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)			
E-mail Address:				
Mailing Address:				
Date of Event:	/////			
Event Hours:				
Type of Event (fundraiser, etc):	Set-up Time	Event Time	Clean-up Time	
Is this an annual event?	Yes No			
Description of Event				
Size of Event:	Participants:			
Will food or merchandise be sold?			ent business license. All food vendors	
will food of merchandise be sold?	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 Lice	nse (unless private event).	

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Fees

Fee Scale: Check one.		
City of Harrisonburg	N/A	
Non-profit Community Eve	\$50 \$100	
Signature of Applicant:	Date:	
For Office Use Only:	☐ Deposit submitted ☐ Fee Submitted	☐ Insurance Verified
Date Received by Staff//_		
For Office Use Only:		Date Received
To onice out only.		Date Approved
Reason for disapproval:		