



Facility Use

Reservation Information

City Contacts:

Elizabeth Cox at 704-920-4314 (office). Completed forms can be returned by emailing the to ecox@kannapolisnc.gov or by faxing to 704-920-4335.

Contact Name:

Company/Organization:

Address:

Address:

Phone #:

Alternate Phone #:

Email:

Reservation START Date:

Set-Up Start Time:

Event Start Time:

Reservation END Date:

Event End Time:

Clean-Up End Time:

Facility & Space(s) Requested for Rental:

Event Type:

Conference, Reception, Birthday, etc.

Expected # of Attendees:

of Chairs:

of Round Tables:

of Rectangle Tables:

Set-Up Needs:

A/V Needs:

<input type="checkbox"/> PowerPoint	<input type="checkbox"/> need a laptop	<input type="checkbox"/> bringing your own laptop
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(at locations specified)

<input type="checkbox"/> Microphone(s)	<input type="checkbox"/> hand-held (# <input type="text"/> needed)	<input type="checkbox"/> lapel (# <input type="text"/> needed)
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<input type="checkbox"/> Digital Signage/Images	<input type="checkbox"/> outside the room	<input type="checkbox"/> inside the room
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<input type="checkbox"/> Other: (please list) _____

Will Your Event Have Food: _____

Will It Be Catered: _____

Who Will Cater: _____

Will Your Event Have a DJ/Band: _____

Who Will It Be: _____

Will Alcohol Be Served at Your Event: _____

Beer/Wine/Champagne: Beer/Wine/Champagne (can be purchased at the grocery store, etc.) you **do not need** an ABC permit.

Spirituos Liquor: Spirituous Liquors (have to be purchased at the ABC store) you **do need** an ABC permit.

Permit #: _____

Limited Special Occasion Permit is Required to serve spirituous liquors (ABC Commission, Raleigh, NC)

You will need to obtain this permit application from the City of Kannapolis, as staff has to sign the application before it is submitted to Raleigh.

Name(s) and Telephone Number(s) of Chaperone(s) if applicable: _____

Any Other Special Needs or Request: _____

I hereby certify that I am the authorized and responsible representative of the petitioning group. The above statements are true to the best of my knowledge. I have read a copy of the policies governing the use of the facility, and agree that our group will comply with the rules and regulations, policies and fee schedule governing the use of the facility. I also agree that all rent and fees shall be paid by the above due date (14 days before scheduled event) or confirmed reservation shall become void.

THE USE OF ANY TOBACCO PRODUCT IS STRICTLY PROHIBITED.

Print Name: _____

Sign and Date: _____

Should there be any questions or if you need any additional service please call 704-920-4349.

We look forward to working with you on your event!