APPPLICATION TO USBNANTICUKECH Y PROPERTY

Name of individual(s) or En			•
Telephone Nurnbers:	(cell)	(work)	(home)
E-mail Address:		. 	
Name of Applicants Insurance (Company:		
Insurance Policy Number:			·
State the specific City owned pro	operty which you propo	se to use:	
State the specific date(s) and tim		ne City owned property:	
State the specific purposes for w		he City owned property:	
State the anticipated number of in	ndividuals who will be	attending the proposed ev	vent:
Alcoholic beverages are not permitted property. By signing this application people attending the proposed even beverages on City owned property.	balaw wan will be gru	ทกพลยกงะทง และเคยแนะ ขบ	II HOL ALLY OL MIV
T/We, certify that the abov beverages will be consumed or pern	e information is true and nitted to be brought onto	I correct and If We confirm City owned property.	that no alcoholic
I/We also agree to return the use of the property. In that regard returned if the property is returned portion or all of the funds deposited does not preclude the City of Nan connected with my/our use of the	d, we will pay a \$100.0 ed in the same or better ted to cover the cost of ticoke from pursuing ar	condition than the City m	nay utilize a derstand that this
Witness			

Witness