

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 _____

<p>Is this event open to the public? Yes ___ No ___</p> <p>If so, what time does the event start? _____</p> <p>Please fill out the Public Events Website Information Sheet.</p> <p>**If this is a public event with multiple days, please fill in the back page with times for each day.**</p>	<p>Will the activity involve alcohol consumption? Yes ___ No ___</p> <p>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.</p> <p>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.</p>
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CVIC HALL AMENITIES Mark all that will be needed for your event:

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

***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 \$25. 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.

Policy Received: _____ **Date:** _____

Signature

For official use only

Is the deposit name/address different from the above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of Deposit: _____
Name on Deposit Check / Credit Card: _____			
Address on Deposit Check/CC Billing Address: _____			
Calendar <input type="checkbox"/> Website <input type="checkbox"/> Sales Receipt <input type="checkbox"/> Credit Memo <input type="checkbox"/> Invoice <input type="checkbox"/> Payment Received <input type="checkbox"/> Insurance Received <input type="checkbox"/> Deposit Returned <input type="checkbox"/>			

TOWN OF MINDEN
CVIC HALL APPLICATION AND USE PERMIT

For Multiple Days and Times

Date of Event for the Public: _____

Doors Open to the Public at: _____ am / pm

Event/Show Starts at: _____ am / pm

Event/Show Ends at: _____ am / pm

Date of Event for the Public: _____

Doors Open to the Public at: _____ am / pm

Event/Show Starts at: _____ am / pm

Event/Show Ends at: _____ am / pm

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Doors Open to the Public at: _____ am / pm

Event/Show Starts at: _____ am / pm

Event/Show Ends at: _____ am / pm