

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**

**MINDEN PARK 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.

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

Electricity on at the Gazebo:  Electricity on at 5<sup>th</sup> Street:  Tables:  Chairs:  Extra Dumpsters:

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: \_\_\_\_\_

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:**  \_\_\_\_\_  
Signature of applicant Date

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<b><u>TO BE FILLED OUT BY OFFICE PERSONNEL ONLY:</u></b>	
<b>EXPECTED FEES</b> _____ <b>DUE</b> _____	<b>ACTUAL FEES</b> _____
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: _____ <b>QB Credit No.</b> _____ <b>QB Sales No.</b> _____ <b>QB Inv No.</b> _____	
Payment Rec'd: Check No. _____ Date: _____ Deposit Returned: <input type="checkbox"/> Date: _____ <b>QB Credit Refunded</b> <input type="checkbox"/>	

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