

Permit # _____



City of Bee Cave Residents Only

Applicant Information:

Full Name _____ Driver License No# _____

Address _____

Phone No# _____ Email Address _____

Event Information:

Date of Event _____ Type of Event _____

Start Time _____ End Time _____ (cannot exceed 4 hours, must include set up and clean up)

Pavilion: (check one) Large Pavilion (front of the park – 50 person maximum)

 Small Pavilion (back of the park – 25 person maximum)

Estimated Attendance _____

Acknowledgement:

I have read and acknowledge the City of Bee Cave Park Policy for Bee Cave Central Park. I agree to abide by all terms and conditions set forth in the policy. I understand that failure to comply with the policy could result in loss of future use and/or citation. I understand that I must be a Bee Cave resident in order to reserve a pavilion and I agree to provide proof of identification and address.

Applicant Signature

Date

(By typing your name, you are authorizing the City of Bee Cave to accept it as your original signature.)

Approval:

Approve

Deny

City of Bee Cave Authorized Signature

Date