

**PLEASE NOTE:**

This form is a request to use the Lemoore Veterans Hall in conjunction with the activity listed below. Final approval shall be granted by the Parks & Recreation Director upon receipt of the Application. **Alcohol is not allowed at any function centered on a minor including baptisms and quincineras.**

SECTION I - INDIVIDUAL / ORGANIZATION INFORMATION

A. For Individual Use.

- 1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_
- 2. Address \_\_\_\_\_ City \_\_\_\_\_
- 3. Resident of Lemoore \_\_\_\_\_ Yes \_\_\_\_\_ No

B. For Organization or Group Use.

- 1. Name of Organization or Group \_\_\_\_\_
- 2. Organization / Group Address \_\_\_\_\_
- 3. Name of Responsible Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
- 4. Is this a non-profit organization / group? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Type of Group / Organization \_\_\_\_\_ Fraternal \_\_\_\_\_ Service Club  
\_\_\_\_\_ Other \_\_\_\_\_
- 6. Is the Group / Organization composed of members who reside within Lemoore? \_\_\_\_\_ Yes \_\_\_\_\_ No

SECTION II – RESERVATION INFORMATION

A. Requested Date (s) and Time (s) of Use.

- |                      | <u>Day of Week</u> | <u>Date</u> | <u>Time</u>        |
|----------------------|--------------------|-------------|--------------------|
| 1. <b>Decorating</b> | _____              | _____       | _____ m to _____ m |
| 2. <b>Kitchen</b>    | _____              | _____       | _____ m to _____ m |
| 3. <b>Rental</b>     | _____              | _____       | _____ m to _____ m |

B. Type of Function (Meeting, dance, wedding reception, party, banquet, etc...)

Please describe in full) \_\_\_\_\_

C. Estimated Attendance? \_\_\_\_\_

D. Will any admission fee be charged? (Include dues, collections, donations or other charges). \_\_\_\_\_ Yes \_\_\_\_\_ No

E. Will Alcoholic Beverages be served? \_\_\_\_\_ Yes \_\_\_\_\_ No **Sold?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE NOTE:**

The sale of Alcoholic Beverages must be accompanied by a one-day Liquor License from the Alcoholic Beverage Control of the State of California (in Fresno). *State Law (AB13) prohibits smoking indoors in any public facility. A new law (AB 846) prohibits smoking within 20 feet of main entrance, exit and operable windows of all public buildings.*

**If Rental is Cancelled there will be a \$100 cancellation fee imposed.**

In submitting this application for use, I hereby certify that the information provided herein is true and correct, and further understand that any false information submitted may be grounds for denial of this reservation.

DATE: \_\_\_\_\_ Signature \_\_\_\_\_  
Group / Organization Person's Title \_\_\_\_\_

(FOR OFFICE USE ONLY)

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Deposit Receipt # \_\_\_\_\_  
 Application \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 Reason for Denial \_\_\_\_\_  
 Recreation Director of Authorized Representative \_\_\_\_\_  
 DATE \_\_\_\_\_

(FOR OFFICE USE ONLY)

Deposit \$ \_\_\_\_\_

Rental 4-hours = \$150.00 / \$250.00  
\$ \_\_\_\_\_

Over 4-Hours \_\_\_\_\_ hrs x \$25 =

Decorating \_\_\_\_\_ hrs x \$30.00 = \$ \_\_\_\_\_      Kitchen: \_\_\_\_\_ hrs x \$30 = \$ \_\_\_\_\_

Other Fees \_\_\_\_\_ \$ \_\_\_\_\_      *TOTAL Cost* \$ \_\_\_\_\_

**Payments:**

Amount \$ \_\_\_\_\_      Receipt # \_\_\_\_\_      Date \_\_\_\_\_

Amount \$ \_\_\_\_\_      Receipt # \_\_\_\_\_      Date \_\_\_\_\_

Amount \$ \_\_\_\_\_      Receipt # \_\_\_\_\_      Date \_\_\_\_\_

Total Balance Due \$ \_\_\_\_\_      By \_\_\_\_\_

Rental Fees

\$200 – 4 hours (\$30.00 after 4 hours)  
Additional \$100 for both sides

Deposits

\$150.00 to reserve date  
Additional \$100.00 for both sides  
Additional \$100.00 for alcohol