

**APPLICATION FOR LICENSE TO USE  
COUNTY-OWNED PROPERTY**

This application may be used to apply for a License to use County owned property. The application must be submitted at least twenty (20) days prior to the proposed date of the requested use. Please send the completed application to:

Facilities Development & Operations Department (FDO)

[PBCFacilityUsePermit@pbcgov.org](mailto:PBCFacilityUsePermit@pbcgov.org)

2633 Vista Parkway

West Palm Beach, FL 33411-5603

ATTN: Director

Telephone: 561-233-0215

Fax: 561-233-0206

Upon approval of the application by FDO, the property will be reserved and the user will be informed of any Special Conditions of Use, and fees for the Use as defined herein. Any fees are due prior to the Use.

**1. USER/APPLICANT**

Name of Applicant: \_\_\_\_\_

Name of Organization/Licensee: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_

Type of Organization: Public Agency  Non-Profit  Other (Specify) \_\_\_\_\_

**2. REQUESTED PROPERTY**

Name and Address of Property Requested (Include property address, name of facility, room or area requested, as applicable): \_\_\_\_\_

**3. USE**

Nature of Use (Please check one): Training  Educational

Recreational  Meeting  Non-Profit Event  Other

Does Use include the sale of Goods and/or Services? Yes  No

Will User charge an Admission Fee and/or Participation Fee? Yes  No

Amount to be charged for Admission Fee and/or Participation Fee: \_\_\_\_\_

Detailed Description of the Nature and Purpose of Use (Attach additional sheets, as necessary): \_\_\_\_\_  
\_\_\_\_\_

**4. FOOD AND BEVERAGE**

Use includes food and/or beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

Use includes the sale, use or consumption of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

**5. DATE**

Date(s) of Use: \_\_\_\_\_

Time(s) of Use: \_\_\_\_\_ AM/ PM \_\_\_\_\_ AM/ PM

**6. EQUIPMENT**

Amount of Equipment Requested: Tables \_\_\_\_\_ Chairs \_\_\_\_\_

All equipment contained or used within the property is subject to approval by FDO.

**7. ADDITIONAL USERS**

Organization(s) participating in use, if other than Applicant (Attach additional pages to list more organizations/individuals): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Status: Non Profit \_\_\_\_\_ Profit \_\_\_\_\_ Other \_\_\_\_\_ (Explain)

Contact Person: \_\_\_\_\_

**8. VENDORS**

List all vendors of the event: \_\_\_\_\_

**9. ADVERTISING**

Will the event be advertised to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by what means?: Radio \_\_\_\_\_ TV \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

**TO BE PROVIDED BY FDO (After evaluation of the Application):**

**1. FEES AND ADDITIONAL CHARGES**

_____	License Fees	\$ _____
_____	Custodial Costs	\$ _____
_____	Service Costs	\$ _____
_____	Other Costs	\$ _____

**2. Special Conditions of Use:** See attached Exhibit A-1 \_\_\_\_\_

By signing below, I certify that I have the authority to represent and obligate the Licensee and I agree on behalf of the Licensee to comply with the terms of this Application.

\_\_\_\_\_  
Signature of Authorized Representative

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

**APPROVED BY:**

\_\_\_\_\_  
Director, Facilities Development & Operations Department

**Date:** \_\_\_\_\_

OTHER DEPARTMENTAL REVIEW (If necessary):

\_\_\_\_\_  
Signature of Director of Department

**Date:** \_\_\_\_\_

**Exhibit “A-1”**

Special Conditions of Use