



MLK RECREATIONAL FACILITY APPLICATION

Today's Date: _____

Location requesting: Gym Meeting room Shelter Athletic field Open Space

Contact Person: _____

Organization: _____

Address: _____

Email Address: _____

Day number: _____ Cell Phone _____

Date requested: _____ Time requested: _____

Status:

Community Group Government Agency Non-profit group with 501c3

Collaborative event (two or more organizations working together)

Indicate the collaborating agencies:

Event Information:

Open to the public Admission fees/ sales Private

Vendors: Is there a vendor fee Yes No

**** 10% of fees and gross sales collected should be received by the City of Wilmington received by the City of Wilmington the Monday following the event***

**City may require police for any event for safety measures*

Have you held this event in previous years? Yes No

Approximate # of participants: _____ Approximate # of event staff: _____

Purpose of Event: _____

Will this event require any street closures: Yes No

Description of program: *event activities, entertainment, etc*

I understand and agree that all information that has been given is complete and truthful. If the City of Wilmington staff finds that any information submitted is not truthful, the City of Wilmington will exercise the right to interrupt and conclude the event expediently. *City may call police for safety measures. *

Applicant Signature: _____

Date: _____

Staff Signature of Approval: _____

Approved: Yes No

Please fax, email or mail the application to:

MLK Center
401 S. 8th Street
Wilmington, NC 28402
910.341.7866 phone
910. 341.0112 Fax
mary.jones@wilmingtonnc.gov