APPLICATION FOR LICENSE TO USE COUNTY-OWNED PROPERTY

This application may be used to apply for a License to use County owned property. The application must be submitted at least twenty (20) days prior to the proposed date of the requested use. Please send the completed application to:

Facilities Development & Operations Department (FDO)

PBCFacilityUsePermit@pbcgov.org

2633 Vista Parkway

West Palm Beach, FL 33411-5603

ATTN: Director Telephone: 561-233-0220 / Fax: 561-233-0206

Upon approval of the application by FDO, the property will be reserved and the user will be informed of any Special Conditions of Use, and fees for the Use as defined herein. Any fees are due prior to the Use.

1. USER/APPLICANT			
Name of Applicant: Name of Organization/Licensee:			
Address:			
City:	Sta	ate: Zi	p:
Phone: () – Email:			
Name of the Authorized Representative : Type of Entity: Public Agency 2. REQUESTED PROPERTY Name of Property: (Please include room or area requested)	Non-Profit (Specify)		
Address:			
City:	Sta	ite: Zip	o:
3. NATURE OF USE: (Please check one)			
☐ Training ☐ Educational	Recreational	Meeting	
☐ Non-profit Event ☐ Other			

Does Use include the sale of Goods and/or Services?
Will User charge an Admission Fee and/or Participation Fee?
Amount to be charged for Admission Fee and/or Participation Fee:
Detailed description of the nature and purpose of use (attach additional sheets as necessary):
4. FOOD AND BEVERAGE
Use includes food and/or beverage?
Use includes the sale, use or consumption of alcohol? Yes No Note: A custodial fee may be imposed if the Use involves food and/or beverages.
5. DATE AND TIME OF USE
Date(s) of Use:
Time(s) of Use:: AM/PM: AM/PM
6. EQUIPMENT
Amount of Equipment Requested: Tables Chairs All equipment contained or used within the Facility is subject to approval by the Department.
7. ADDITIONAL USERS
Organization(s)/individual(s) participating in use, if other than Applicant (attach additional pages
to list more organization(s)/individual(s)):
Name:
Address:
City: State: Zip:
Phone: () – Email:
Contact Person: ,
Type of Entity: Public Agency Non-Profit Other [Specify]
8. VENDORS
List all vendors of the Event:

9. ADV	ERTISIN	G					
Will the	event be a	dvertis	ed to the Public	? Yes	☐ No		
If yes, b	y what me	ans?:	Radio	☐ TV	Other		
TO BE I	PROVIDE	D BY	FDO (After eva	aluation of the	Application):	
1. F	EES AND	ADDI	ΓΙΟΝΑL CHAI	RGES			
		Licens	se Fees	\$		_	
			dial Fees	\$		_	
			ee Costs	\$		_	
		Other	Costs	\$		_	
2. S	necial Con	ditions	of Use: See	attached Exhib	oit A-1		
			ensee to comply	with the terms		ate:	
Printed N	Vame and T	Title of	Authorized Rep	presentative			
APPRO	VED BY:						
Director,	Facilities	Develo	pment & Opera	tions Departme		ate:	
OTHER :	DEPARTN	MENTA	AL REVIEW (I	f necessary):			
					D	ate:	
Signature	e of Directo	or of D	epartment				

EXHIBIT "A-1"

Special Conditions of Use re Standard License Agreement For Commercial Activity