

**City of Margate Parks and Recreation Department
Facility Use Permit Application**

NAME OF ORGANIZATION: TUFF START, INC
CONTACT PERSON: Janaya M Rehman
ADDRESS: 6850 W Atlantic Blvd
CITY: Margate STATE: FL ZIP CODE: 33063
EMAIL: Startchange@tuffstart.org
PHONE NUMBER(S): 954-854-9555 / 954-825-1380

Public Records

Exemption ☐

If yes, attach request for
redaction form.

FACILITY REQUESTED: (Daytime) (Evening)
____ Leonard Weisinger Community Center ____ Leonard Weisinger Meeting Room
____ Charley Katz Community Center
____ Pavilion at (list name of park): _____
X Athletic Facility (list name of facility and park): Southeast Park
____ Mobile stage (list location) _____

Date(s) Requested: March 3, 2019 Start Time: 8am End Time: 5pm
Purpose for Rental: 7 on 7 Football Tournament - Maximizing Out of School Time
Number of Anticipated Attendees: 250+

Please check ALL that apply: ____ RESIDENT ____ ALCOHOL ____ X PRIVATE VENDOR
(\$40 fee) (Insurance required)

I have received a copy of the City of Margate Rental Guidelines:


Renters Signature

January 23, 2019
Date

(For Office Use Only)

Rental fee amount due \$ 1,180 Security deposit amount due \$ N/A
Alcohol fee amount due \$ -

Approved

~~Not Approved~~


Michael A. Jones
Director – Parks and Recreation

Record of Payment(s):

DATE	AMOUNT	RECEIPT #	DESCRIPTION	STAFF
			Security Deposit	
			Rental Payment	
			Alcohol Fee	

Should you require additional staff assistance on the date of your rental please call:

**Monday-Friday
Sat & Sun**

**6pm-10pm
9am-11pm**

**Park Security 954-295-6303
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