

**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: (W) _____ (H) _____ (C) _____

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
Total Amount Due	\$	53.50

MAKE CHECKS PAYABLE TO THE CITY OF LAKE ALFRED
(Cash if less than two weeks from the needed date)

Date Paid: _____ *For Office Use Only*
Receipt No. _____

BUILDING INSPECTED BY:

_____ Date/Time: _____