

City Hall Facility Reservation Application

Please review the entire application to ensure the information is completed correctly. Once all documentation has been received, the application will be reviewed and the applicant will be contacted about the status of the reservation. Organizers may be requested to meet with city representatives and others to review event plans, layout and logistics.



Submit completed application and supporting documents to:

Ms. Pamela Ulmer, Administrative Specialist, at the City Manager's Office, 409 South Main Street, Harrisonburg, VA 22801

EVENT TITLE: _____

Contact Information

Organization / Applicant Name: _____

Contact Name: _____

Daytime Phone: _____

Cell phone
(required for day of event): _____

Email Address: _____

Mailing Address: _____

Date of Event: _____/_____/20____

Event Hours: _____

Set-up Time

Event Time

Clean-up Time

Type of Event (fundraiser, etc): _____

Is this an annual event?

Yes No

Description of Event _____

Size of Event (Participants) _____

Will food or merchandise be sold?

Yes No All vendors must have a current business license. All food vendors, except those selling unprocessed food products, must file meals tax. Contact the Commissioner of Revenue 540-432-7704 for details. The collection of applicable taxes will be the responsibility of the individual vendor.

Will alcohol be served?

Yes No If yes, attach copy of ABC License (unless private event).

Fees and Deposits

Application Fee: Check One

- | | | |
|--------------------------|----------------------------|-------|
| <input type="checkbox"/> | City of Harrisonburg | N/A |
| <input type="checkbox"/> | Non-Profit Community Event | N/A |
| <input type="checkbox"/> | Private Event | \$100 |

Deposit: Check One

- | | | |
|--------------------------|----------------------------|-------|
| <input type="checkbox"/> | City of Harrisonburg | N/A |
| <input type="checkbox"/> | Non-Profit Community Event | N/A |
| <input type="checkbox"/> | Private Event | \$100 |

I/We, the applicant, have reviewed the Policy for Use of the City Hall Facilities and understand our obligation under said policy for the rental of a City Hall Facility.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Date Received:

- Deposit submitted**
- Fee submitted**
- Insurance Verified**
- Copy of ABC license if applicable**

Date Received by Staff ____ / ____ / ____

Date Approved _____

Reason for disapproval: _____