



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 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.

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

Electricity on the Gazebo: _____ Electricity on 5th Street: _____ Tables: _____ Chairs: _____ Extra Dumpsters: _____
Microphones: If so, how many? _____ CD Player: _____

Name and duration of any amplified sound: _____

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

Other Special Needs: _____

APPLICANT CERTIFIES RECEIVING THE MINDEN PARK 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 MINDEN PARK 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