

**MACKAY PAVILION  
FACILITY USE APPLICATION  
CITY OF LAKE ALFRED, FLORIDA**

**I. FACILITY INFORMATION**

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

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Approximate number of guests attending: Adults \_\_\_\_\_ Children \_\_\_\_\_

**NO ALCOHOLIC BEVERAGES PERMITTED ON THIS PROPERTY**

**II. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

I, \_\_\_\_\_ have received, read and understand the City of Lake Alfred building regulations, refunds and rules policy. I realize that my event/program will be terminated should it create any violation of the City of Lake Alfred's rules and regulations. I also understand that the responsible party/organization will be denied future use of all city facilities as a result of a violation of city rules and regulations.

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

**III. FACILITY**

MACKAY PAVILION \_\_\_\_\_

**IV. FEES**

PER Facility Rental Fee (\$50.00)	\$	50.00
7% Sales Tax	\$	3.50
<b>Total Amount Due</b>	<b>\$</b>	<b>53.50</b>

**MAKE CHECKS PAYABLE TO THE CITY OF LAKE ALFRED**

*(Cash if less than two weeks from the needed date)*

*For Office Use Only*

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

**BUILDING INSPECTED BY:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_