

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

FORTNIGHTLY ROOM 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

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? _____

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.

Also please check with Nevada State Health Department for temporary food permit.

AVAILABLE AMENITIES:

Number of tables requested: _____ Number of chairs requested: _____ Elevator access needed? Yes No

Nature and duration of any amplified sound: _____

Other needs/requests: _____

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 FORTNIGHTLY ROOM RENTAL.

Policy Received: _____
Signature of applicant Date

TO BE FILLED OUT BY OFFICE PERSONNEL ONLY:

EXPECTED FEES _____	DUE _____	ACTUAL FEES _____
Amount of Insurance Required: _____ Proof Rec'd: <input type="checkbox"/> Security Required: <input type="checkbox"/> Proof Rec'd: <input type="checkbox"/> (attached)		
Dep. Rec'd: <input type="checkbox"/> Check No. _____	Date: _____	QB Credit No. _____ QB Sales No. _____ QB Inv No. _____
Payment Rec'd: Check No. _____	Date: _____	Deposit Returned: <input type="checkbox"/> Date: _____ QB Credit Refunded <input type="checkbox"/>