



# Silver Spring Civic Building at Veterans Plaza

## APPLICATION for USE

Allow 10 business days for processing single room use; up to 30 days for special event use.



Form #:	Staff use only
Date Received:	
Permit #:	

Event/Activity Information

**A. Event Name:** \_\_\_\_\_ **Estimated Attendance:** \_\_\_\_\_

**Event type:**  Banquet  Class  Conference  Cultural Activity  Faith-based  Meeting  Performance/Dance  Private Celebration

- Will you serve alcohol? (Beer / wine / liquor).....  Yes  No
- If requesting the Great Hall, will you need Audio/Video or Stage? .....  Yes  No If yes:  Audio/Video (\$100)  Stage (\$250)
- Are you advertising this event? .....  Yes  No
- Will you serve food? .....  Yes  No If yes:  Self-prepared  Catered
- Would you like to bring in outside equipment? .....  Yes  No
- Will event include music/performance? (DJ, live band, recorded, other).....  Yes  No If yes: include contact information of DJ / band / other below
- Will monies be accepted on site? (Donation, ticket sale, registration fee, sales, etc.)...  Yes  No

If answering **Yes**, to any of the above questions, please describe:

Please note: Commercial or Special Event Permit(s) may be required for some events. Please ask staff for details.

⇒ In order to ensure Civic Building events go well, users are required to meet with the logistics specialist leading up to the event (e.g. finalize plans, answer any outstanding questions, etc) Ratio requirement for youth events under 18 = one adult (21 years+) per 15 youth. No alcohol during events with a majority of participants under age 21. Youth events end at 11:00 pm Sun. -Thurs., and 11:30 pm Fri.-Sat.

**B. Day of Week (circle one):** Sun. Mon. Tues. Wed. Thur. Fri. Sat. **Date of Event:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Room Request and Event Occupancy Time

⇒ Room names for reference: Great Hall (Full or Half) • Atrium • Warming Kitchen • Courtyard • Ellsworth Room (Full or Half) • Fenton Room • Spring Room • Colesville Room

Room Preference:	Set-up time	Event Begin Time	Event End Time	Cleanup & out Time	Planned use of room?	Number of	
						Youth	Adults
<b>Example:</b> Great Hall (Full)	6:00 AM	7:30 AM	5:00 PM	6:00 PM	Business expo	0	300

Additional applications may be required for some events (example: events with alcohol). Users are responsible to adhere to all applicable laws and regulations.

**C. (Name of Applicant) First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Apt. # City State Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Gender (check one):**  Male  Female **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. Applying on behalf of:** ORGANIZATION: \_\_\_\_\_ (Complete this section) SELF: \_\_\_\_\_ (Skip section D)

**Organization Name:** \_\_\_\_\_ **Non Profit TIN?** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Suite # City State Zip Code

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Customer Type (check one):**  For Profit  Non Profit  Public Agency

**E. Agree To Waiver (CUPF - FULA)**  Yes  NO, incomplete application \*Federal Gov. applicants: (CUPF - Federal FULA)  Yes  NO, incomplete application

**F. Payment submitted?**  Yes Amount: \$ \_\_\_\_\_  NO, incomplete application **Form of payment:**  Credit Card  Money Order  Check

I have read the Community Use of Public Facilities User License Agreement (FULA) and agree to abide by the conditions of the Agreement. It is understood that the County is hereby expressly released and discharged from any and all liability for any loss, injury, or damage to persons or property which may be sustained by reason of this event. I understand that I may be required to provide a certificate of insurance that satisfies the requirements specified in the FULA before the date of the event for which this Application is being submitted. I understand the cancellation policy for special events and other requirements that may apply to my request. Application is not valid until all authorizations have been obtained. Photo ID required with application. Certification of non-profit status may be required. I am responsible for compliance with all applicable Federal, State or Local Laws. Violation of the terms of the permit or County laws and regulations may result in immediate cessation, forfeiture of all fees paid or other legal action as applies.

Every event requires Liability insurance



Responsible Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

Montgomery County • Interagency Coordinating Board for the Community Use of Public Facilities • www.montgomerycountymd.gov/cupf • Silver Spring Civic Building at Veterans Plaza: One Veterans Place, Silver Spring, Maryland 20910 • UPDATED: 03/18/2016 •

