

MADISON COUNTY, MISSISSIPPI

RESERVATION APPLICATION FOR USE OF COUNTY BUILDING AND/OR GROUNDS

Today's Date: 9.1.20

Name and phone number of contact person for this request: Dawn Lamplin -
601.946.0367

Nature of Meeting and/or Program: Canton Flea Market

Request is for: (Courthouse Square, Courthouse, Gazebo, or Board of Supervisor's Board Room).
(Please circle one)

Date Requesting: 10/7 11:00 am - through Time: _____ (a.m.) (p.m.)
10/8 - 5pm

CONDITIONS:

1. Reservations must be made in the Board of Supervisors' office.
2. Reservations should be made one month in advance.
3. Free use of a facility or grounds shall be limited to governmental entities, and Madison County civic groups.
4. All Madison County businesses, and individual residents of the county must submit a \$25.00 non-refundable deposit at the time of making reservations, and the nature of the meeting must be for non-profit only. {Excluding the Canton Flea Market}
5. The facility or grounds must be cleaned to the satisfaction of the county.
6. Use of a building or grounds shall be limited to no later that 11:00 p.m. {Excluding the Relay for Life}
7. No smoking, alcoholic beverages or dances will be allowed. Any activity which would possibly damage floors, walls, ceilings, or lights is forbidden.
8. Any damages will be the responsibility of the reserving party.
9. Indemnification that the county will be held harmless under all conditions.

Name: Dawn Lamplin {print name}

Address: PO Box 382
Canton, MS 39046

Telephone: 601.946.0367

I hereby agree to the above conditions of this agreement and have tendered the \$25.00 deposit. {Cash} {Check}

Signature: Dawn Lamplin

Note: If utility service is needed please call Canton Municipal Utilities at 855-5480, 48 hours in advance of your reservation date. A \$25.00 deposit is required during normal working hours. A \$50.00 deposit will be required after working hours, week-end or holidays.

* I have already mailed a request for Oct. -
but, wanted to send another since the
Flea Market was just approved by the Mayor
& Board of Aldermen to proceed.

ADMISSION COMMITTEE MEMBERSHIP

RESERVATION APPLICATION FOR USE OF COUNTY TRAINING AND/OR GROUND

Date: 11/1/80
Name and phone number of contact person for this request: [Handwritten Name]

Address of training site: [Handwritten Address]

Number of participants: [Handwritten Number]

Organization: [Handwritten Organization Name]

- 1. The training must be held on the grounds of the County of San Diego.
- 2. The training must be held on the grounds of the County of San Diego.
- 3. The training must be held on the grounds of the County of San Diego.
- 4. The training must be held on the grounds of the County of San Diego.
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- 6. The training must be held on the grounds of the County of San Diego.
- 7. The training must be held on the grounds of the County of San Diego.
- 8. The training must be held on the grounds of the County of San Diego.
- 9. The training must be held on the grounds of the County of San Diego.

Name: [Handwritten Name]
Address: [Handwritten Address]

Telephone: [Handwritten Number]

Signature: [Handwritten Signature]

Notes: [Handwritten Notes]

Additional information: [Handwritten Notes]