



TOWN OF LARKSPUR
9524 S. Spruce Mountain Road
P.O. Box 310
Larkspur, Colorado 80118
303-681-2324

PARK USE APPLICATION

PARK PERMIT # _____

DATE OF APPLICATION: _____

Name of Organization/Individual: _____

Organization/Individual Address: _____

Organization/Individual Phone # _____

RESPONSIBLE PARTY: _____

RESP. PARTY
ADDRESS: _____

RESP. PARTY PHONE # _____

DATE(S) OF EVENT: _____

HOURS OF USE: _____ ELECTRICITY REQUIRED: YES NO

ESTIMATED NUMBER OF PEOPLE IN PARTICIPATING: _____

WILL ALCOHOLIC BEVERAGES BE SOLD? YES NO

WILL AMPLIFIED SOUND BE USED AT THIS EVENT? YES NO

RESP. PARTY
SIGNATURE: _____

PARK PERMIT # _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

DEPOSIT DATE: _____ DEPOSIT AMOUNT: _____

DEPOSIT CHECK #: _____ DATE PERMIT ISSUED: _____

PARK USE FEE: _____ ADDITIONAL FEES: _____

TOTAL FEES: _____ CHECK #: _____

SIGNATURE OF PERSON ISSUING PERMIT: _____

DAMAGE OR CLEAN UP: _____

AMOUNT REFUNDED: _____ DATE REFUNDED: _____

REFUND CHECK # _____

SIGNATURE AND DATE
OF PERSON ACCEPTING
REFUND: _____