

**CITY OF CARROLLTON  
P. O. BOX 156  
CARROLLTON, KY 41008**

**Request To Use Point Park**

**I. APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

**II. DETAILS OF REQUEST:**

PURPOSE: \_\_\_\_\_

NAME ORGANIZATION/SPONSOR: \_\_\_\_\_

FOR PROFIT? \_\_\_\_\_ OR NON-PROFIT? \_\_\_\_\_

[IF NON-PROFIT: PLEASE INCLUDE IRS LETTER GRANTING TAX EXEMPT STATUS]

**REQUESTED**

**DATE (S) :** \_\_\_\_\_

USE PAVILION? YES \_\_\_\_\_ NO \_\_\_\_\_

USE BOAT RAMP? YES \_\_\_\_\_ NO \_\_\_\_\_

HOURS BOAT RAMP NEEDED: \_\_\_\_\_ A.M. TO \_\_\_\_\_ A.M.

\_\_\_\_\_ P.M. TO \_\_\_\_\_ P.M.

EXCLUSIVE USE OF BOAT RAMP? YES \_\_\_\_\_ NO \_\_\_\_\_

SHELTER HOUSE HAS HANDICAP ACCESSIBLE RESTROOMS FOR MEN AND WOMEN. [PORT-O-LETS AT YOUR EXPENSE. PLEASE MAKE NECESSARY ARRANGEMENTS.]

**III. CERTIFICATE OF INSURANCE**

A CERTIFICATE OF INSURANCE FOR \$500,000 MUST BE PROVIDED SEVEN (7) DAYS PRIOR TO THE ACTUAL USE OF THE POINT PARK. THE CERTIFICATE MUST LIST THE CITY A CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED.

**IV. CHARGES**

THE CITY MAY CHARGE A FEE OF \$1,000 TO THOSE ORGANIZATIONS THAT ARE FOR PROFIT. THIS FEE IS REQUIRED FOURTEEN (14) DAYS PRIOR TO THE ACTUAL USE OF THE PARK. CHECKS ARE TO BE MADE PAYABLE TO "CITY OF CARROLLTON".

**V. DEPOSIT**

FOR ALL NON TOURISM SPONSERED EVENTS THE CITY REQUIRES A DEPOSIT OF \$250 FOR DAMAGES AND/OR COSTS INCURRED FOR YOUR EVENT, TO BE PROVIDED SEVEN (7) DAYS PRIOR TO THE ACTUAL USE OF THE POINT PARK, PAYABLE TO "CITY OF CARROLLTON" AND DELIVERED TO THE CITY CLERK-TREASURER. THE DEPOSIT WILL BE RETURNED UPON INSPECTION BY THE CITY PUBLIC WORKS SUPER IF THE PARK IS RETURNED BACK TO NORMAL AFTER ALL EQUIPMENT, ETC. IS REMOVED FROM THE PARK.

**VI. SIGNATURE**

I HAVE READ AND UNDERSTAND THE ABOVE RULES AND REGULATIONS AND WILL COMPLY WITH ALL REQUESTS BY THE TIME(S) SET FORTH.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**\*\*FOR OFFICE USE ONLY\*\***

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

- ( ) PERMISSION GRANTED TO USE POINT PARK FOR ABOVE DATE(S)
- ( ) \$1,000 FEE RECEIVED
- ( ) \$ 250 DEPOSIT RECEIVED
- ( ) CERTIFICATE OF INSURANCE RECEIVED
- ( ) PERMISSION DENIED TO USE POINT PARK
- ( ) REASON(S) PERMISSION DENIED:
- ( ) CITY CLERK-TREASURER: \_\_\_\_\_
- OR: ASSISTANT CITY CLERK: \_\_\_\_\_
- OR: MAYOR: \_\_\_\_\_
- ( ) DATE: \_\_\_\_\_