



CITY OF GARY
DEPARTMENT OF PUBLIC PARKS * 455 MASSACHUSETTS * GARY, IN
46402 (219) 886-7099 (OFFICE) * (219)881-0008 (FAX)

SPECIAL EVENT BEACH PERMIT APPLICATION

Revised 3/19
\$300 FEE

TODAY'S DATE _____ **Beach Permit No:** _____
EVENT NAME _____ DATE(S) OF EVENT _____
EVENT HOURS _____ EVENT LOCATION _____
ORGANIZATION _____ ANTICIPATED ATTENDANCE _____
RESPONSIBLE INDIVIDUAL _____
ADDRESS _____ CITY/ZIP _____
PHONE _____ E-MAIL _____
DESCRIBE EVENT ACTIVITIES: _____

Please attach to this application a sketch and detailed description of the Event Layout.

Reserved Parking _____ YES _____ NO **How many?** _____
Parking Requirements (Show on Event Layout):
Number of parking spaces needed: _____ Number of Handicapped Spaces: _____
Participants Parking Location _____

**Reserved parking on the beach lots, or for use of the beach lots, must be prepaid. Please contact Kamishia Jackson (219) 938-7362 to prepay for the projected number of reserved parking spaces.*

**A Special Event Permit Fee of \$300 must be paid for processing of the Special Event Permit
Make all checks payable to MARQUETTE PARK PAVILION. Submit payments to Marquette Park Pavilion*

RESERVED PARKING FEES

MARQUETTE/OAK STREET PARKING: GARY RESIDENTS - \$8.00 NON-RESIDENTS -\$10.00
LAKE STREET LAUNCH BEACH PARKING: GARY RESIDENTS \$8.00 NON-RESIDEN-\$10.00

SPECIAL EVENT PERMIT FEE: \$300.00

LIVE MUSIC/AMPLIFICATION/GENERATOR? (Y/N) **IF YES YOU MUST APPLY FOR AN OPEN AIR PERMIT WITH GARY PUBLIC WORKS- 401 Broadway, Suite 300 Describe:**

I HEREBY CERTIFY THAT I/ _____ (NAME AND ORGANIZATION) THAT THE ABOVE INFORMATION IS COMPLETE AND I/WE WILL BE RESPONSIBLE FOR ANY DAMAGE OR UNNECESSARY ABUSE OF THE FACILITY, BUILDING, OR EQUIPMENT. I/WE AGREE TO HOLD THE CITY OF GARY HARMLESS AND FREE FROM LIABILITY OF ANY NATURE ARISING FROM THE USE OF CITY FACILITIES INCLUDING REIMBURSEMENT OF ANY LEGAL FEES INCURRED IN THE DEFENSE OF SUCH CLAIMS.

(PRINT NAME)

(SIGNATURE)

***NOTE: Incomplete applications will not be accepted. All the above information must be submitted. Failure to do so will result in the application being deemed incomplete and it shall be returned to you for completion. This will result in failure to meet the minimum 30-day requirement for processing of Special Event Permits.**

For Office Use Only

Date Filed: _____ Park Department Action: Approval _____ Denial _____ Other _____

Director/Manager Signature _____ Date _____ Notice Date _____