**Boone Green Space Rental**
1827 217th Road
Boone, IA 50036
(515) 433-6900

Name of Activity _____

_____ _____ _____
Company/Applicant Address City, State Zip

_____ _____ _____
Primary Contact Name Phone Email

Date of Event _____ Start Time: _____ End Time: _____

*Application for rental requires 72 hours' notice unless an event is requesting an alcohol license.*
*Green Space hours 5 am to 11 pm unless otherwise approved by City Council.*

Number of Attendants: _____

Alcohol License Needed: ☐ Yes ☐ No Fencing Needed: ☐ Yes ☐ No

Street Closure Needed: ☐ Yes ☐ No (Must complete and submit a street closure request online)

Event Information: _____

_____

_____

I hereby acknowledge that this information is true and correct.

Date of Application _____ _____
Signature/Title

OFFICE USE ONLY:
Approval must be granted and fee paid per City Policy.

☐ Approved
☐ Denied

_____ _____
Signature Date

Notes or comments: _____

_____

_____

Rental Fee $_____ Check or Cash
The space was used: ☐ Satisfactory ☐ Unsatisfactory
The space condition was left: ☐ Satisfactory ☐ Unsatisfactory
Charge for damages: $_____