

Please return to: Town of Minden 1604 Esmeralda Ave. Suite 101 Minden, NV 89423
Phone: 775-782-5976 Fax: 775-782-5287

TOWN OF MINDEN
Street Closure / Special Event Application

This application **and deposit** must be on file in Town of Minden in order to guarantee event approval.

Name of Organization Contact Person

Brief Description of Activity to be conducted

Home phone Work phone Email Address

Mailing Address City and State Zip Code

Physical Address City and State Zip Code

Requested Date (Day 1) Requested opening time Requested opening time Anticipated #of People

Requested Date (Day 2) Requested opening time Requested opening time Anticipated #of People

Requested Date (Day 3) Requested opening time Requested opening time Anticipated #of People

PERMITS REQUIRED

Will the activity involve alcohol consumption? Yes ___ No ___ If yes, will alcohol be sold? Yes ___ No ___

If alcohol is to be sold, a permit must be obtained from the Sheriff's Office at 775-782-9900.

If alcohol is to be sold and you plan on outdoor music entertainment, contact the Sheriff's Office for a Permit for Special Event Entertainment Endorsement. (Takes 4-6 weeks to process).

If your event has 500+ people, you will need an Outdoor Festival Permit. (Takes 4-6 weeks to process).

Will the activity involve selling food? Yes ___ No ___

If food is to be sold, please contact the Health Department at 775-782-6207 for permit requirements.

PLEASE INDICATE STREETS REQUESTED FOR CLOSURE ON THE ATTACHED MAP.

PARK AMENITIES Check all the that will be needed for your event:

Electricity at Gazebo: Electricity on at 5th Street: Tables: Chairs: Microphones: If so, how many? _____

CD Player: Nature and duration of any amplified sound: _____

What (if any) vehicles will be brought into the park? _____

Other Special Needs: _____

ADDITIONAL SERVICES The Following must be coordinated with Town personnel prior to the event:

Resident Notification: Residents and businesses in the immediate area of the event must be notified of the street closure. *Attach proof of such notification.*

Trash: Number of dumpsters requested: _____ *Indicate placement on attached map with a "T".*

Requested days / times for dumpsters to be emptied: _____

Signs / Barricades: Event coordinator is responsible for obtaining and placing signs and barricades as necessary.

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Minden Park Restrooms: Town personnel are responsible for maintaining restrooms at a charge to the event.

Sanihuts: If an event has at least 500 people expected to attend, Sanihuts must be supplied by the applicant.

Indicate placement on attached map with a "S". Sanihuts needed (Y/N): _____

Patron Parking: No alleys are to be blocked; access to residences must be maintained.

Parking lot adjacent to CVIC Hall has priority use for CVIC Hall renters.

Cleaning of streets after the event: Event coordinator is responsible for clean up of streets and surrounding area after the event. This may include a large portion of the downtown corridor. What provisions have been made for cleanup? _____

Proof of liability insurance is required, and bonded security guards may be mandated at the discretion of the Board. Attach proof of notification to residents and businesses in the immediate area of the event.

APPLICANT CERTIFIES THAT NO MODIFICATIONS / CHANGES WILL BE MADE TO ANY EQUIPMENT OF THE TOWN OF MINDEN DURING THE EVENT. THE TOWN DOES NOT ACCEPT RESPONSIBILITY FOR LOST OR DAMAGED ARTICLES IN CONNECTION WITH YOUR EVENT.

Signature of applicant

Date

TO BE FILLED OUT BY OFFICE PERSONNEL ONLY:

Number of days of street closure at \$500 / day: _____ Charges for Street Closure: \$ _____
Number of times event dumpsters were emptied: _____ Charges for Trash Removal: \$ _____
Town Staff Hours for Cleanup / Maintenance: _____ Charges for Staff Hours: \$ _____

Remarks: _____

EXPECTED FEES _____ **DUE** _____ **Calendar** _____ **Scanned:** **ACTUAL FEES** _____
Amount of Insurance Required: _____ Proof Rec'd: Security Required: Proof Rec'd: (attached)
Dep. Rec'd: Check No. _____ Date: _____ **QB Credit No.** _____ **QB Sales No.** _____ **QB Inv No.** _____
Name on Deposit Check / Credit Card: _____
Payment Rec'd: Check No. _____ Date: _____ Deposit Returned: Date: _____ **QB Credit Refunded**