

Phone: **780.354.2201** Fax: 780.354.2207

## **Facility and Fee Waiver Application**

Address.				
			Postal-Code:	
			Title:	
Phone:	Phon	e 2:	Fax:	
Email:				
Date(s) of event:	Fundraiser   Com			
•	tage of Fees to be Wa		50% ver or fee reduction is 50%.	
NOTE: The maximu		ad:		
NOTE: The maximu Requested Amour	it of Fees to be walve	:u		

'ne primary	purpose of the organization is:				
Include t	the following information with your	Application:			
	may be requested confirming non-profit status);				
	he number of members residing in and around the Town of Beaverlodg				
	<del>-</del> •	s (submission of documentation confirming non-profit status);			
	<ul> <li>An explanation of the purpose or nature of the event or activity and the perceived benefit of the event activity to the local community;</li> </ul>				
• /	A budget for the event including:				
	• Funding sources available and	ccessed by the organization; and, proposed expenses.			
	• Additional sources of revenue i	ncluding grant sources.			
• [	Previous year's financial statement:				
		t, a Balance Sheet, or an Income and Expense report are all examples on from applicants. Only one type of statement is required to be			
• I	Incomplete applications will not be	ccepted.			
• /	Applications to waive or reduce fees	and charges must be made at least four (4) weeks prior to the event			
remaining	fees by the due date and that all estal	lished regulations and policies will be followed during and after the event.			
Sign	nature:	Date:			
	F	OR OFFICE USE ONLY			
Received By:	·	Date:			
Permit #:	Total Amount of Perm	it:			
Amount of F	ees Waived:	<del></del>			
Administrati	on Approval: 🗆 0% 🗆 25%				
	roval: 🗆 0% 🗆 25% 🗆 50	%			
Date:					
Ni natifica al Israel		Date:			