

Town of Warren, RI Facility Use Permit

NUMBER OF PEOPLE _____

DATE OF FILING _____

Organization: _____	Contact Person: _____
Mailing Address: _____	Email Address: _____
Phone #: _____	Purpose of Use: _____
Date of Use: _____	Time: _____
FACILITY REQUESTING: _____	
USERS NEEDS: _____ Entertainment _____ Alcohol _____ Food Trucks _____ Games	
_____ Additional Structures _____ Clambake	

RECREATION USE ONLY:			
REQUIRED DOCUMENTS:	_____ Insurance binder	_____ Game Schedule	_____ Liquor License
	_____ Entertainment License	_____ Approved Food Trucks	_____ Keys
	_____ Detail needed	_____ Trash Removal	_____ Porta Johns
DEPARTMENT APPROVAL:	_____ Police	_____ Fire	_____ Public Works _____ Town Council
AFTER USE:	_____ Keys returned	_____ Facility Clean	_____ Deposit Returned

	FEES	Check #	DATE	
Deposit	\$ _____	_____	_____	** \$50 deposit fee returned upon a clean inspection of the facility after use.
Rental Fee	\$ _____	_____	_____	
Clambake Fee	\$ _____	_____	_____	
PAYMENT COMPLETE _____ DOCUMENTS COMPLETE _____ EMAIL APPROVAL _____				

I, the undersigned have read the rules and regulations regarding the use of facilities in the Town of Warren. I shall be present and assume personal responsibility. I also understand that no alcohol is allowed unless a liquor license is on file and that parking is only allowed in designated areas. Furthermore, the above organization agrees to indemnify and hold the Town of Warren harmless from any and all claims arising from the organization's use of the Warren Recreation Facilities.

Signature _____ Date _____

Approval _____ Date _____