

# CITY OF SPEARFISH

## FACILITY USE APPLICATION & PERMIT



Return by mail or fax to: City of Spearfish, 625 Fifth Street, Spearfish, SD 57783 Phone: 605-642-1333 Fax: 605-642-1337

Return in person to: Municipal Service Centre, 2nd Floor, 625 Fifth Street, Spearfish SD Phone: 605-642-1333  
Hours: 7:00 am - 4:30 pm Monday - Friday

**Wilbur S. Tretheway Pavilion**

**Hudson Street Hall**

**Snapper's Club**

(Circle one)

Name of applicant (user): \_\_\_\_\_ Requested rental date(s): \_\_\_\_\_

If an organization, name of representative: \_\_\_\_\_

Non-Profit Name / IRS number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

### EVENT INFORMATION

Responsible person (day of event): \_\_\_\_\_ Phone: \_\_\_\_\_

Description of event: \_\_\_\_\_ Anticipated attendance: \_\_\_\_\_

Attendees will be (any that apply): Adult Teen Children 12 & under - If youth event, number of supervising adults: \_\_\_\_\_

Will event be open to the general public? Yes\_\_\_ No\_\_\_ Admission/donation/fee: No\_\_\_ Yes\_\_\_ \$ \_\_\_\_\_

Will alcohol be consumed? Yes\_\_\_ No\_\_\_ If yes, describe: \_\_\_\_\_

Will there be sales of any sort? Yes\_\_\_ No\_\_\_ Describe: \_\_\_\_\_

### TERMS OF AGREEMENT

I have read and understand the facility rental agreement. I agree to inform persons participating in this proposed activity of the terms and conditions of the permit, if granted, and agree to comply with the conditions set forth in the permit. I further agree to hold harmless and indemnify the City of Spearfish, its officers, agents, and employees from any liability for personal injury, death, property damage, arising out of any permit issued or activities thereunder or in result of consequences thereof.

 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Application: Approved\_\_\_ Denied\_\_\_

Deposit: Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Rental fee: Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Brown Bag: Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Set-Up fee: Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_