



INCORPORATED VILLAGE OF OCEAN BEACH

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457
TEL: (631) 583-5940 FAX: (631) 583-7597

APPLICATION FOR USE OF VILLAGE FACILITIES
NON-REFUNDABLE (FEE: TO BE DETERMINED)

Today's Date: _____ Date(s) Requested: _____

Facility Requested: _____

Time Requested: From: _____ (am/pm) To: _____ (am/pm)

INFORMATION ABOUT YOUR GROUP:

Name of Individual or Organization: _____

Name of Individual in Charge: _____

Mailing Address: _____

Telephone Numbers: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF VILLAGE FACILITY:

Purpose of Use: _____

Total Participants Expected: _____ Number of Adults: _____ Number of Children: _____

Number of Residents: _____ Number of Non Residents: _____

Is Material or Equipment Required from Municipality? Yes _____ No _____

If Needed, State What Types and for What Purpose: _____

Is an Admission Fee Charged? Yes _____ No _____ If yes, what will proceeds be used for? _____

*****Certificate of Insurance evidencing a minimum of \$1,000,000 and naming the Village as an additional insured is required***

AGREEMENT

The undersigned is over 21 years of age and has read this form. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of _____ does hereby covenant and agree to defend, indemnify and hold harmless the Village of Ocean Beach from and against any and all liability, loss, damages, claims, or actions (including costs and legal fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Village of Ocean Beach's property, facilities, and/or services by _____

Signature of Representative

Printed Name of Representative

Address of Representative

Telephone of Representative

FOR OFFICE USE ONLY

Action Taken: Use Approved: _____
Comments/Conditions: _____

Use Denied: _____
Comments: _____

Date of Action

Signature of Administrator

Signature of Mayor

Date Application Received: _____ **Fee Paid: \$** _____ **Cash Receipt No.:** _____