Town of Collbran Plateau Valley Fairgrounds Facility Rental Application

EVENT SPONSOR/CONCESSIONAIRE:		0.
Contact Name:		
Address:		
Phones – Home: Work:		
Email:		
FACILITY/PORTION USED: Arena Concess	sion Stand 🔲 Of	ffice Crows Nest
**All organizations, businesses or individuals selling a	ny and all items shal	I provide Town Hall with a copy of
their current sales tax license.	ate Received	
DESCRIPTION OF EVENT:		
EVENT DATES/TIMES:		
Day/Date	Time In:	Time Out:
Day/Date	Time In:	Time Out:
Day/Date	Time In:	Time Out:
INSPECTION: Pre (Date/Time)	Post (Date/T	ime)
LIABILITY INSURANCE: Proof of Insurance Town O	of Collbran – Additio	nal insured
	Effective Dates: Received Date	
LIGHTING REQUESTED: **\$5.00 per hour From:		_To:
EQUIPMENT:		:
To Be Used:		
Purpose:		
Equipment Operator:		
SPECIAL NEEDS/INSTRUCTIONS:		

The undersigned verifies that he/she has read and understands the Fairgrounds User Guide; that he/she has the authority to sign for and bind the event sponsor/concessionaire; and that by virtue of his/her signature the event sponsor/concessionaire is bound by all of the conditions set forth.

Applicant Signature	Date
Please Print Your Name	
Approved:	Date:
FEES COLLECTED Use Fee: Name: Date:\$Ck#	
Deposit: Date:\$Ck# Date Returned:	
Key: Set # Date Returned	