

CITY OF MONTROSE

APPLICATION/PERMIT FOR FACILITY USE

FACILITY _____ **DATE** _____

NAME _____

ADDRESS _____

TELEPHONE: WORK _____ **HOME** _____

EMPLOYER NAME & ADDRESS _____

TYPE OF EVENT _____

PUBLIC: yes no PRIVATE: yes no MUSIC: yes no

ALCOHOL: yes no CATERER: yes no
Provided by: _____ **Name** _____

KITCHEN: yes no ADDITIONAL EQUIP _____

DATE OF EVENT _____ **HOURS** _____

DATE & TIME FOR SET-UP _____

Signature of Applicant

Date

Signature – City of Montrose

Date