



Control # _____

Application & Permit for Use of City Center Facilities

Please Print

Person responsible for keys: _____ Date of Application: _____

Day/Date Room Requested: _____

Name of Applicant: _____

Contact Person (if different): _____ Phone #: _____

Address: _____
Street City State Zip

Day Telephone: _____ Evening Telephone: _____

Room(s) Requested: Training Civic Room A Civic Room B Conference Room # 5
Arts/Crafts Room Kitchen Banquet Facility

Hours of Room Use: _____ AM/PM to _____ AM/PM Estimated Number of Participants: _____

Purpose of Use: _____

Will beer and wine be served? _____ Yes _____ No Beginning at: _____ AM/PM *Please see the Policy concerning the serving of beer and wine. A police officer is required for the hours of service, minimum of 3 hours.*

The permit holder agrees to protect, indemnify, defend, save and hold harmless the City of Coon Rapids and its officers and employees from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of facilities. I affirm that the above statements are true, and I further affirm that I have read and understand all policies and information.

Approved by:

Signature of Applicant

Facilities Coordinator

Date

Confirmation Sent: _____

- City of Coon Rapids sponsored event
- Coon Rapids Civic or Non-profit (If non-profit, attach copy of IRS Determination Letter)
- Resident, Coon Rapids private industry or commercial use
- Non-resident

Note: Applicant will be notified by mail when application is approved or denied. **This application is not a valid permit until signed by the Facility Coordinator and the appropriate fees have been received by the City.**