged? Yes	_No	Amount / Ages:		
Will you have vendor	rs? YesNo		Are their services/produ	cts for sale? YesNo	
Will alcohol be prese	, who will provide? (nt? NoYesSei	circle) Pro	of. Caterer - Self/Group Cater old (Circle) Alcohol permit approve sembly permits to the application	al date if selling:	
Is your event pet frie	ndly? YesNo			ce, all dogs must be on leashe	?s.)
Please write a brief of	description about ev	ent:			

***Typical fees that may include, but are not limited to, are security deposit, staffing fee and/or usage fee.

^{*}Absolutely no firearms, or illegal drugs allowed on premises. Failure to comply will result in prosecution and ban from utilizing facility.