

Fee Waiver Request Form



SECTION 1: ORGANIZATION INFORMATION

1. **Organization Name:** _____
2. **Non-Profit Status (501(c)(3) or similar):**
 Yes No (If yes, please attach IRS determination letter or other documentation)
3. **EIN (Employer Identification Number):** _____
4. **Primary Contact Person:**

Name: _____

Phone: _____

Email: _____
5. **Organization Address:**

Address: _____

City: _____ State: _____ Zip: _____
6. **Individuals Served in the last calendar year by organization:** _____
7. **Volunteer Hours in the last calendar year by organization:** _____

SECTION 2: EVENT DETAILS

6. **Event Name or Title:** _____
7. **Date(s) of Event:** _____
8. **Time(s) of Event:** _____
9. **Location Requested:** _____
10. **Brief Description of the Event or Purpose:**

11. **Will the event be free and open to the public?**
 Yes No
12. **Estimated Number of Attendees:** _____

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SECTION 3: FEE WAIVER REQUEST DETAILS

13. Type of Waiver Requested:

- Full Rental Fee Waiver Partial Rental Fee Waiver

14. Explain how the event aligns with community benefit or public interest as outlined in the Comprehensive Plan:

15. Has your organization previously received a fee waiver from us?

- Yes No If yes, please provide date(s): _____

SECTION 4: ATTACHMENTS (REQUIRED IN ORDER TO BE EVALUATED)

Please attach the following:

- Proof of Non-Profit Status (IRS 501(c)(3) letter or similar)
- Certificate of Insurance naming the City of Lake Worth Beach as additional insured
- Financial statement showing Net Revenue (after expenses) & Liquid Unrestricted Cash

SECTION 5: AUTHORIZATION

I certify that the information provided above is true and correct to the best of my knowledge. I understand that submitting this request does not guarantee approval and that additional documentation may be required.

Signature: _____

Name: _____

Date: _____

FOR OFFICE USE ONLY

(All requests must be submitted no later than 60 days prior to the event date)

- Approved Denied Additional Info Requested

Reviewed by: _____

Date: _____

Comments and Fee Amount Waived:
