

**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**

### **Street Closure / Special Event Application**

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

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Brief Description 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 Date (Day 1)

\_\_\_\_\_  
Closure of Street Time

\_\_\_\_\_  
Opening of Street Time

\_\_\_\_\_  
Anticipated #of People

\_\_\_\_\_  
Requested Date (Day 2)

\_\_\_\_\_  
Closure of Street Time

\_\_\_\_\_  
Opening of Street Time

\_\_\_\_\_  
Anticipated #of People

### **PERMITS REQUIRED**

**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.

If alcohol is to be sold and you plan on outdoor music entertainment, contact the Sheriff's Office for a Permit for Special Event Entertainment Endorsement. (Takes 4-6 weeks to process).

If your event has 500+ people, you will need an Outdoor Festival Permit. (Takes 4-6 weeks to process).

**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.

**PLEASE INDICATE STREETS REQUESTED FOR CLOSURE ON THE ATTACHED MAP.**

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

Electricity at Gazebo: ☐ Electricity on at 5<sup>th</sup> Street: ☐ Tables: ☐ Chairs: ☐ Microphones: ☐ If so, how many? \_\_\_\_\_

CD Player: ☐ Nature and duration of any amplified sound: \_\_\_\_\_

What (if any) vehicles will be brought into the park? \_\_\_\_\_

Splash Pad during time of event: ☐ ON ☐ OFF

Other Special Needs: \_\_\_\_\_

### **ADDITIONAL SERVICES: The Following must be coordinated with Town personnel prior to the event:**

- **Resident Notification:** Residents and businesses in the immediate area of the event must be notified of the street closure. *Attach proof of such notification.*
- **Trash:** Number of dumpsters requested: \_\_\_\_\_ *Indicate placement on attached map with a "T".*  
Requested days / times for dumpsters to be emptied: \_\_\_\_\_
- **Minden Park Restrooms:** If Park is being used as part of the event, Event Coordinators are responsible for maintaining restrooms.

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- Sanihuts: If an event has at least 500 people expected to attend, Sanihuts must be supplied by the applicant.

*Indicate placement on attached map with a "S". Sanihuts needed (Y/N): \_\_\_\_\_*

- Patron Parking: No alleys are to be blocked; access to residences must be maintained.

Parking lot adjacent to CVIC Hall has priority use for CVIC Hall renters.

- Cleaning of streets after the event: Event coordinator is responsible for clean up of streets and surrounding area after the event. This may include a large portion of the downtown corridor. What provisions have been made for cleanup? \_\_\_\_\_

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**Proof of liability insurance is required, and bonded security guards may be mandated at the discretion of the Board. Attach proof of notification to residents and businesses in the immediate area of the event.**

APPLICANT CERTIFIES THAT NO MODIFICATIONS / CHANGES WILL BE MADE TO ANY EQUIPMENT OF THE TOWN OF MINDEN DURING THE EVENT. THE TOWN DOES NOT ACCEPT RESPONSIBILITY FOR LOST OR DAMAGED ARTICLES IN CONNECTION WITH YOUR EVENT.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

**TO BE FILLED OUT BY OFFICE PERSONNEL ONLY:**

Number of days of street closure at \$500 / day: \_\_\_\_\_ Charges for Street Closure: \$ \_\_\_\_\_

Number of times event dumpsters were emptied: \_\_\_\_\_ Charges for Trash Removal: \$ \_\_\_\_\_

Town Staff Hours for Cleanup / Maintenance: \_\_\_\_\_ Charges for Staff Hours: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the deposit name/address different than above?** ☐ Yes ☐ No Amount of Deposit \_\_\_\_\_ Vendor # \_\_\_\_\_

Name on Deposit Check / Credit Card: \_\_\_\_\_

Address on Deposit Check/CC Billing Address: \_\_\_\_\_

Calendar ☐ Website ☐ Deposit Inv. ☐ Credit Memo ☐ Rent Invoice ☐ Payment Received ☐  
Insurance Received ☐ Deposit Returned ☐