



North Bank Park Pavilion

311 West Long Street

THIS IS NOT A RENTAL APPLICATION

Please complete and return at least 15 days prior to event
Email: crpdentalconfirmation@columbus.gov Fax: (614) 645-0686

Name: _____ Permit #: _____ Date of Event: _____
Event Type: _____ Permit Time: _____ to _____
of Guests: _____ *Max 200 from Apr. 1 – Oct. 31, 100 from Nov. 1 – Mar. 31
Alcohol Being Served: Yes ___ No ___ Approved Beverage Contractor: _____

Setup

of Tables for Seating Inside: _____ # of Chairs Per Table (8 max): _____
of Tables for Seating Outside: _____ # of Chairs Per Table (8 max): _____
Head Table: Yes ___ No ___ # of Chairs at Head Table: _____
Food Tables: 0 ___ 1 ___ 2 ___ 3 ___ Bar Table: 1 ___ 2 ___ None ___
Gift Table: Round ___ Banquet ___ Square ___ None ___
Cake Table: Round ___ Banquet ___ Square ___ None ___
Additional Tables (for example: DJ, Sign-In, Beverage, etc.) _____

Interior Fireplace Lit: Yes ___ No ___
Hollywood Doors: Open 1 ___ 2 ___ 3 ___ Closed ___
*Hollywood doors must remain closed Nov. 1 – Mar. 31

Weddings Only

Ceremony Location: Arch ___ Lower Trail ___
of Chairs (200 max at Arch, 100 max at Lower Trail) _____

Timeline

Initial contact that will be on site first: _____ Time of Arrival: _____
Caterer/Vendor Arrival Time: _____ Guest Arrival Time: _____
Ceremony Time: _____ Reception Time: _____
Last Call: _____ Guest Departure Time: _____
Tear Down Time (Bar, Decorations): _____

Additional Helpful Information

Please sketch an example of how you would like your tables setup on the attached diagram. We will do our best to accommodate your request but may need to adjust accordingly to allow for safety and comfort of your guests.

NORTH BANK PARK PAVILION

