City of Central Falls
Application for Permit

Name of Organization			
Address of Organization			
Place of event			
Requesting Permit For: (List type of event)		**Date & Time**	
Authorized or Contact Person		**Telephone/Cell #/Pager # (Indicate if Pager)**	

(To be completed for use of City Property/Outdoor Activity and other Special Events)

Approval of Fire Chief (where applicable)			
Approval of Recreation Director Required for all recreational facilities (excluding Jenks Park)	_____ **Signature**	_____ **Date**	**Comments/Restrictions**
Approval of Chief of Police Required for all OUTDOOR EVENTS Ie: Parades/Carnivals/Community events.	_____ **Signature**	_____ **Date**	**Comments/Restrictions**

General Release & Indemnity Agreement

The above organization in consideration of the permit granted by the City Council as above requested hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims as a result of the issuance of this permit and or use of any City Property, including, but not limited to, property damages and personal injuries resulting from the same.

Signature of Authorized Agent of Organization:_____ **date**_____

Signature Witnessed by;_____ **date** _____

City Council will hear request for application on: _____ _____

Applicant must attend Yes ☐ **No** ☐ **(date)** **(time)**

Office Use

Permit

Permit approved on:_____ **Proof of Insurance:**_____ **#Detail Officers**_____

Policy Number/Exp.Date

Attendance Limited to:_____ **Other Restrictions/requirements:**_____

Signed:_____ **Issued on:**_____ **Seal**

City Clerk