

**Jennings County Parks and Recreation**  
**Special Use/Event Permit**

Name of event: _____	Date/s of event: _____
Name of applicant: _____	Organization: _____
Address of applicant: _____	Home ph: _____ cell ph: _____
Applicant is a: County entity___      501c3___      Neither a County entity or 501c3___	

**Description of Event**

1. General description of event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Description of targeted participants: \_\_\_\_\_  
\_\_\_\_\_
3. Number of expected total participants: \_\_\_\_\_
4. Fee per participant, if applicable: NA \_\_\_ \_\_\_\_\_
5. Number of applicant-recruited event workers: \_\_\_\_\_
6. Specific park facilities and services needed for event:
  - a) park buildings by name: \_\_\_\_\_
  - b) park areas/spaces: \_\_\_\_\_
  - c) services of park staff: \_\_\_\_\_
  - d) other: \_\_\_\_\_
7. Specific adaptations/changes to park facilities and property needed for event: \_\_\_\_\_  
\_\_\_\_\_
8. Specific actions by applicant to return park facilities and property to pre-event status: \_\_\_\_\_  
\_\_\_\_\_
9. Amenities, equipment, or other supplies applicant will provide during event: NA \_\_\_ \_\_\_\_\_
10. Description of food or non-food items for sale during event: NA \_\_\_ \_\_\_\_\_
11. Does each vendor selling food have documentation from the Jennings County Health Department and is documentation attached to this document? NA \_\_\_ Yes \_\_\_ No \_\_\_
12. Name of vendor/s procured for event: NA \_\_\_ \_\_\_\_\_
13. Has each vendor participating in event received a JCPR vendor permit, and are copies of all vendor permits attached to this document? NA \_\_\_ Yes \_\_\_ No \_\_\_

(continued on page 2)

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14. Sub-events: (Please provide a brief description of each major sub-activity or part of the event described above, start to finish):

- a) \_\_\_\_\_  
\_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_  
\_\_\_\_\_
- d) \_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY THE PARK SUPERINTENDENT**

Description of any additional requirements of the applicant, not addressed above:

- a) \_\_\_\_\_  
\_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_  
\_\_\_\_\_

Description of costs associated with the requirements described in this permit:

- a) \_\_\_\_\_  
\_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_  
\_\_\_\_\_

Total costs to applicant: \_\_\_\_\_ Due date for payment of total costs: \_\_\_\_\_

My signature below attests to my agreement with this binding permit that includes the event description, all event requirements prior, during and after the event, and the event costs as described above:

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
date signed

\_\_\_\_\_  
Signature of Park Superintendent

\_\_\_\_\_  
date signed

\*Original to be provided to applicant along with all relevant State Board of Accounts receipts

\*Copy to be maintained by park administration

**Note:** To reserve park facilities for this same time slot for next year, reservations must be confirmed with park administration within 7/10 days following the date of this event.