



CITY OF CLINTON

PLANNING AND DEVELOPMENT DEPARTMENT

227 Lisbon Street
Clinton, North Carolina 28328

APPLICATION FOR USE OF CLINTON CITY MARKET

Date(s) of proposed use _____

Time to be used: _____ a.m. – p.m. _____ a.m. – p.m.

Purpose of use: _____

Number of persons using facility: Total _____

IN MAKING THIS REQUEST, THE UNDERSIGNED AGREES TO ACCEPT THE FOLLOWING
CONDITIONS AND REQUIREMENTS FOR SUCH INTENDED USE.

1. Rental fees are **non-refundable**.
2. Deposit must be paid in cash before rental use. If the reservation time exceeds the time reserved an additional time requirement fee of \$25.00 per additional hour will be deducted from the deposit to cover this expense.
3. Facility Guard must be paid in cash before time of use. They must be paid for the time requested on the facility reservation form. If the reservation time exceeds the time reserved an additional time requirement fee will be deducted from the deposit to cover this expense.
4. User should inspect facility with staff before and after usage to determine condition of facility.
5. User must clean area and return facility/equipment to proper/prior condition.
6. User shall abide by the Clinton Planning and Development policy on facility use. (policy attached) If permission for the requested usage is granted by the Planning and Development Department the individual and/or organization making such request will assume all responsibility for any damage done to facility property and/or equipment by any participant in the user's activity during the period of usage, and in like manner will assume full responsibility for any injury or possible fatality that may be suffered by any of the participants in the user's activity.

Request made by _____

Name of Organization/Group/Individual

Address of Organization/Group/Individual _____

Telephone Number of Applicant (Home) _____ (Work)

Date of Request _____ Signature _____

-----**FEES AND CHARGES (Office Use Only)**-----

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_____ Deposit Fee

_____ Facility Guard Fee

_____ Date Paid

_____ Date Paid

Date _____ Deposit Returned to _____ by Staff _____

Staff Approval _____