

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

INDIAN SPRINGS

Name of applicant (user): _____ Requested rental date(s): _____

Rental Times: 6:00AM-10:00PM 6:00AM-3:00PM 3:00PM-10:00PM

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: _____