



GILA COUNTY FAIRGROUNDS USE APPLICATION

APPLICATION FOR ADJUSTMENT OF FAIRGROUND USE FEES:

Organization's Name: _____

Date(s) of proposed event: _____

Name of Contact Person for organization: _____

Contact Information (address/phone/email): _____

Is the applicant a governmental agency? _____

If not, is does the applicant have tax exempt status? _____

If "Yes", then attach a copy of Internal Revenue Service verification of tax exempt status. _____

What are the public purposes of the applicant (such as promotion of citizenship, education, health, industry, or commerce.)? _____

What specific activities are proposed at the event? _____

What is the *direct* benefit the applicant offers to give Gila County in exchange for a fee adjustment? (For example, the applicant offers to pay a part of the normal fee.)? _____

Does the organization plan to sell or serve alcoholic beverages at the event? If yes circle one: Sell Serve

What name will appear on the Event Liquor License? _____

Signature of Applicant or Contact Person

Date

Printed Name