



**Marina**  
757-787-1930



**Town Office**  
757-787-7117

**APPLICATION FOR USE OF POWELL MEMORIAL PARK**

A. To Be Completed by Applicant: \_\_\_\_\_

B. Printed Name and Address of Applicant/Organization Representative: \_\_\_\_\_

\_\_\_\_\_

C. Applicant's Contact Telephone Number and E-mail Address: \_\_\_\_\_

\_\_\_\_\_

1. Brief description of purpose of event/activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Expected number of persons in attendance at event: \_\_\_\_\_

3. Any temporary structures erected for the event must be removed during the reservation period. If any temporary structures will be erected for the event, please indicate the size and general location of each: \_\_\_\_\_

\_\_\_\_\_

4. Dates and times being requested for reservation of park:

Fee Schedule (Daily) - \$100 Use of Restrooms & Electric

\$ 75 Park Use Only

A Damage Deposit of \$25 per day Will Be Refunded After Inspection

5. Requested Date(s): \_\_\_\_\_

6. Please note that commercial, for-profit organizations are not permitted to reserve the park. If charging admission and/or allowing commercial sales, the applicant must be a nonprofit organization. If admission will be charged to attend this event, please indicate the amount of the fee or donation to be requested: \_\_\_\_\_

\_\_\_\_\_

7. Please attach a list of any and all vendors to be utilized for the event. (NOTE: Certificates of Insurance listing the Town of Wachapreague as an additional insured will be REQUIRED from each vendor no less than 2 days before the event is held.)

8. User Certification: I certify that the proposed and planned program or meeting will be conducted on a completely non-discriminatory basis and that no person will be denied admission or attendance on the basis of race, religion, national origin, age or life style or any other category protected by law. I understand the regulations governing the use of the park, as described in this application, and hereby assume full responsibility for meeting and complying with all regulations including, if requested, providing liability insurance coverage. I further understand that no illegal substances are allowed in the park and that no alcoholic beverages will be served without an ABC permit. (NOTE: Copies of ABC permits must be provided to the Town no less than 2 days before the event is held.) The park must be left clean including removal of trash. The Damage Deposit will be retained if the Town has to remove trash and/or clean the park and/or the gazebo after your event/activity.
9. Damages: Applicants/organizations using the park will be responsible for reimbursing the Town for the cost of any repairs of damage caused during events.

D. Signature of Applicant/Organization Representative: \_\_\_\_\_

\*Please make check/money order payable to the Town of Wachapreague (NOTE: \$25.00 service charge for all returned checks). All events are required to be concluded, leaving the park vacant, no later than 11 P.M. local time on the ending reservation date. Damage Deposit will be returned to the applicant's address noted in Section B above after a Town representative has inspected the park to verify that it has been cleaned up satisfactorily.

FOR TOWN USE ONLY

Application is: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason(s) for Disapproval\*\*\*: \_\_\_\_\_  
 \_\_\_\_\_

Charges: \_\_\_\_\_

Town Representative's Signature: \_\_\_\_\_

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Reasons for disapproval include, but are not limited to, events that: would be detrimental to Town residents' quiet enjoyment of their properties; require private or public security; would be too large for the size of the park and/or available parking due to the anticipated size of the crowd; lack of an ABC permit if alcoholic beverages will be served.