

OFFICE USE ONLY
Rental Number: _____
Routed to: _____
_____
_____

## Parking Lot Permit Application

Permits must be submitted at least 14 days prior to requested date for groups of 10 or more.

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Organization: \_\_\_\_\_  
*(Person responsible) (Date of birth) (\*Must provide a certificate of liability insurance.)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of park and location of lot: \_\_\_\_\_ Approx number of vehicles expected: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Fees (if applicable): \$ \_\_\_\_\_

**\*Organization provided a certificate of liability insurance.**

Yes No

### PARK PERMIT RULES: The individual or organization listed above understands the following:

1. If you are an organization, using any MPRD Facility, you will be required to provide us with a \$1,000,000.00 Certificate of Liability Insurance, naming the Mundelein Park District as additionally insured on the policy.
2. Consumption of alcoholic beverages or products is prohibited on park district park grounds.
3. Permit holder is responsible for any damage to park grounds.
4. Permit holder assumes liability for all persons in attendance.
5. Permit holder is responsible for cleaning up trash, decorations, food, etc. before leaving the park.
6. Permit holder will vacate the park grounds at the hour approved or earlier.
7. All permits are contingent upon weather conditions. The park district reserves the right to cancel permits as necessary.
8. The Mundelein Park & Recreation District is not responsible for lost, stolen or damaged properties of the Permit holder.

I confirm that I have read and understand the Permit Rules, that the above information has been completed honestly and accurately, and further understand if any information is found not to be true, the permit event will be cancelled by the Park District and my security deposit will be forfeited.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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AUTHORIZATION	Approved    Denied    By Facility Supervisor: _____ Date: _____ Instructions: _____ _____ _____
PAYMENT	Deposit Amt: \$ _____ Date: _____ Cash: _____ Check#: _____ By: _____ Rental Amt: \$ _____ Credit Card:    Visa    MC    Disc    Amex    Auth # _____
STAFF REPORT	Employee Assigned: _____ Pre-rental Inspection Time of Arrival: _____ Time of Departure: _____ Condition of Facility Prior to Event: _____ _____ _____ Time of Arrival: _____ Time of Departure: _____ Condition of Facility After Event: _____ _____ _____ List Any Damages or Problems: _____ _____ _____ Signature of Employee: _____ Date: _____
SUPERVISOR'S REVIEW	Amount of Deposit to be Refunded: _____ Facility Supervisor: _____ Date: _____ Comments: _____ _____ _____
REF PROCESS	Date Requested: _____ Requested by: _____ Amount: _____ Date Processed: _____ Processed by: _____ Date Mailed: _____ By: _____

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