	Fee	Paid	Refund
Application	\$25.00		
Permit	\$15.00		
Security Deposit	\$200.00		
Per Day Event Fee	\$150.00/Hour		

## **Application For Temporary Use Permit**

## **Community Pool Rental**

Submit applications to: Town of Aurora Parks and Recreation 575 Oakwood Ave. East Aurora, NY 14052 Telephone (716) 652-8866 Fax: (716) 652-5646

## ALL REQUESTS MUST BE MADE NO LESS THAN 30 DAYS IN ADVANCE OF EVENT/USE.

1.	Name of Organization:			
2.	Individual Responsible for this request:			
3.	Address:			
4.	Telephone number:			
5.	Fax:			
6.	Email Address:			
7.	Date(s) of event			
8.	Hours of use: Startam/pm Endam/pm			
9.	Description of the event or use:			
10.	. Specific area(s) requested a. Community Pool			
	b. Pavilion			
11.	. Specific equipment to be brought in to park (porta johns, tents, etc.)			
12.	Estimated attendance:			
13.	13. Will food or drinks be served outside of the pool area? If yes, describe:			
14.	14. Will there be sound amplification or music? If yes, describe:			

I make this application and agree to abide by the **Guidelines for use of Community Pool Park.** 

Signature of Applicant	Date
Official Use Only Below this Line	
Event:	
Attachments submitted:	
Indemnification Agreement	
Certificate of Insurance	
Copy of application for sign permit, if a copy of approved sign permit must be THAN 5 days prior to scheduled event	filed with the Town Clerk NO LATER
Application Department of Parks and Re	
Action by Town Board:	
The Town Board, upon review of the applic	cation request # submitted by
(organiz	ation or individual) took the following
action,	
with or without conditions (as applicable)	and noted below:
Approved:	Date:
Supervisor Signature	
Denied:Supervisor Signature	Date:
Supervisor Signature	
Conditions: Requesting organization shall attach a	completed Certificate of Insurance with

Minimum Limits to include public liability coverage with limits of \$1,000,000 each occurrence; property damage insurance with limits of \$1,000,000 each occurrence. Policy shall be endorsed to include the Town of Aurora as an additional named insured.

\_\_\_\_\_ Requesting organization shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.

\_\_\_\_ Other