

Albany Civic Center Complex

Post Office Box 2300 Albany, Georgia 31702-2300 229-317-7201 Fax: 229-430-5163

Event Permit Application/Reservation Document

CONTRACT INFORMATION

Applicant Name: _____
(Name of Company, Corporation, Organization or Individual)

Contact Name/Name of Person Signing Lease: _____

Address: _____
Street City State Zip Code

Work Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____

Alternate Contact: _____

EVENT INFORMATION

Arena: _____ Auditorium: _____ Parking Lot: _____ Meeting Rooms: _____

Event Name/Brief Description: _____

Day/Date of Event: _____ Number of Attendees Expected: _____

Access Time for Setup: _____ Start Time: _____ Event Duration: _____

Audio / Visual Requirements: _____

Tradeshow: Booth Size: 8' x 10' _____ 10' x 10' _____ Other: _____

Ticketed: YES _____ NO _____

Food Requirements: YES _____ NO _____

(There is a 20% catering fee, and the caterer must furnish a Business License, Health Department Certificate and pay a \$250 refundable deposit.)

Alcohol: YES _____ NO _____
(The City retains all alcoholic sales and distribution rights.)

**The deposit is 1/2 of the facility rental fee. The remaining deposit will be due when the lease is prepared.
Non-Profit Organizations: IRS 501-C-3 must be attached with this application.**

Lessor Signature: _____ **Date:** _____