



## FEE WAIVER APPLICATION FORM

### Applicant Information

**Name of Event:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

#### Type of Organization:

- Not-for-profit
  - Charitable Organization
  - Other (please specify): \_\_\_\_\_
- Incorporation #:** \_\_\_\_\_  
**Registration #:** \_\_\_\_\_

### Waiving of Fees

The City of White Cloud will waive fees that would have been charged by the City for eligible non-profit groups or organizations that provide programs, services or events that are of a general benefit to the community. Fee Waiver Policy is to ensure that the City's support of functions and events through the waiving of fees is facilitated in a fair and equitable manner and does not burden the City's annual operation budget.

Examples of City fees that can be waived include, but are not limited to:

- Park permit fees
- Rental of City Property
- Staffing costs outside normal operations
- Special Events Application

The City of White Cloud's Rates & Fees can be found on the City's website at:

[www.cityofwhitecloud.org](http://www.cityofwhitecloud.org)

## Activity or Event Information

**Amount of Request:** \_\_\_\_\_

**Fees to be Waived** (i.e., facility rental, park permit, etc.): \_\_\_\_\_

**Dates and Times:** \_\_\_\_\_

**Purpose of Event:** \_\_\_\_\_

**Number of People Expected:** \_\_\_\_\_ **Admission Fee** (If applicable): \_\_\_\_\_

**Are you serving food?** \_\_\_\_\_ **Are you serving alcohol?** \_\_\_\_\_

## Authorization for Application

On behalf of, and with the authority of, the above-mentioned organization, we certify that the information given in this application for waiving the City fees is true, correct, and complete in every respect.

\_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

## For internal use only

Cost of fee waivers: \$ \_\_\_\_\_

- Approved
- Denied

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_