



**Application for
Authorization to Consume
And Possess Cereal Malt and Alcohol Beverages**
City of Bonner Springs
Parks and Recreation Department

South Park

Today's date: _____

Event Date: _____ / _____ / _____

Event Time: _____ to _____

(must be out by 11:00pm)

Payment and deposit for the room must be paid in full in order to hold the rental. A refundable security (damage) deposit is required for all room reservations.

Responsible Person: : _____ (Applicant must be present during event)

Address: _____ City: _____

State: _____ Zip: _____ Home phone: _____ Cell phone: _____

Email Address: _____

Type of Event: _____

Applicant hereby releases, indemnifies and agrees to hold harmless the City of Bonner Springs and each of its agents, employees, officers, directors, officials and all of their respective heirs, successors, assigns and insurers (each an "Indemnified Person" and collectively, the "City of Bonner Springs Indemnified Persons") from and against any and all claims, demands, damages, losses, liabilities, causes of action (whether based on contract, tort, strict liability, personal injury or otherwise), judgments, assessments, penalties, costs, and expenses of every kind or nature, including reasonable attorneys' fees, expenses of litigation and court costs, without regard to amount (collectively, "Losses") to the extent such Losses, directly or indirectly, arise out of, relate to, or are in any way connected with (i) this Agreement or the Event (ii) any action or inaction of Licensee or Licensee's officers, directors, employees or agents, (iii) any action or inactions of any Event attendees, caterers or similar persons or entities, or (iv) any third-party claims brought against any Indemnified Person or any person or entity claiming rights hereunder.

I have read and signed the Cereal Malt/Alcohol Beverage Policy Rules and agree to comply.

Rental applicant (please print)

Rental applicant signature

Date

-----Parks and Recreation office use-----

Rate: Resident - \$500.00 (10 hours)

Non-Resident - \$600.00 (10 hours)

Deposit: \$250.00

Total fee: \$ _____ Receipt#: _____ Copy of DL _____ Copy to file _____ Copy to Applicant _____

Authorized By: _____, Parks and Recreation Employee

Deposit repayment requested on: _____ / _____ / _____

Submitted by: _____