



**FAIRGROUNDS & PARKS DEPARTMENT**

46 View Vista Drive, Livingston, MT 59047 Phone 406-222-4185

APPLICATION DATE:		AGREEMENT #:	
<b>1. APPLICANT INFORMATION</b>			
NAME:		TITLE:	
ORGANIZATION:			
ADDRESS:		CITY, STATE, ZIP:	
PHONE#:		EMAIL:	
<b>2. EVENT DETAILS</b>			
EVENT NAME:		DESCRIPTION:	
TYPE OF EVENT:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	
Special Event: A Certificate of Insurance is required for planned events open and advertised to the public with a minimum coverage of \$ 2 million aggregate liability coverage listing Park County (not Park County Fairgrounds) as additional insured. <b>Park County must be named as additional insured.</b> Please attach			
DATE AND TIME OF EVENT		DATE	TIME
SET-UP DATE ( If different from same day)			
EVENT(S):			
TEAR-DOWN/CLEAN-UP:			
ESTIMATED NUMBER OF USERS:		PARTICIPANTS/EXHIBITORS	GUESTS/SPECTATORS
<b>3. FOOD AND BEVERAGE</b>			
WILL FOOD BE SERVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WILL EVENT BE CATERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Events with food and/or beverage services may be required to meet sanitation requirements and obtain a food service license. Contact the Park County Health Department at (406) 222-4145.			
WILL ALCOHOL BE SERVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you wish to have alcohol at a county park, an open container waiver is required.	
<b>4. FEES, DEPOSITS &amp; SURCHARGES</b>			
A. FEES FOR FACILITIES, EQUIPMENT & SERVICES REQUESTED ARE AS STATED:			FEE AMOUNT
			\$
			\$
			\$
			\$
			\$
SUBTOTAL:			\$
B. DEPOSITS		DUE DATE	DEPOSIT AMOUNT
<input type="checkbox"/>	DATE HOLD - 50% of 4A. Fees (shown above) to hold your date:		\$
<input type="checkbox"/>	SECURITY DEPOSIT – Due 48 hours in advance of your event:		\$
C. SURCHARGES or IN-KIND DONATIONS			SURCHARGE AMOUNT
			\$
			\$
<i>All applicable surcharges shall be paid to the Lessor within fourteen (14) days following the Event.</i>			



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**AMENDMENTS IN WRITING:** Any amendments to this Agreement must be in writing and this agreement shall be binding upon the heirs and personal representatives of the Lessor.

**ATTORNEY'S FEES AND COSTS:** The parties further agree that, in the event of litigation arising out of this agreement, the prevailing party shall be entitled to its attorney's fees and costs.

**ASSIGNMENTS:** This Agreement cannot be assigned.

**INDEMNITY:** The Lessee agrees to and shall indemnify, defend and hold PCFP, and Park County, harmless from and against any and all claims, demands, actions or damages (of whatever nature or kind) involving property, persons or entities (public or private) arising out of or resulting from the performance of this Agreement, provided such damages or injuries arise out of or are caused by the negligent act, error or omission of Lessee or any agent, employees or subcontractor of Lessee.

**LIABILITY INSURANCE:** All Lessees shall provide at Lessees' expense, commercial general liability/general liability insurance to indemnify and hold Park County harmless for services performed under the terms of this agreement. The liability policy shall be in a minimum amount of \$2 million Aggregate.

**WORKER'S COMPENSATION INSURANCE:** Commercial Lessees must provide either documentation of worker's compensation insurance coverage or a Certificate of Independent Contractor Exemption.

A certificate of insurance showing the coverage obtained by Lessee shall be provided to, and name, Park County as additional insured.

**NONDISCRIMINATION:** In awarding (and in any performance of) this Agreement, Lessee and PCFP will hire on the basis of merit and qualifications. In awarding (and in any performance of) this Agreement, Lessee and Lessor will not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental handicap, or national origin. In accepting (and in any performance of) this Agreement, Lessee will not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental handicap, or national origin.

**SEVERENCE CLAUSE:** In the event any portion of this agreement is deemed invalid or void, the remaining portions shall remain in full force and effect.

**USER GUIDE:** In signing this Rental Agreement, the Lessee signifies that he/she has been provided a copy of the Policies and Procedures governing the use of the PCFP Facility and has had an opportunity to review those Policies and Procedures.

I hereby certify that I have read and understand the PCFP User Guide regarding the use of publicly owned property. I further agree to be responsible for all damages as a result of use and hold Park County, its governing board, the individual members thereof and all officers, agents, employees and volunteers free and harmless of any loss, damage, liability cost or expense that may arise during or be caused in any such use or occupancy of County property.

LESSEE PRINT NAME/TITLE		LESSOR PRINT NAME/TITLE	Park County Fairgrounds & Parks Department
SIGNATURE		SIGNATURE	
DATE		DATE	
ADDRESS		ADDRESS	46 View Vista Drive, Suite B
CITY, STATE, ZIP		CITY, STATE ZIP	Livingston, MT 59047
PHONE		PHONE	406-222-4185



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FOR OFFICIAL USE ONLY: TO BE COMPLETED BY PCFP MANAGEMENT

FEE TYPE		AMOUNT		RETURNED ITEMS	
BENEFIT LEVEL				<input type="checkbox"/> KEY RETURNED	
APPLICATION/RESERVATION FEES				<input type="checkbox"/> DEPOSIT RETURNED	
RECURRING USE/SCHEDULING FEE				<input type="checkbox"/> DEPOSIT NOT RETURNED DUE TO DAMAGE	
DEPOSITS				<input type="checkbox"/> DEPOSIT NOT RETURNED DUE TO UNCLEANED	
DATE HOLD				INITIAL:	
TOTAL FEES DUE				DATE:	
TOTAL FEES COLLECTED		CK #	AMT	DATA MANAGEMENT	
DATE				EVENT CALENDAR	<input type="checkbox"/> BY:
DATE				DATABASE	<input type="checkbox"/> BY:
PERMIT COPY TO:		<input type="checkbox"/> Applicant	<input type="checkbox"/> Commission	<input type="checkbox"/> Fairgrounds Manager	
		<input type="checkbox"/> Public Works	<input type="checkbox"/> Sherriff	<input type="checkbox"/> Other-ID:	
COMMENTS					

# USE PERMIT

## Park County FAIRGROUNDS & PARKS DEPARTMENT

This is to Certify that a Use Permit has been issued to \_\_\_\_\_ by the Park County Fairgrounds and Parks Department for \_\_\_\_\_ on \_\_\_\_\_.

Special Provisions: **(list, if any):**

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Fairgrounds and Parks Director