

**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 / **Responsible Party**

**Date(s) of Rental**

Type of Activity to be conducted

Phone Number

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 \_\_\_**

**Will the activity involve alcohol consumption? Yes \_\_\_ No \_\_\_**

**If so, what is the starting time of the event? \_\_\_\_\_**

**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.

**Is a Flyer available? Yes \_\_\_ No \_\_\_**

**Will the activity involve selling food? Yes \_\_\_ No \_\_\_**

**Advertise Event on Social Media? Yes \_\_\_ No \_\_\_**  
(Facebook and Twitter)

If food is to be sold, please contact the Health Department at 775-782-6207 for permit requirements.

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

<input type="checkbox"/> Electricity on at the Gazebo	<input type="checkbox"/> Extra Dumpsters
<input type="checkbox"/> Electricity on at 5 <sup>th</sup> Street	<input type="checkbox"/> Microphones, If so, how many? _____
<input type="checkbox"/> Tables	<input type="checkbox"/> iPod Connection
<input type="checkbox"/> Chairs	

For the duration of my event, I would like the Splash Pad to be turned: **ON** **OFF**

Nature and duration of any amplified sound: \_\_\_\_\_

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

**APPLICANT CERTIFIES RECEIVING THE PARK POLICIES AND PROCEDURES AND AGREES TO ABIDE BY ALL PROVISIONS THEREOF. APPLICANT/RESPONSIBLE PARTY MUST HAVE A COPY OF THIS APPLICATION DURING THE PARK RENTAL. **Initials****

**Signed:** \_\_\_\_\_

*Signature of applicant*

Date

For official use only

**Where is the deposit being returned to?** 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