



**FOR-PROFIT PERMIT APPLICATION
OAK RIDGE TOWN PARK
GREEN SPACE, SIDEWALKS & TRAILS**

Date: _____

Permit #: _____

Business name and address: _____

Current fee-paying membership of business listed above: _____

Date(s)*: _____ From: _____ To: _____
Approximate time(s) of use*: From: _____ To: _____

Specific ORTP location(s) requested (*list all*)*: _____

Description of event(s)*: _____

Total number of participants using the park in single day*: _____
(*Provide in duplicate if multiple same-day visits*).

** Alternatively, attach schedule enumerating all event participants.*

Applicant's Contact Information

Name: _____ Print: _____

Address: _____ Town: _____ Zip: _____

Telephone: _____ ☐ Bus ☐ Cell ☐ Home E-mail: _____



*By signature below, Applicant acknowledges that they have read and thereby agrees to abide by the current for-profit policy and posted ORTP rules. Applicant hereby expressly agrees to indemnify and hold harmless the Town of Oak Ridge for all injury, damage, or loss to persons or property caused by event participants. Permit is prepaid and effective for **six months** from date of issuance through the end of the applicable biannual permitting period. It is not pro-rated based on signup date and is non-refundable.*

Applicant signature: _____

Date: _____

Town Staff signature: _____

Date: _____

(For Office Use Only)

Payment by ☐ Cash \$ _____ ☐ Check #: _____ Amount Received \$ _____ Recv'd by: _____
(Initials)