



TOWN OF NORTH BEACH
PO BOX 99
NORTH BEACH, MD 20714

2015 PUBLIC SPACE PERMIT APPLICATION

Date Submitted: _____ Date Facility is Needed: _____
Time Facility is Needed (start to finish): _____

The undersigned hereby applies for a license to use a public facility of the Town of North Beach, Maryland.

Name of person/organization applying: _____

Address: _____

Telephone Number: _____

Description of Event: _____

Facility to be used: (Complete reverse side): _____

.....

It is understood that all costs, including electricity and clean up shall be our responsibility. The Town Staff shall compute costs on reverse side of this form.

REPRESENTATIVE: (Printed) _____

REPRESENTATIVE: (Signature) _____

Contact Number for Day of Event: _____

.....

Fees Paid \$ _____

Permit No: _____

Stacy Wilkerson, Town Clerk

Richard Ball, Waterfront Manager

TOWN OF NORTH BEACH

Facility to be used:

_____ T- Section of Pier _____ Finger Piers – 1st, 2nd, 3rd and 7th (\$200.00)
_____ Pavilion _____ Wetlands Overlook Park
_____ Callis Park _____ Town Hall

FEES SCHEDULE
FOR USE OF PUBLIC FACILITIES
Maximum 6 hours per location

_____ Usage (\$350.00 per day for each location) \$_____
_____ Electric Requirement (\$100.00 for connection) \$_____
_____ Tent
_____ 20x20 \$400.00
_____ 20x30 \$600.00 \$_____
_____ Chairs (\$1.00 each) 120 available \$_____
_____ Tables (\$20.00 each) 10 available \$_____
6 foot round
_____ Pop Ups (\$25.00 each) 4 available \$_____
TOTAL \$_____

NOTICE

- 1) Free movement on other parts of the pier, boardwalk , beach and park will not be impeded.
2) The undersign agrees to assume the risk of loss to any property of myself, whether from breakage, damage, loss, theft, and disappearance of any other cause, for the duration of the event, including set up and closing. Further, I agree to indemnify and hold The Town of North Beach harmless from any and all claims, actions, damages, liability and expense including attorney’s fees in connection with loss of life, personal injury and /or damage that may be done or suffered by reason of my fault or negligence in the performance of or failure to perform my responsibilities.

Representative signature

Printed name

