

City of Homestead Parks & Recreation Department

Facility Use Permit Application



Personal Information

Company Name _____

****If Non-Profit Organization, must provide 501-C3 form****

First Name _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # _____ Other # _____

E-mail address _____

Event Information

Date of Event _____

Event Description _____

Pavilion Rental Yes No

Park Choice: (Circle one)

JD Redd Park James Archer Smith Harris Field Mistretta Park Myr. Roscoe Warren Park

Setup Time _____ Clean-up Time _____ Pavilion # _____

Will you be having a bounce house? Yes No ****Bounce houses requires general liability insurance****

Expected number of people _____

Will alcohol be served/sold? Yes No ****Liquor liability is needed if alcohol is being sold****

Field Rental Information

Type of Sport _____

Date(s): From _____ To _____ (If multiple dates)

Time(s): From _____ To _____ **** lighting fees will be charged after 7pm ****

Number of fields requested _____ Need the field lined/marked? Yes No