

TOWN OF MINDEN

CVIC HALL APPLICATION AND USE PERMIT

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

Name of Organization / Contact Person _____ Date(s) of Rental _____

Type of Activity to be conducted: _____ First Time Rental? _____ Yes _____ No

Home phone: _____ Work phone: _____ Email Address: _____

Mailing Address: _____ City and State _____ Zip Code _____

Physical Address: _____ City and State _____ Zip Code _____

Requested opening time _____ Requested closing time _____ Total hours ____ Anticipated number of People _____

Is this event open to the public? Yes ___ No ___ If so, what is the starting time of the event? _____

****If a public event with multiple days, please fill in the back page with starting times for each day.****

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.

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.

***The Hall **must** be cleaned and vacated by midnight. Town staff **will** come to lock up at midnight if not contacted prior to that time, and the renter **will be billed** for the cleaning efforts of Town staff. _____ Initials

CVIC HALL AMENITIES Mark all that will be needed for your event:

- Upstairs Meeting Room (Additional charge) Dumpsters Kitchen Audio-Visual Screen Stage Lights
- Microphones, If so, how many? _____ Computer connection iPod Dock Connection MP3
- CD Player Other Special Needs: _____

Note: If you are using DVDs or computers, please bring them with you when you arrive. The person operating these must also be present. Our Facilities staff will be available to help you set up at that time. If the Facility staff have to return later, there will be a call back fee of \$25. Thank you!

APPLICANT CERTIFIES RECEIVING THE CVIC HALL POLICIES AND PROCEDURES AND AGREES TO ABIDE BY ALL PROVISIONS THEREOF. APPLICANT/RESPONSIBLE PARTY MUST HAVE A COPY OF THIS APPLICATION DURING THE CVIC RENTAL.

Policy Received: _____ Date: _____

Signature

EXPECTED FEES _____ DUE _____ ACTUAL FEES _____ Calendar _____ Amount of Insurance Required: _____ Proof Rec'd: <input type="checkbox"/> Security Required: <input type="checkbox"/> Proof Rec'd: <input type="checkbox"/> (attached) Dep. Amount: _____ Check No. _____ Date: _____ QB Credit No. _____ QB Sales No. _____ QB Inv No. _____ Name on Deposit Check / Credit Card: _____ Address on Deposit Check/CC Billing Address: _____ Payment Rec'd: Check No. _____ Date: _____ Deposit Returned: <input type="checkbox"/> Date: _____ QB Credit Refunded <input type="checkbox"/>
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*****This is for the public/web calendar*****

Date of Event for the Public: _____ Opening Time: _____

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Date of Event for the Public: _____ Opening Time: _____

Date of Event for the Public: _____ Opening Time: _____

*****For the Staffing Calendar*****

Date of Opening for Staff: _____ Opening Time: _____

Date of Opening for Staff: _____ Opening Time: _____

Date of Opening for Staff: _____ Opening Time: _____

Date of Opening for Staff: _____ Opening Time: _____

Date of Opening for Staff: _____ Opening Time: _____

Date of Opening for Staff: _____ Opening Time: _____

Date of Opening for Staff: _____ Opening Time: _____