



BUILDING, PARK SHELTER, & SPECIAL AREAS RENTAL APPLICATION

Persons must be at least 18 years of age to rent facilities and 21 years of age to obtain alcohol permit.

GENERAL INFORMATION (If Payee different than Responsible Party, please complete the back of this form)

Name of Responsible Party _____ Date of Birth _____
Organization (if any) _____ Tax Exempt number (attach proof) _____
Address _____
City _____ State _____ Zip _____
Email _____ Fax _____
Phone # during event _____ Evening Phone _____ Cell _____
Name of alternate contact _____ Phone _____

Building Rentals (check one)

Rotary EB Shurts Schuetze Recreation Center-Room(s) Requested _____
Will WPRF be cleaning the building? ____ Yes ____ No (Optional for rentals 7 hours or less)

Park Shelters & Special Areas (check one)

*Park Shelter _____ (name of park) Formal Gardens Band Shell Amphitheater
*Shelters are rented for a full day (10:00 am – 9:00 pm), but we do ask that you list your anticipated arrival and departure times

Arrival Time (include set-up time) _____ Departure Time (include clean-up time) _____
Date of event _____ Estimated Attendance _____
Purpose of Event _____

ALCOHOL PERMIT

*I will be providing alcohol beverages during the event and will comply with the alcohol agreement policies and procedures I have read. **Additional security (with fees) may be required.**

SIGNATURE _____ **Date** _____

Will there be sales of any kind? ____ Yes ____ No If yes, see policies & procedures
Will tents /temp. structures be used? ____ Yes ____ No If yes, see policies & procedures (Inflatable prohibited)

* I have received copies of WPRF's policies applicable to my rental(s), including a schedule of Park Facility Fees & Charges, and shall comply with all requirements they contain. I shall exercise the utmost care in the use of the facilities and will make good any damage from my use or my guests' use of the premises.

SIGNATURE _____ **Date** _____
(of responsible party)

Office Use Only!	Permit # _____	Receipt/Invoice # _____
Total Payment \$ _____ Cash Check Charge Account Credit	Date Received _____	
Usage Permit Approved By: _____	Date: _____	Time _____ Initials _____
Alcohol Authorization By: _____	Date: _____	

****IMPORTANT! BRING YOUR PERMIT COPY TO YOUR EVENT!**



City of Waukesha of Parks, Recreation and Forestry Department
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www.waukesha-wi.gov

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PAYEE CONTACT INFORMATION (please print):

First Name _____ Last Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

Email Address _____

Payment Method:

Please check one: Cash Check Visa MasterCard Discover