



LEWES EVENT & PARK USE REQUEST FORM

Name: _____ (Applicant must be at least 18 years of age)

Organization (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ No. of People Attending: _____

Date(s) of Event: _____ Time of Event: _____ Email: _____

Requested Location (please check only one (1) location):

- Stango Park 1812 Park Mary Vessel Park Zwaanendael Park Canalfront Park
- George HP Smith Pk Savannah Beach Johnnie Walker Beach Roosevelt Inlet Beach
- Race Event- *Include route & Certificate of Liability Insurance* Other: _____

Description of Event/Planned Use - Please be specific, including any equipment to be used.

(Attach additional page if necessary. Include event brochure if available.)

****Applicant Signature:** _____

You agree to the following rules:

- Amplification of sound must be pre-approved by the Lewes City Manager. Please see the **Outdoor Amplification Request Form**.
- Alcoholic beverages and tobacco products are prohibited in Lewes parks/beaches.
- Any & all equipment must be hand-carried into the park or beach, no driving or parking in the parks or on the beach at any time.
- You must cleanup and remove trash. **Trash cannot be left outside any trash containers.**
- You must restore the park to its original condition.
- Beaches close at midnight.
- Certificate of Liability Insurance in the amount of \$1,000,000 and City of Lewes business license may also be required.
- Outside event gatherings of 25 people or more is prohibited at residential rental properties.
- Utilization of Lewes Police requires a 3-hour minimum charge (**\$65 per hour**)
- There is a **\$50.00 non-refundable fee** made payable to the *City of Lewes*, P.O. Box 227, Lewes DE 19958. **Only non-profit organizations located within the City of Lewes will have fees waived. A copy of the 501(c)(3) certificate must be provided for the fee to be waived.**

PAYMENT INFORMATION: (Credit Card Payments can be faxed to: (302) 645-6406)

Cash	Check	Credit Card:	VISA	MC	DISCOVER
Receipt # _____		Credit Card #:	_____		
Check # _____		Expiration Date:	_____	Verification Code:	_____
		Name as appears on card:	_____		
		Billing Zip Code:	_____		
		Signature:	_____	Date:	_____