



**Milford Recreation  
City Facilities Use Permit  
Application and  
Permitting Process**



**Milford Recreation Department**  
Parsons Government Complex  
70 West River Street  
Milford, CT 06460  
phone: 203-783-3280

## Facilities Use Permitting Process

**An “Application for the Use of City Facilities” shall be made in writing to department responsible for the facility (see page 2) at least thirty (30) days in advance of the event.**

**No event is guaranteed until all requirements are met and approval is issued.**

- 1) Contact the department responsible for the requested facility to determine if the date(s) are available. (see page 2 for a list of facility locations and responsible departments.)
- 2) Obtain and complete the “Application for City Facilities Use Form” from the Milford Recreation website: [www.milfordrecreation.com](http://www.milfordrecreation.com) or email [recdesk@milfordct.gov](mailto:recdesk@milfordct.gov) to obtain a copy.
- 3) Contact an insurance agent to obtain a Certificate of Insurance & Endorsements (see attached Insurance Requirements to ensure insurance minimums are met).
- 4) Once Certificate of Insurance & endorsements meet requirements, submit a digital copy to the Recreation Department via email: [recdesk@milfordct.gov](mailto:recdesk@milfordct.gov). Hard copies may be delivered to Milford Recreation Department at Parsons Government Complex: 70 West River Street, Milford, CT 06460.
- 5) Contact the Public Works Department (203-783-3265) to request electricity, garbage cans, safety fencing, tables/chairs (max of 10 tables & max of 30 chairs if available at location).
- 6) Contact the Milford Health Department (203-783-3285) for license requirements and healthy/safety approvals.
- 7) Contact the Fire Marshal's Office (203-874-6321) if event includes auxiliary tents/structures, electricity/generators, or carnival type games, etc., (Charcoal grills/open fires are PROHIBITED)
- 8) Contact the Milford Police Department (203-878-6551) for security, crowd control, traffic control (the applicant may be responsible for providing police coverage). If event is a road race/walk see special instructions on page 2.
- 9) Sign and notarize attached Indemnity Agreement.
- 10) Submit complete application along with appropriate fees, event set-up diagram, Certificate of Insurance and endorsements to the department responsible for the facility for final event approval.



**Milford Recreation Department**  
Parsons Government Complex  
70 West River Street  
Milford, CT 06460  
phone: 203-783-3280

## Facility Contacts

**For all city facilities other than below, contact the Recreation Department to determine if the date(s) are available prior to completing this form. Approval is at discretion of the department.**

### City Hall Auditorium

Recreation Department  
phone: 203-783-3280  
email: [bgarfield@milfordct.gov](mailto:bgarfield@milfordct.gov)

### Milford Senior Center

Milford Senior Center  
phone: 203-877-5131  
email: [jmjmilfordseniorcenter@yahoo.com](mailto:jmjmilfordseniorcenter@yahoo.com)

### Milford Lisman Landing

Milford Lisman Landing  
phone: 203-874-1610  
email: [jdonegan@milfordct.gov](mailto:jdonegan@milfordct.gov)

### Fowler Building

Recreation Department  
phone: 203-783-3280  
email: [bgarfield@milfordct.gov](mailto:bgarfield@milfordct.gov)

### Parsons Complex Conference Rooms

Community Development  
phone: 203-783-3230  
email: [bconway@milfordct.gov](mailto:bconway@milfordct.gov)

### Trubee Dolittle Park

Borough of Woodmont  
phone: (203) 874-4430  
web: [Boroughofwoodmont.us](http://Boroughofwoodmont.us)

### Library Program Room

Library Business Office  
phone: 203-783-3291  
email: [thomasd@milfordct.gov](mailto:thomasd@milfordct.gov)

### Parsons Veteran's Memorial Auditorium

Recreation Department  
phone: 203-783-3280  
email: [bgarfield@milfordct.gov](mailto:bgarfield@milfordct.gov)

## Road Race/Walk Special Instructions

Organizers of road races/walks shall submit the following information to the Traffic Division of the Milford Police Department. The Traffic Division may be reached at (203) 878-5244 or [Traffic@milfordct.gov](mailto:Traffic@milfordct.gov) and the required information may be emailed.

Be sure to include the following in your correspondence:

1. Copy of the required insurance and executed indemnity agreement
2. Letter to Chief of Police stating the following:
  - a. Name of Race/Walk
  - b. Date/Time/Location
  - c. Map of the route, including where volunteers will be posted, water and aid stations
  - d. Start/Finish time, including race day registration time
  - e. Estimated attendance for event
  - f. Number of officers requested/needed (minimum of 1 officer)

Organizers of road races/walks who plan to use Silver Sands Boardwalk within the boundaries of Silver Sands State Park must also contact Mr. Joseph Maler of CT DEEP at 203-735-4311 or [joseph.maler@ct.gov](mailto:joseph.maler@ct.gov) for state approvals.



Milford Recreation Department  
 Parsons Government Complex  
 70 West River Street  
 Milford, CT 06460  
 phone: 203-783-3280

## Application for Use of City Facilities

**Applicant:** \_\_\_\_\_

**Contact #1:** \_\_\_\_\_ **Contact #2:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Purpose of Event:** \_\_\_\_\_

**Is this an overnight event? (If yes, please explain):** \_\_\_\_\_

**Date(s) Requested:** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Facility Requested:**

- \_\_\_ City Green: Center Green
- \_\_\_ City Green: Green's End
- \_\_\_ Duck Pond: City Hall
- \_\_\_ Duck Pond: North Street
- \_\_\_ Eisenhower Park: North Street Lower Field
- \_\_\_ Eisenhower Park: Tennis Courts
- \_\_\_ Fowler Field Building
- \_\_\_ Fowler Park: Basketball Courts
- \_\_\_ Fowler Park: Rotary Pavilion
- \_\_\_ Fowler Park: Tennis Courts
- \_\_\_ Gulf Beach: Beach Area
- \_\_\_ Margaret Egan Center
- \_\_\_ McCann Natatorium
- \_\_\_ Milford Lisman Landing
- \_\_\_ Parsons Gov't Center: Gymnasium
- \_\_\_ Parsons Gov't Center: Veterans Memorial Auditorium
- \_\_\_ Trubee Doolittle Park
- \_\_\_ Walnut Beach: Beach Area
- \_\_\_ Walnut Beach: Casey Pavilion
- \_\_\_ Walnut Beach: Devon Rotary Pavilion
- \_\_\_ Other: \_\_\_\_\_

**Estimated # of Attendees:** \_\_\_\_\_

\*\*If for security measures, the City of Milford, its agents and/or representatives determine it is necessary for traffic and/or crowd control, the applicant shall be required to provided police coverage at applicants sole cost and expense.

**Will admission/exhibitor fee be charged? If yes, explain fee(s) to be charged:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\*\*For use of Library program room, commercial transactions (selling), charging fees and soliciting (including asking attendees personal information or to sign attendance lists) are prohibited.

**Will food or beverages be:**

Sold          Served          Allowed          None

**Will there be food/beverage vendors?**

Yes    No

**Will there be LP-Gas Cooking?**

Yes    No

**Will alcohol be:**

Sold          Served          Allowed          None

**If yes to any of the above, please explain:** \_\_\_\_\_

**\*\*Food/beverage vendors are required to submit a complete temporary food permit application to the Milford Health Department 10-working days prior to the event.** All food/beverage vendors must meet the Milford Health Department regulations, which are available at the Milford Health Department. Serving and/or allowing alcohol requires Liquor Liability Insurance and an additional liquor permit per ordinances 15-3e and 15-4.



**Milford Recreation Department**  
 Parsons Government Complex  
 70 West River Street  
 Milford, CT 06460  
 phone: 203-783-3280

## Application for Use of City Facilities

**Applicant:** \_\_\_\_\_

**Will there be amplified sound?**    Yes    No                      **Type:**    Live Band    Amplified Music    DJ    PA System

Amplified sound is allowed Sunday-Thursday from 9am to 8pm and Friday & Saturday from 8am to 10pm. The peace and quiet of the surrounding neighborhoods must not be disturbed by the amplified sound from this event. The police may respond to complaints and determine the reasonableness of the sound. If it is determined that the level of sound is unreasonable the police have the right to terminate the permit.

**Please describe set-up and clean-up plans (detailed diagram of set-up must be attached):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are making Auxiliary Requests for City Facilities, please mark below and explain request:**

*(Additional fees may apply and not all items available at all locations)*

- Electricity
- Garbage Cans
- Restrooms
- Safety Fencing
- Tables/Chairs - Max 10 tables and 30 chairs (if available at location)
- Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All fees payable by cash, money order or bank check. Check shall be made payable to the City of Milford. Cleanup Bond to be paid by separate money order or bank check. Police and Fire to be paid directly to those departments. At least two (2) business days prior to the event, the Applicant shall contact the Public Works Department at (203) 783-3265 to confirm the availability of any special items that have been requested. Restroom keys may be obtained from the Recreation Department one (1) business day prior to the event and must be returned on the first business day following the event. Rules and regulations governing the use of the requested facility are attached. The Applicant hereby acknowledges that it has read and will adhere to all applicable rules and regulations. Additional rules and regulations may apply. Please consult the appropriate City Department(s). Any violation(s) of these rules and regulations shall be cause to revoke this and/all other permits of the Applicant. The City reserves the right to deny an application for any reason, including but not limited to inadequate insurance coverage as determined by the City in its sole discretion. The aforesaid Applicant agrees to provide a Certificate of Insurance and Indemnification Agreement satisfactory to the City of Milford.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Organization)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Non-Profit 501c3 Number)

**PLEASE CONTINUE TO NEXT PAGE FOR INSTRUCTIONS ON MAINTAINING MANDATORY DEPARTMENTAL APPROVALS.**



Milford Recreation Department  
Parsons Government Complex  
70 West River Street  
Milford, CT 06460  
phone: 203-783-3280

# Application for Use of City Facilities Department Approvals

**Applicant:** \_\_\_\_\_

Applications must be approved by the below departments prior to final approval by the Recreation Director.

## Fire Department Approval

\_\_\_\_\_  
(Fire Marshal) (Date)

Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Police Department Approval

\_\_\_\_\_  
(Police Department) (Date)

Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Public Works/Maintenance Approval

\_\_\_\_\_  
(Public Works Director) (Date)

Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health Department Approval

\_\_\_\_\_  
(Health Department) (Date)

Comments, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Recreation Department Final Approval

**Prior to final approval by the Recreation Director, please ensure the following documents are attached/emailed to [bgarfield@milfordct.gov](mailto:bgarfield@milfordct.gov):**

- \_\_\_ Certificate of Insurance
- \_\_\_ Indemnification Agreement
- \_\_\_ Event set-up diagram

\_\_\_\_\_  
(Recreation Director) (Date)



Milford Recreation Department  
Parsons Government Complex  
70 West River Street  
Milford, CT 06460  
phone: 203-783-3280

# Indemnity Agreement

**Indemnitor:** \_\_\_\_\_  
(name of applicant/organization/event holder)

**Event:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_

In consideration for permission to hold the above-described event within the territorial limits of the City of Milford on the aforesaid date(s) the above-named INDEMNITOR does hereby indemnify and hold harmless the CITY OF MILFORD for any and all claims for damages or injury to persons or property to the extent of the INDEMNITOR'S insurance coverage as required by the City of Milford which may arise out of the INDEMNITOR'S use of the public places, which are accepted in an "as is" condition.

Indemnification shall include the duty to expend reasonable attorney's fees for the defense of any such claim. Except as to general premises liability, it is understood and agreed that indemnification does not extend to claims for injuries or damages which are caused by the negligence or other misconduct of City officials or employees on the day(s) of the above-described event, and does not extend to any location not under the control of the INDEMNITOR and does not extend to circumstances which are completely unrelated to the activities of the INDEMNITOR. The INDEMNITOR shall provide the City of Milford with a Certificate of Insurance in the amount and form acceptable to the City.

This Agreement shall supersede any and all indemnity or hold harmless agreements previously executed for the above-named INDEMNITOR to be held on the aforesaid date(s), and has been approved by the Milford City Attorney's Office as sufficient to constitute the sole indemnity agreement for the above-described event between the CITY OF MILFORD and the above-named INDEMNITOR.

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, 2023.

**INDEMNITOR:** \_\_\_\_\_  
(Name of Applicant/Organization/Event Holder)

**In the presence of:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By:** \_\_\_\_\_  
(Printed Name of Person Signing)

**Its** \_\_\_\_\_, **duly authorized**  
(Title)

**STATE OF CONNECTICUT** )  
 )  
**COUNTY OF NEW HAVEN** )

**ss.** \_\_\_\_\_; 2023

Personally appeared \_\_\_\_\_ signer  
(Name of Applicant/Organization/Event Holder)

and sealer of the foregoing instrument, by \_\_\_\_\_ it's duly  
(Name of Person Signing)

authorized and who acknowledged same to be \_\_\_\_\_ free act and deed, before me.  
(His/Her)

**My Commission Expires:** \_\_\_\_\_ **Notary Public Signature:** \_\_\_\_\_



Milford Recreation Department  
Parsons Government Complex  
70 West River Street  
Milford, CT 06460  
phone: 203-783-3280

## Insurance Requirements for Use of Facilities

**Insurance requirements for the use of City Facilities have changed effective January 1, 2016.**

**The City now requires limits in the amount of:**

General Liability:	\$1,000,000.00 per occurrence
General Aggregate:	\$2,000,000.00
Excess:	\$2,000,000.00

**Please provide your insurance agent with a copy of this notice prior to submitting your Certificate of Insurance to the City.** Certificates of Insurance are required to be submitted to the City of Milford, together with your application for use of the facility, at least one (1) week prior to the date of use and must:

- 1) Identify the City of Milford as a certificate holder.
- 2) Name the City of Milford and Milford Board Education, its Governing Board, Official, Agents and Employees as additional insureds.
- 3) Include the language "on a primary, non-contributory basis" and "waiver of subrogation applies in favor of the City of Milford and Milford Board of Education and all other required parties". Copies of the endorsements for the additional insured and primary non-contributory, waiver of subrogation language must be provided.
- 4) Events where alcoholic beverages will be served/sold must include Liquor Liability coverage with limits \$1,000,000 per occurrence and \$2,000,000 aggregate.
- 5) Sports Leagues/Camps/Clinics must include Sexual Abuse and Molestation coverage with limits of \$1,000,000 per occurrence and \$2,000,000 aggregate.

**The City of Milford reserves the right in its sole discretion to require additional insurance.**

**\*\*Samples of insurance requirements can be found on the next page.**



/milfordrecreation



@milfordrecreation



@milford\_rec\_ct

#discovermilfordrec



**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE REVISED 11/16  
Date of Policy

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

PRODUCER  
Insurance Agent Name & Address

INSURED  
Applicant's Name & Address

**COVERAGES** **CERTIFICATE NUMBER: CL1332803492** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WAIVER OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POL. NO.	INSURER	POLICY NUMBER	INSURANCE COVERAGE	AMOUNT
GENERAL LIABILITY				BODILY DAMAGE	\$ 2,000,000
				PERSONAL AND ADVERTISING INJURY	\$ 2,000,000
				PRODUCTS-COMPLETED OPERATIONS LIABILITY	\$ 2,000,000
				EXCESS LIABILITY	\$ 2,000,000
				LIQUOR LIABILITY (if serving alcohol)	\$ 1,000,000 / \$ 2,000,000
				SEXUAL ASSAULT & MOLESTATION (if a sports team / league)	\$ 1,000,000 / \$ 2,000,000

**CERTIFICATE HOLDER:** City of Milford, 110 River Street, Milford, CT 06460

**CANCELLATION:** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 28 (2009-08) © 1988-2009 ACORD CORPORATION. All rights reserved. IN5625 (03/06) The ACORD name and logo are registered marks of ACORD.

COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary and Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**\*\*Minimum insurance requirements:**

**General Liability: \$1,000,000 per occurrence**

**General Aggregate: \$2,000,000**

**Excess Liability: \$2,000,000 per occurrence**

**Liquor Liability(if serving): \$1,000,000 / \$2,000,000**

CG 20 01 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 1

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Person Or Organization:

CITY OF MILFORD, MILFORD BOARD OF EDUCATION, ITS GOVERNING BOARD, OFFICIALS, AGENTS AND EMPLOYEES

**SAMPLE**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8, **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

CG 24 04 05 09

© Insurance Services Office, Inc., 2008

Page 1 of 1

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

Policy Number:  
Insured:

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)

City of Milford  
110 River Street  
Milford, CT 06460

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**SAMPLE**

Section II - **WHO IS AN INSURED** is amended to include as an insured person(s) the person(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf.

We do warrant that any of the additional insureds named herein are liable for occurrences arising out of the named insured's acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

CG 20 26 07 04

© ISO Properties, Inc., 2004

Page 1 of 1



**Milford Recreation Department**  
 Parsons Government Complex  
 70 West River Street  
 Milford, CT 06460  
 phone: 203-783-3280

## Milford Recreation Facility Use Fees

- **Gulf Beach Parking**
- **Walnut Beach Parking**

**Fees:**  
 \$5.00 per hour – metered parking per day per car (Walnut Beach only)  
 \$40.00 per day – metered parking per day per car  
 \$250.00 Non-Resident Season Pass – available for purchase at the Milford Recreation Department.



Free parking with current Milford Beach sticker.  
 For sticker, contact the Milford Tax Collector's Office.

For all parking, the City reserves the right, in its sole discretion, to determine if parking is validated. All questions regarding parking fines shall be directed to the Traffic Division of the Milford Police Department, 430 Boston Post Road, Milford, CT. The Traffic Division is open Monday through Friday 8:30am to 4:00pm.

- **City Park, Pavilion and Field Facilities**

**Fees:**  
 \$100.00 per use – no electricity  
 \$150.00 per use – if electricity is required

**Additional Fees:**  
 \$150.00 – Safety fencing (required if alcohol present at event)  
 \$250.00 – 12-yard garbage dumpster\*  
 \$400.00 – 20-yard garbage dumpster\*  
 \*Requirement of garbage dumpster and size at the discretion of the Public Works Director

- **Parsons Veterans' Memorial Auditorium**

*Company/Organization limited to one(1) event per calendar year.*

**Facility Rental for Per Day Use:**  
 \$1,500.00 per use\* (Monday through Thursday)  
 \$2,500.00 per use\* (Friday and Saturday)  
 \$2,000.00 per use\* (Sunday)  
 \$500.00 Cleaning Fee\*  
 \$300.00 Dressing Room use  
 \$50.00 per hour – Stagehand\Sound Manager  
 \$50.00 per hour – Lighting

(Cleaning fee subject to additional costs per the evaluation of the Public Works Department)

**\*\$1,000.00 non-refundable deposit required to reserve date. Deposit will be applied to Use Fee.**  
 For all events, the City reserves the right, in its sole discretion, to determine if staff is required. Additional fees may be charged for necessary city personnel at such staff member's contractual hourly rate.