

**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.

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**Names of Bride and Groom**

**Date(s) of Rental**

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**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**