

ONLY ORIGINAL  
FACILITY USE AGREEMENT  
WILL BE ACCEPTED  
(Typed or Ink Only)

Polk County Board of County Commissioners

Parks & Natural Resources Division

**FACILITY USE AGREEMENT**



1. Park/Facility Requested \_\_\_\_\_
  2. Date(s) Requested \_\_\_\_\_ **Times Requested:** Open \_\_\_\_\_ Closed \_\_\_\_\_
  3. Applicant \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_
  4. Applicant E-mail address: \_\_\_\_\_
  5. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  6. Driver License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_ Date of Birth \_\_\_\_\_
  7. Organization Name *(Event Sponsor if applicable)* \_\_\_\_\_
  8. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
  9. Name/Description of Event \_\_\_\_\_
  10. List Planned Activities and Equipment (Explain: amusement rides, animal rides, concessions, parking, tables, chairs, tents, etc.) \_\_\_\_\_  
\_\_\_\_\_
  11. Tax Certificate Number \_\_\_\_\_ **Non-Profit :** Yes / No **Estimated:** Participants \_\_\_\_\_ Vehicles \_\_\_\_\_
  12. Name of Event Planner (if applicable\*) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone: \_\_\_\_\_  
Event Planner E-mail address: \_\_\_\_\_
- \* **Special occasions such as weddings, wedding receptions, reunions, anniversary celebrations, birthday parties require the services of an event planner who has completed all training provided by the History Center.**
13. Will donations be requested of attendees? Yes / No (Amount requested) \$ \_\_\_\_\_
  14. Will food, goods, or services be sold? Yes / No (if yes, **attach** itemized cost of goods, services and vendors names, addresses, and phone numbers.) \_\_\_\_\_
  15. How will event be advertised /promoted upon approval? \_\_\_\_\_

**No Promotions Are To Be Initiated Until Signed Agreement is Approved**

**HOLD HARMLESS /INSURANCE AGREEMENT**

(Some events may require event insurance)

Applicant agrees to, and will at all times, indemnify, save, and hold harmless the Polk County Board of County Commissioners (BoCC), its officers, agents, and employees from all liability, claims, demands, damages, and cost of every kind and nature, including attorneys' fees at trial or appellate levels and all court costs arising out of injury to, or death of persons, and damage to any and all property including loss of use thereof, resulting from or in manner arising out of or in connection with activities or use of the mention facilities on this contract arising out of its relationship with BoCC, excepting only liability resulting from the negligence of the BoCC. The Applicant will, upon request from the BoCC, defend and satisfy any and all suits arising from its use of the premises.

Applicant will, at own expense, keep in force during the term of this agreement, insurance from an insurance company licensed in the State of Florida and rated "A", Class VIII," or better, by A.M. Best. Required insurance will be evidenced by a certificate of insurance including: Comprehensive Liability Insurance with a minimum limit of one million dollars per occurrence, combined single limit to include: Premises, Personal Injury, Operations. **POLK COUNTY BOARD OF COUNTY COMMISSIONERS** MUST be listed as additional insured party.

**CERTIFICATE OF INSURANCE MUST BE SUBMITTED NO LATER THAN  
SEVEN CALENDAR DAYS PRIOR TO REQUESTED EVENT DATE.**

**I have read and agree to the terms of the Rental Information Brochure.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Hold Harmless / Insurance Statement must be signed by applicant.  
Falsification of information may result in rejection or cancellation of use.**

**OFFICE USE ONLY**

Amenities Requested \_\_\_\_\_ Hrs. / \_\_\_\_\_ Days @ \_\_\_\_\_ = \$ \_\_\_\_\_

Lights: Yes / No # of Fields \_\_\_\_\_ Total Hrs./ \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_

Staff Assigned: \_\_\_\_\_ # of Hrs./ \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_

Cash / Check Number \_\_\_\_\_ Sub Total \$ \_\_\_\_\_

**PAYMENT RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ Tax \$ \_\_\_\_\_  
(Initials)

**Total Cost** \$ \_\_\_\_\_

**Deposit** \$ \_\_\_\_\_  
(50% of subtotal)

**Application Received (Stamp)**

**BALANCE DUE** \$ \_\_\_\_\_

**BALANCE DUE DATE** \_\_\_\_\_

**BALANCE RECEIVED** \_\_\_\_\_ \$ \_\_\_\_\_  
DATE

Approved \_\_\_\_\_ Authorization \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_

Certificate of Insurance Required with BoCC listed: Yes / No Received \_\_\_\_\_ / \_\_\_\_\_  
DATE TIME

User: Resident / Non-Resident

Comments: \_\_\_\_\_

**Polk County Board of County Commissioners**

Parks & Natural Resources Division

Polk County History Center

100 East Main Street

Bartow, Florida 33830

Phone (863) 534-4386

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