

**APPLICATION FOR RESERVATION
SOUTHAMPTON JUNCTION PAVILION**

1. Current Date: _____ Permit No: SJ 20__ - _____

2. Name of Applicant: _____
Address _____
City _____

3. Telephone No: _____

4. Date of Use: _____

5. Proposed Use: (reunion, birthday party, ect.) _____

6. Request made to conduct small games of chance as authorized by the Commonwealth of Pennsylvania:

NO _____

YES _____ If "YES" is marked, please provide the License Number issued by the Commonwealth of Pennsylvania to conduct such activities:

License Number: _____

7. Special Requests: (i.e. fireworks, commercial vehicles, ect.) _____

Fee payment and/or security deposits are due at the time application is submitted. Decisions will be rendered by the Township within two (2) business days from the date of submittal. No Reservation is held unless PAID in full.

Upon denial of any application, fee payments will be returned within two (2) business days by US mail in the form of a check made payable to the applicant and mailed to the address listed on the application.

Signature of Applicant: _____ Witnessed by: _____

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DATE APPLICATION RECEIVED: _____ **AMOUNT PAID: \$** _____

DATE APPROVED: _____ **BY** _____

Cash _____ **Check #** _____ **Rec'd From:** _____

Note: A cancellation fee shall be charged at the rate of 20%, if written notice is submitted to the township, one or more months in advance of the reservation. If the rental is cancelled less than one month before the reservation, all fees are non-refundable.