

## USS ALABAMA BATTLESHIP MEMORIAL PARK

## APPLICATION FOR FIELD / FACILITY USE PERMIT

1.	Name of Applicant:	Phone No
	Address:	Email:
	City: State:	Zip:
2	Panrocenting (Salf and/or Name of Organization):	
۷.	Representing (Self and/or Name of Organization):	
	Office/Position held in Organization (if applicable):	
	Address of Organization:	
2	Field(s)/Facility requested (see Attachment "A" for Mans):	
3.	Field(s)/Facility requested (see Attachment "A" for Maps): _	
4.	Requested date(s) of usage:, 202 T	ime: From:
	To:(include set up and take down time)	
5.	Purpose for which Field/Facility Use Permit is being request	ed:
6	Number of persons expected to attend Event:	
0.	Number of persons expected to attend Event.	
7.	Will the public at large be invited to this Event? Yes	No
8.	Will Event be advertised in media (e.g., newspaper, television	n, radio or social media)?
	Yes No	
9	Do you request permission to use sound equipment?	Ves No
<b>)</b> .	Do you request permission to use sound equipment:	105
	(If yes, please describe equipment and intended usage)	

		Y		No	
6.	Will minors (persons under age 18) be particip	ating in, or attending yo	our Event?		
	Please state the name, address, phone number(s provide and serve:	s), and email address of	the Caterer	who will	
	during any permitted usage of BMP Premises, such beverages shall only be provided and served by a contracted Caterer in compliance with the laws of the City and County of Mobile, as well at the law of the State of Alabama.				
	If yes, please note our contract terms: In the ev	_			
5.	Will there be Alcohol served at this Event?	Y	es	No	
	Name, address, phone number and email address of caterer(s):				
14.	Will there be food or beverages served?	Y	es	No	
	(If yes, please describe intended structures and/or signage in detail)				
13.	Do you request permission to display, build, or for the Event? Yes No		ructures or s	signage	
	(If no, the company you select to provide table	s and chairs must coord	imate with E	SMP).	
12.	Do you want BMP to be responsible for ordering			No	
	(If yes, how many?)				
11.	Do you require chairs?	Yes	No	_	
	(If yes, how many?)				
W.	Do you require tables?	Y es	NO	_	

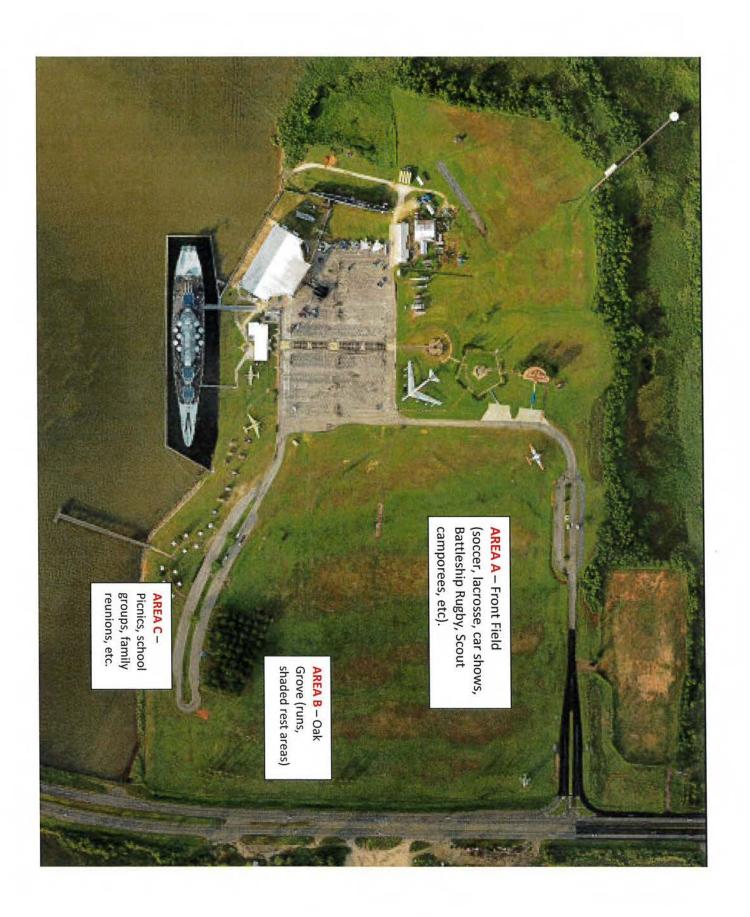
	If yes, please state the name, address, and phone number(s) of the person(s) who will			
	supervise the minor attendees during the Event.			
	bapar rise are immer accommon during are 2 vents.			
	MILITARY CEREMONIES			
17	DMD has assistant and a summer of the size will take the size of t	1 1	1	
1/.	BMP has available a flag array of the six military service flags wit only. We do not provide flag-officer rank flags. Do you require of			
	only. We do not provide mag officer raint mags. Bo you require o	ar minimary may	g urruy.	
		Yes	No	
1 &	Does the ceremony represent an individual military branch (USA,	LISM LISMC	USAF	
10.	Space Force, USCG)?	Yes_		
	(If yes, which branch?)			
10				
19.	Depending on the type of Event proposed, there will be liability in specifically designed for your Event. There may also be other for	_		
	application before the Event may be considered for approval. You	•		
	additional conditions and insurance requirements after Commission	n's review of	your	
	Application.			

## **CERTIFICATION**

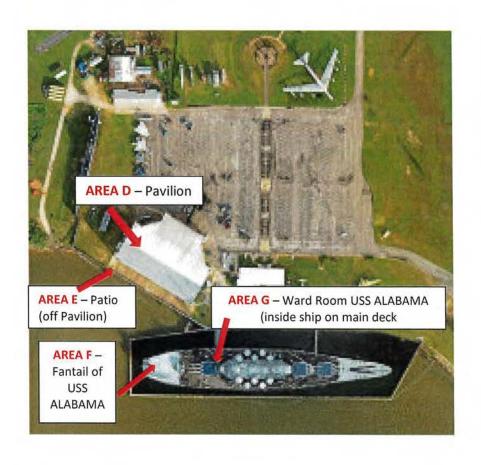
- 1. I understand my proposed Event must meet all health, safety, and usage policies and requirements of the Battleship Memorial Park, the City and County of Mobile, and the State of Alabama. I agree to insure conformity with all such requirements. See City of Mobile Ordinance Section 6-7 attached (highlighted portion for special events).
- 2. I agree to remove all trash and other items associated with this Event, and to return the usage areas to pre-Event condition. In the Event I fail to return the usage areas to pre-Event conditions, I understand the BMP shall assess the reasonable costs of labor, damage, clean-up and repairs to accomplish cleanup and to restore the usage areas to pre-Event condition. I agree to be personally responsible for all costs assessed.

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3.	I understand that the BMP is a memorial to honor all Veterans of America's Armed Forces agree that I will respect the heritage and traditions of the United States consistent with the memorial character of the BMP, and that my proposed Event will not involve discrimination of any individual or group based upon age, sex, race, national origin, handicap, or religion				
	Applicant Signature: Date:				
	Applicant Printed Name:				
	*Please return your completed Application to:				
	Genavese Harris, Director of Event Marketing				
	USS ALABAMA Battleship Memorial Park				
	P. O. Box 65				
	Mobile, Alabama 36601				
	Phone 251-433-2703				
	Email: gharris@ussalabama.com				
	Office Use Only:				
	Approved: Date: Confirmation Sent:				



ATTACHMENT A Front Field



ATTACHMENT A Facilities