

**APPENDIX A-1**  
**DEPARTMENT OF RECREATION AND PARKS**  
**Town of Avon, 60 West Main St., Avon, CT 06001**  
**APPLICATION FOR USE OF TOWN OF AVON PUBLIC PLACES**  
**(Please Print or Type)**

Name of Public Place \_\_\_\_\_

Name & Address of Organization \_\_\_\_\_

Facilities Desired \_\_\_\_\_ # of People Expected \_\_\_\_\_

Date or Dates Desired (List each separately. If application is for a weekly function, please state the beginning and ending dates).  
\_\_\_\_\_

Purpose of Use \_\_\_\_\_

Type of Activities To Be Conducted (Please be complete & specific as each activity requires separate approval  
\_\_\_\_\_

Time Activity Will Start: \_\_\_\_\_ Time Activity Will End: \_\_\_\_\_

Building to be opened at: \_\_\_\_\_ Building to be closed at: \_\_\_\_\_

What Type of Food and/or Beverage will you be serving \_\_\_\_\_

KITCHEN FACILITIES (Use of Equipment) Yes \_\_\_ No \_\_\_ Specify \_\_\_\_\_

Will You Be Charging Admission? Yes \_\_\_ No \_\_\_ If yes, proceeds will go to? \_\_\_\_\_

Any person issued a permit shall observe all rules, regulations and ordinances adopted by the Town of Avon. The person to whom a permit is issued shall agree to be liable for any loss, damage or injury sustained by any person or property whatsoever by reason of negligence on the part of any person engaged in the activity being sponsored under the permit and shall agree to hold the Town and any of its agents, servants and employees harmless from any and all losses caused by the permittee or any person engaged in activity being sponsored under the permit.

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME/CELL # \_\_\_\_\_

TITLE OF APPLICANT (IF ORGANIZATION) \_\_\_\_\_

EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ (If applicable)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**OFFICE USE ONLY**

Special Permit YES \_\_\_ NO \_\_\_  
Approved YES \_\_\_ NO \_\_\_  
Key Needed YES \_\_\_ NO \_\_\_  
Certificate of Insurance YES \_\_\_ NO \_\_\_  
Review By Town Council YES \_\_\_ NO \_\_\_  
Approved by Town Council YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
TYPE OF PERMIT

\_\_\_\_\_  
Director of Recreation and Parks

Date: \_\_\_\_\_

Copy: Building & Grounds

Site Inspection Required \_\_\_\_\_ Facility Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

CC: Buildings & Grounds  
Police Department