

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
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Type of Event (fundraiser, etc):

Meeting Room # Requested: _____

Is this an annual event? Yes No

Description of Event

Size of Event (Participants)

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 | \$100 |
| <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:

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

Date Received:

Received by:

Approved by: _____

Date Approved _____

Reason for disapproval: _____

City Hall Facility Technology Request



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.

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 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: _____

Date of Event: _____/_____/20____

Event Hours: _____

	Set-up Time		Event Time			Clean-up Time			
	Room 011	Room 012	Council Chambers	Room 237	Room 241	Room 315	Room 320	Atrium	
X = Is available + = can be available									
Basic computer access with limited network connectivity to internet	X		X		X	X			
Keyboard	X		X		X	X			
Mouse	X		X		X	X			
Speakers	X		X		X	X		X	
VGA	X								
HDMI	X		X		X	X			
DVD Player (If available)	+		+		+	+			
Teleconferencing	+	+	+	+	+	+	+		
Laser Pointer	+	+	+	+	+	+	+	+	

Microphone	+	+	X	+	+	+	+	X
X = Is available	Room	Room	Council	Room	Room	Room	Room	Atrium
+ = can be available	011	012	Chambers	237	241	315	320	
Television					X	X		
Projector/Screens			X					
SmartBoard	X							
Hearing Impaired Devices			X					
White Board		X						

Request the use of the following (check all that apply):

- DVD Player
- Teleconferencing
- Laser Pointer
- Micrphone

I/We, the applicant, have reviewed the Technology Request of the City Hall Facilities and understand that items can be requested, but not necessarily guaranteed.

I/We, the applicant, understand that on the day of the event the city of Harrisonburg IT staff might not be available for assistance.

Signature of Applicant: _____ Date: _____

Received by: _____

Date: _____

Copy sent to IT: _____

Date: _____

Approved by: _____

Date Approved: _____

Reason for disapproval: _____