



Facility Use Application, Agreement, and Fee Schedule

This Agreement must be completed and on file at City Hall AND available to City staff during the course of your event

CONTACT INFORMATION

Event: _____
 Applicant: _____
 Address: _____
 City, State & Zip: _____
 Contact Phone: _____
 Alternate Contact: _____

Organization Name: _____
 Non-Profit 501c(3) Yes No
 Copy IRS Determination Letter with non-profit status
 Alternate Phone: _____
 E-mail: _____
 Phone: _____

EVENT INFORMATION

Facility Requested: Depot Ball Field Gazebo Freight Lot Other: _____
 Street Closure (Subject to Council Approval 30 Days Prior to Event): Yes No
 Street(s) to be Closed: _____
 Event Description: _____
 Event Times: Start _____ End _____ Set Up _____ Clean-up end time _____
 Event Date(s): Start _____ End _____ Estimated Attendance: _____

Any yes response must be described in detail below or on Event Addendum Form

				Detailed description or attach Event Addendum Form
Is this event open to the public?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Is there an admission fee/ticket?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Will food or merchandise be sold?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Will alcohol be served?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Will alcohol be sold (ABC License Required)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Will there be sound amplification?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Any special equipment (bounce house, dunk tank, fireworks)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Any special needs from the city (cones, barricades)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

City Staff to Complete

Use Fee/Cleaning Deposit	Other Requirements
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Use Fee:	Date Paid: _____	Event Addendum:	Date Rec'd: _____
Cleaning Deposit:	Date Paid: _____	ABC License Application:	Date Rec'd: _____
ABC License Application (\$20 to City of Colfax):	Date Paid: _____	Event Map:	Date Rec'd: _____
		Insurance:	Date Rec'd: _____

Event Approval

Date before Council for Approval: _____ Date Approved: _____
 Conditions of Approval Letter mailed: _____ BY: _____