

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

NAME OF ORGANIZATION: SOS Children's Village
CONTACT PERSON: Ilana Hirsch
ADDRESS: 3681 NW 59th PL
CITY: Coconut Creek STATE: FL ZIP CODE: 33073
EMAIL: ihirsch@sosflorida.com
PHONE NUMBER(S): 954-420-5030 ext. 5666 / _____

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): _____
☐ Athletic Facility (list name of facility and park): _____
☒ Mobile stage (list location) Tradewinds Park

Date(s) Requested: 11-16-19 Start Time: 6:00 am End Time: 10:00 am

Purpose for Rental: 5k Run/Walk

Number of Anticipated Attendees: N/A

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

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

Ilana Hirsch
Renters Signature

9/4/2019
Date

(For Office Use Only)

Rental fee amount due \$ _____ Security deposit amount due \$ _____

Alcohol fee amount due \$ _____

Approved _____ Not Approved _____

Michael A. Jones
Director – Parks and Recreation

Record of Payment(s):

DATE	AMOUNT	RECEIPT #	DESCRIPTION	STAFF	PAID BY
			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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