

TOWN OF MINDEN

CVIC HALL 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: _____ First Time Rental? _____ Yes _____ No	
Primary phone: _____ Secondary 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 time does the event start? _____

Please email a flyer to the Town Office when available.

****If this is a public event with multiple days, please fill in the back page with times for each day.****

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.

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.

CVIC HALL AMENITIES Mark all that will be needed for your event:

- | | |
|---|---|
| <input type="checkbox"/> Upstairs Meeting Room (Additional charge \$100)
<input type="checkbox"/> Dumpsters
<input type="checkbox"/> Kitchen
<input type="checkbox"/> Audio-Visual Screen/ Computer connection*
<input type="checkbox"/> Stage Lights
<input type="checkbox"/> Microphones; If so, how many? _____ | <input type="checkbox"/> iPod Connection
<input type="checkbox"/> CD Player
<input type="checkbox"/> Wires
<input type="checkbox"/> Other Special Needs: _____

_____ |
|---|---|

***Note: If you are using DVDs or computers, please bring them with you when you arrive. The person operating these must also be present. Our Facilities Staff will be available to help you set up at that time. If the Facility Staff have to return later, there will be a call back fee of \$40. Thank you!**

*****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. **Initial:** _____**

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.

Signed: _____ **Date:** _____

Signature

For official use only

<u>Where is the Deposit being refunded to?</u>	Amount of Deposit: \$ _____	Vendor Number: _____
Name on Deposit Return Check: _____		
Address on Deposit Return Check: _____		
Calendar <input type="checkbox"/> Website <input type="checkbox"/> Dep. Invoice <input type="checkbox"/> Credit Memo <input type="checkbox"/> Rent Invoice <input type="checkbox"/> Payment Received <input type="checkbox"/> Insurance Received <input type="checkbox"/> Deposit Returned <input type="checkbox"/>		