

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
CVIC HALL / MINDEN PARK WEDDING PACKAGE APPLICATION
AND USE PERMIT

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

Names of Bride and Groom

Date(s) of Rental

Contact Person / Relationship to Wedding Party

Home phone

Work phone

Email Address

Mailing Address

City and State

Zip Code

Physical Address

City and State

Zip Code

1st Day: Requested opening time

Requested closing time

Total hours

Anticipated number of People

2nd Day: Requested opening time

Requested closing time

Total hours

Anticipated number of People

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.

Also, if food is sold, please check with the Health Department for a temporary food permit at 775-782-6207.

***Note: 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 Requested (check all that apply):

*Fortnightly Room *Microphones If so, how many? _____ *Audio-Visual Screen *Stage Lights

*MP3 Connection *CD Player *Other Special Needs: _____

Minden Park Amenities Requested (check all that apply):

*Chairs *Tables *Electricity *Microphones If so, how many? _____ *CD Player

*Other Special Needs: _____

Will you be using a tent? Yes No Please refer to the Town Parks Policy regarding tent restrictions.

Policy Received:

Signature of applicant

Date

TO BE FILLED OUT BY OFFICE PERSONNEL ONLY:

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/ Address on Deposit Check: _____

Payment Rec'd: Check No. _____ Date: _____ Deposit Returned: Date: _____ QB Credit Refunded