



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
FORTNIGHTLY ROOM 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

HOME PHONE WORK PHONE EMAIL ADDRESS

MAILING ADDRESS CITY STATE ZIP CODE

PHYSICAL ADDRESS CITY 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 is the starting time of the event? _____

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 Douglas County Sheriff's Office.

Also: Applicant must check with Nevada State Health Department about Temporary Food Permit, if needed.

AVAILABLE AMENITIES: Check all the items below that will be needed for your event:

Number of tables requested: _____ Number of chairs: _____ Elevator access needed? ___ Yes ___ No

Name and duration of any amplified sound: _____

Other Special Needs: _____

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 AVAILABLE FOR VIEWING DURING THE FORTNIGHTLY ROOM RENTAL.

Policy Received: _____
SIGNATURE OF APPLICANT DATE

TO BE FILLED OUT BY MINDEN OFFICE PERSONNEL ONLY:

EXPECTED FEES _____ DUE _____ 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. _____

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