

**River Oaks Community Center – Event Space Application**

**5300 Blackstone Drive**

**River Oaks, Texas 76114**

Phone: 817-732-5885 Fax: 817-732-3145

[www.riveroakscommunitycenter.com](http://www.riveroakscommunitycenter.com)

**Please Print**

BUSINESS/ORGANIZATION: \_\_\_\_\_

PERSON MAKING APPLICATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF PRODUCT OR SERVICE:

\_\_\_\_\_  
\_\_\_\_\_

**ALL MERCHANDISE AND DISPLAY MATERIAL MUST BE REMOVED. TRASH COLLECTED AND BAGGED UP FROM SPACE AREA.**

**I UNDERSTAND THAT A HEALTH PERMIT ISSUED FROM TARRANT COUNTY HEALTH DEPARTMENT IS REQUIRED WHEN FOOD PRODUCTS ARE BEING OFFERED OR SOLD TO THE PUBLIC.**

**I ACCEPT RESPONSIBILITY FOR ABIDING BY ALL CITY ORDINANCES, POLICIES, RULES AND REGULATIONS OF THE CITY OF RIVER OAKS AND INFORMING EACH PERSON INVOLVED IN THIS EVENT WITH ME OF THESE RULES.**

\_\_\_\_\_  
Signature Today's Date **Received: \$** \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

**SPACE NUMBER:** \_\_\_\_\_

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