

**APPLICATION FOR USE OF FACILITIES**

Name of Facility to be Used:	Event Date:
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Thank you for your interest in the rental of our facilities. An agreement will be sent to you once availability has been determined and your application approved.

Name of Applicant/Organization:	Mailing Address:
Phone:	Email:
Name of Person in Charge:	Phone:
Name of Event:	Website:
Proposed # of Guests:	Proof of Liability Insurance Required: Yes No
Specific Area(s) Requested:	Number of years event held:
501c3 (Please submit proof):	Will there be an admission charge?
Uniformed off duty officer required for all groups over 30 people	Will alcohol be served?

**DESCRIPTION OF EVENT**

(Please provide details, any changes from the description below can result in cancellation of your event)


**EVENT HOURS**

Set Up begins at:	Event starts at:
Event ends at:	Breakdown ends at:

**REQUEST SOUTH SIDE ON LAMAR INVENTORY**

(Fee will be assessed for rental of inventory, please see Facility Fee Schedule)

8 FT. TABLES (4 in inventory):	6 FT. TABLES (15 in inventory):	60 INCH ROUND TABLES (8 in inventory):
COCKTAIL TABLES (7 in inventory):	SERPENTINE TABLES (4 in inventory):	LINENS (white):
METAL FOLDING CHAIRS (50):	WINE GLASSES (150 in inventory):	OTHER:

**DELIVERIES AND THIRD PARTY CONTRACTORS**

Rental Company Name:	Load-In Date/Time:
Caterer:	Load-In Date/Time:
Load-Out Date/Time:	Staging Area Needed:
Kitchens not available	Butane and Propane are not permitted
Other Deliveries	

South Side on Lamar Staff is not responsible for setup, cleanup or breakdown of outside inventory. Additional cleaning and set up fees may apply.

Valet Parking or Paid Parking:	Valet required for all groups over 150 people. Valet Proof of Liability Insurance Required.
Elevator Requirements:	
Will there be music at your event, if yes please list music type?:	

The undersigned hereby makes application to South Side on Lamar for use of facilities and/or inventory and certifies the information given in this application is correct. The undersigned further states that he/she has the authority to make this application for the applicant.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date