

Town of Sedgwick
P.O. Box 27, 29 Main Ave
Sedgwick, CO 80749
Voice: (970) 463-8814

Town of Sedgwick Community Center

Facility Fee Waiver Application

Date of Application: _____
Date of Event: _____
Business License #: _____
Non Profit Name: _____
Authorized Agent: _____
Authorized Agent Email: _____
Mailing Address: _____
City, State and ZIP Code: _____
Authorized Agent Contact Telephone Number: _____
Event: _____
Target population expected to attend event: _____

1. ____ (Initials) The event described above is to provide a public human service to the community at a low or no cost. (The event shall be the service, not a meeting to discuss the event.)
2. ____ (Initials) The non-profit identified above is in good standing with the State of Colorado and has a current Business License.
3. ____ (Initials) The event held in or at a Community Center fulfills the purpose of the non-profit.
4. ____ (Initials) Low cost fees charged are not intended to aid the non-profit in raising money for the non-profit or private individual.
5. ____ (Initials) The non-profit has completed the Application and intends to pay all applicable deposits.
6. ____ (Initials) The event is public and an event flyer complete with services, dates, times, fees, contact information, sponsors including the Town of Sedgwick will be delivered to Town Hall 20 days prior to the event prepared to publish to the Town website . (If applicable)

I have initialed all 6 items listed above as true and by my signature(s) below authorizes the Town Board of Trustees to consider a waiver to for the non-profit represented by the authorized agent.

Authorized Agent Signature: _____ Date: _____

<i>Town Hall Use Only</i>	
Waiver Approved _____	Date: _____ Town Clerk Signature _____
Waiver Denied _____	Date: _____ Town Clerk Signature _____