



FAVOR Coastal Alabama
c/o Drug Education Council
3000 Television Ave
Mobile, AL 36606

Foley City Council
c/o Christy Bledsoe
P.O. Box 1750
Foley, AL 36536

To whom it may concern:

FAVOR Coastal Alabama would respectfully request the city council to waive the fee per our application to hold our 2016 Recovery Walk in Heritage Park at 9am on Saturday, September 17th 2016. September is National Recovery Month. We estimate around 50 people will attend this event.

We are an entirely volunteer-run organization with no budget that works to promote recovery from alcohol and drug abuse, and to show the general public that people in long-term recovery can be productive members of society. The Drug Education Council in Mobile is kind enough to allow us to use their address for correspondence as we do not maintain a physical office.

Please don't hesitate to call us (Rob Johansen 251-979-0104, Kenneth White-Spunner 251-229-8609) if you have any questions or concerns.

Sincerely,

Rob Johansen

City of Foley

HERITAGE PARK/CENTENNIAL PLAZA RENTAL APPLICATION

Applicant Name: Rob Johansen

Organization Name (if applicable):

FAVOR - FACES AND VOICES OF RECOVERY

Address: 96 Drug Education Council 300 Television Ave. Mobile, AL 36606

Telephone: (251) 979-0104 Rob (251) 229-8605 (Kenneth) Email: rob.cochran@bobyshope.com

Type of Event: Run/Walk Estimated Attendees: 50

Description of activities (include if food will be served, tents erected, music, power requirements, etc.)

SNACKS / BOTTLED WATER / GATORADE. NO COOKING, NO POWER, NO TENTS NEEDED.

Date of Event: 9/17/16 Time (including set up and clean up): From 8 a.m.
To 11 a.m.

Fees:

Non-refundable usage fee: \$225 minimum for first 3 hours, \$75 for each additional hour
Consultation fee (if using chimes): \$25
Music Technician (if using chimes): \$25 per hour, 3 hour minimum
Police Officer (required if alcohol is present): \$25 per hour, 4 hour minimum
Damage Deposit: \$100

I have read and understand the rules which govern my application and use of the park and plaza. I hereby agree and consent to the same.

Signature of Applicant: [Signature] Date: 8-23-16

Office Use Only

Total Amount Due: _____

1. Function: ☐ Approved ☐ Disapproved
2. Approval Number: _____
3. Rental Deposit Received: _____
4. Police Officer Scheduled: _____
5. Damage Deposit Received: _____
6. Paid In Full: ☐ Yes ☐ No Date Paid: _____