

**TOWN OF MINDEN  
CVIC HALL APPLICATION AND USE PERMIT**

This application and deposit of \$400.00 must be on file in Town of Minden in order to guarantee facility rental

\_\_\_\_\_  
Name of organization / Person Home phone Work phone

\_\_\_\_\_  
Mailing Address City and State Zip Code

\_\_\_\_\_  
Physical Address City and State Zip Code

\_\_\_\_\_  
Requested date Requested opening time Requested closing time Total hours

\_\_\_\_\_  
Anticipated number of people Type of activity to be conducted

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.

Also please check with Nevada State Health Department for temporary food permit.

**CVIC HALL** Upstairs Meeting Room Open: Yes\_\_\_ No\_\_\_ Extra Dumpsters: Yes\_\_\_ No\_\_\_

Kitchen: Yes\_\_\_ No\_\_\_ Sound System: Microphones Yes\_\_\_ No\_\_\_ If yes, how many \_\_\_\_\_

CD player: Yes\_\_\_ No\_\_\_ Stage lights: Yes\_\_\_ No\_\_\_

Nature 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 DURING CVIC RENTAL.

\_\_\_\_\_  
Signature of applicant Date

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**OFFICE USE ONLY**

EXPECTED FEES _____ DUE DATE: _____ DATE RENT RECEIVED _____ Cash ___ Check # _____
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Date deposit/app rec'd \_\_\_\_\_ Approved: Yes \_\_\_ No \_\_\_ Deposit check \_\_\_ # \_\_\_\_\_ Deposit cash \_\_\_\_\_  
Remarks \_\_\_\_\_

Insurance type required: Homeowners \_\_\_\_\_ Special event \_\_\_\_\_ Liability amount \_\_\_\_\_  
POI on file \_\_\_\_\_ POI Pending \_\_\_\_\_ Date insurance received \_\_\_\_\_ Security required Yes \_\_\_ No \_\_\_  
Policy Given \_\_\_\_\_ Actual Fees \_\_\_\_\_ Refund amount \_\_\_\_\_ Deposit return date \_\_\_\_\_