



Milwaukee Recreation
5225 W. Vliet St. Rm. 163
Milwaukee, WI 53208
P: 414.773.9982
mkerec.net

FACILITY USE PERMIT APPLICATION

REQUEST FOR MPS SCHOOL FACILITY USE

NAME OF ENTITY/INSTITUTE: _____

BILLING ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF CONTACT PERSON(S): _____

PRIMARY PH#: _____ SECONDARY PH#: _____

E-MAIL ADDRESS: _____ TODAY'S DATE: _____

Please sign, date, and return this application at **least 3 weeks prior to the requested permit date** to:

Permits Office -Department of Recreation and Community Services

Fax: 414-475-8403

Email: schoolpermits@milwaukee.k12.wi.us

By signing below, I affirm that: I am authorized to act on behalf of the entity identified above; I have read and agree to the terms and conditions as outlined in accordance with Administrative Procedure 5.02; and I will be personally responsible for any charges associated with an issued permit which the entity fails to pay.

Permit Requestor Signature

Date

Print Name

IDENTIFY YOUR REQUESTED SCHOOL FACILITY AND BE AS EXACT & ACCURATE AS POSSIBLE!!

NAME OF SCHOOL OR FACILITY: _____		Will you require use of the parking lot?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DAY(S) OF WEEK: _____	START DATE: _____	END DATE: _____	
PROGRAM TIMES: (Entering & leaving the building) _____ AM/PM to _____ AM/PM		"Free Meeting Use" time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF PROGRAM: _____			
DETAILED DESCRIPTION OF ACTIVITY: _____			
_____ # PEOPLE/DAY: _____			
ROOMS/FACILITY REQUESTED: _____			
SPECIAL SERVICES/EQUIPMENT REQUESTED: (MUST be granted by the school administrator) _____			

<input type="checkbox"/> Kitchen Use; Must be approved by Department of School Nutrition			

APPLICATION MUST BE AUTHORIZED BY THE SCHOOL ADMINISTRATOR BEFORE PERMIT WILL BE ISSUED

☐ Approved

Safety Personnel?

☐ Denied

☐ Yes; _____ ☐ No

of safety

IFAS - BUDGET ACCOUNT NUMBER					
FUNCTION	Grade Level	Cost Cat	PROJECT	LOCATION	Acct Type
					OBJECT

School Administrator's Signature

Date

PRODUCER

**Insurance Co. Name
(Agency)**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Name of Organization

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY				EACH OCCURRENCE \$1,000,000.00
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				IND EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$2,000,000.00
		GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WC STATU-TORY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
		OTHER				

Description:

RE: Event

ADDITIONAL INSURED: Milwaukee Board of School Directors

CERTIFICATE HOLDER

**Milwaukee Board of School Directors
5225 W. Vliet Street
Milwaukee, WI 53208**

9 SAMPLE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE