



Corporation of the Town of Carleton Place

Recreation & Culture Department

Public Parks & Trails Application

Name _____

(Must be name of person in charge of event)

Date of Application _____

Organization/Club/Group/Association _____

(If applicable)

Applicant Address _____

Phone _____ Cell Phone _____ Email _____

Rental Date _____ Time _____ to _____ Time _____

(Do not complete the second date/time section if you require a one day rental only.)

Rental Purpose/Event/Activity _____

Please indicate the specific park or trail required for your event/activity: _____

Please provide as many details as possible about your event/activity (subject to approvals).

Please indicate if your event will be having vendors: Yes No

It is the permit holder's responsibility to ensure that the Health Unit has been notified. Confirmation of the notification must be provided to the Parks and Recreation Department. https://healthunit.org/wp-content/uploads/Special_Events_Guidelines.pdf

PARK FEES – COMMERCIAL USE

(All rates include HST)

Non-Resident - Any individual or organization, minor or adult outside the Town of Carleton Place, the Township of Beckwith or Municipality of Mississippi Mills

\$41.00/HR

\$510.00/DAY- no more than 16 hrs

Resident - Any individual or organization who is a resident of the Town of Carleton Place, the Township of Beckwith or Municipality of Mississippi Mills where the age of the participants are mainly over the age

\$25.50/HR

\$357.00/DAY – no more than 16 hrs

REFRESHMENT VEHICLES - \$150/MONTH

Note: Additional fee to Refreshment Vehicle License Fee

- Rentals (commercial or otherwise), may be required to pay a refundable damage deposit based on the nature of the event

I _____ the undersigned have read and agree to be bound by this application and the terms and conditions for the rental of the park or trail as specified on this application. If the applicant is acting on behalf of a group or organization, the undersigned applicant hereby warrants and represents that he/she executes this application on behalf of the group or organization and has sufficient power, authority and capacity to bind the group or organization with his/her signature. **Please note that this application is subject to approval before an official permit is issued.**

Signature _____ Date: _____

Staff Witness _____ Date: _____

All applications can be returned via fax to 613-257-4665 or email at sscollan@carletonplace.ca
For further information please contact Steph at 613-257-1690 or at sscollan@carletonplace.ca