

EVENT DATE \_\_\_\_\_

DATE

### CITY PAVILION APPLICATION



\_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_  
 \_\_\_\_\_ RENTAL \$ \_\_\_\_\_  
 \_\_\_\_\_ INSURANCE \_\_\_\_\_  
 \_\_\_\_\_ KEY P/U \$ \_\_\_\_\_  
 \_\_\_\_\_ KEY RETURNED  YES  NO  
 \_\_\_\_\_ REFUND DUE  YES  NO

CITY OF VICKSBURG  
 OFFICE OF THE CITY CLERK  
 1401 WALNUT STREET  
 VICKSBURG, MS 39180

PLEASE TYPE OR PRINT LEGIBLY

\_\_\_\_\_

APPLICANT NAME

\_\_\_\_\_

GROUP/ORGANIZATION

\_\_\_\_\_

PRIMARY CONTACT PERSON (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_

ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

\_\_\_\_\_

PHONE DAYTIME	CELL	EVENING	FAX
_____	_____	_____	_____

\_\_\_\_\_

TYPE OF EVENT

AREA REQUESTED  CITY PARK PAVILION  SHERMAN AVENUE PAVILION

DATE REQUESTED \_\_\_\_/\_\_\_\_/\_\_\_\_

EVENT HOURS: STARTING TIME \_\_\_\_\_ AM \_\_\_\_\_ PM ENDING TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM

WILL THE EVENT BE OPEN TO THE PUBLIC?  YES  NO ESTIMATED ATTENDANCE: \_\_\_\_\_

WILL FEES OR OTHER DONATIONS BE REQUIRED FRO ATTENDANCE?  YES  NO

A Security Deposit in the amount of \$100.00 will be required at the time of application. A security deposit is to cover any damage to the facility other than normal wear and tear to reserve the date of rental. Applicant shall be responsible for any damaged, missing or broken items. If the deposit is insufficient to cover damages, the balance owed will be assessed against the Applicant.

The Rental Fee for the facility is \$75.00. The rental fee must be paid in full no later than 5 business days prior to the date of rental. In case of cancellation, the deposit will be forfeited. Rental fees will be refunded in full if reservation is cancelled prior to the event. Cancellations must be in writing and received by the City Clerk's Office during normal business hours.

Liability Insurance is required either through the City or proof of insurance coverage in an amount not less than one (1) million dollars. A Liability Insurance Policy that is acquired by the applicant must show the Board of Mayor and Aldermen of the City of Vicksburg as additional insurers. Proof of Insurance must be provided prior to rental of the facility. Applicant shall also hold the Board of Mayor and Aldermen of the City of Vicksburg, its successors, employees and any and all other persons so associated with the City harmless from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, both known and unknown that may arise as a result of this event. Payment for insurance through the City is non-refundable.

Security is required. Security must be provided by a reputable company, group, or individual(s) that is approved by the City of Vicksburg. Security must be present during the entire event.

Security Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address of Security Company: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I fully understand that this application does not confirm any request until it has been signed and dated by the City Clerk's Office of the City of Vicksburg, at which time a copy will be given to me or my designee, or mailed to the address designated above. I also acknowledge that I have received a copy and have read, understand and agree to all rules and regulations as outlined in the Pavilion Policy. I further acknowledge that all the information provided on this form is true and correct. I understand that if my application is approved for rental of the facility for my event, that failure to honor each provision of the Pavilion Policy will be considered a breach by the City of Vicksburg and will allow for immediate termination of the event. If the event is shut down by the City of Vicksburg, Applicant will not be entitled to any refund of monies paid and the City of Vicksburg may pursue any legal remedies for damages, if any, caused by Applicant's breach. Upon approval of the application, any addendums, modification or changes to the application must be in writing and approved. I further agree to hold the City of Vicksburg and its officials, employees, and agents harmless from and against any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, both known and unknown that may arise as a result of this event.

\_\_\_\_\_  
(Print) Applicant's Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPROVED  DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INSURANCE POLICY THROUGH CITY OF VICKSBURG:  YES  NO

IF NOT PURCHASED THROUGH THE CITY, IS A COPY OF THE CERTIFICATE OF INSURANCE:

ATTACHED  ON FILE

APPLICANT'S INSURANCE COMPANY IF NOT WITH CITY: \_\_\_\_\_