

Non-Profit Fee Waiver Request Form



SECTION 1: ORGANIZATION INFORMATION

1. **Organization Name:** _____

2. **Non-Profit Status (501(c)(3) or other):**

☐ 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: _____

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 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 (20%) Rental Fee Waiver
☐ Deposit Fee Waiver

14. Explain how the event aligns with community benefit or public interest:

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

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

SECTION 4: ATTACHMENTS (REQUIRED)

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

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 30 days prior to the event date)

☐ Approved ☐ Denied ☐ Additional Info Requested

Reviewed by: _____

Date: _____

Comments:
