



4400 NE Century Blvd., Hillsboro, OR 97124; (503) 681-6120 office (503) 681-6124 FAX

**Parks & Recreation Facility Use Permit for Special Events**  
**Must be submitted a minimum forty-five (45) days prior to event.**  
**Please do not submit with incomplete information.**

**Desired Facility:**

- Jerry Willey Plaza at Orenco Station                       Park (list park: \_\_\_\_\_)
- Tom Hughes Civic Center Plaza

**Contact Information**

Name of Renter:		Business/Organization Name:		
Address:		City:	State:	Zip:
Main Phone:		Email:		
The Renter is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit Organization	<input type="checkbox"/> Business /Corporation	
Contact Person Day-of Event (must be present throughout the duration of the event. Does not need to be same as the renter):				
Day-of Phone:		Event/Business Website:		

**Event Information**

Name and Description of Event (including event sponsors):				
Please Specify Event Location(s) (eg. performance platform, shelter, picnic area; see park map):				
Target Audience:		Expected Attendance:		First-time event? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date(s) Requesting:	Event Hours:		Event open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Arrival/Load-In Begins:		Load-Out Ends/Departure:		
Will any fees be charged? (e.g admission fees, sales of food/alcohol/goods, donations) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe amount, registration process, and type of fee:				

Will a caterer be used? Yes <input type="checkbox"/> No <input type="checkbox"/> Will food vendors be present, or will food of any type be sold? Yes <input type="checkbox"/> No <input type="checkbox"/> Will propane be used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes to either, please list caterer/vendor(s):	
Other onsite event vendors:	
Sound amplification of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/> DJ or Live Music? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes to either, please describe duration and times of amplified sound and/or music:	
Serving alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See alcohol policy. Must comply with OLCC. Alcohol is not permitted at parks or shelters without prior approval.</i>	
Use of candles, heating appliances, or open flame? Yes <input type="checkbox"/> No <input type="checkbox"/> (Must also submit Public Safety Permit through Fire.) Please describe:	
Use of tents, canopies, bounce houses, and/or other structures or specialty equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> (Must also submit Public Safety Permit through Fire.) Please describe:	
Please list any equipment you anticipate bringing (stage, portapotties, fencing, etc.):	
Will you be using private security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will medical staff be onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No
Need water: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>*Only where accessible. Not every location has water.</i>
Need power: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>*Only where accessible. Not every location has power.</i>
Road closure: Yes <input type="checkbox"/> No <input type="checkbox"/> (Must also submit Special Event Permit Application through Public Works.) If yes, what roads:	

***\*Please attach and include a site plan of your intended use for review. This is required for all special event rentals.***

The applicant certifies that the information in this permit application is correct and complete. The permit may be revoked if the information is incorrect or incomplete; the event fails to comply with the attached rental packet information or with any condition set out on Exhibit A; or if the proposed activity no longer complies with the approval criteria because of a change in circumstance. The applicant will provide any additional information requested by the City. The applicant may need additional permits, licenses and insurance for the activity. The person signing this application represents the applicant.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Staff Signature:	Date Received :
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, comments:	