

HISTORIC DOWNTOWN FARMERS MARKET, INC.

PO Box 23162; Hot Springs, Arkansas 71903

Facility Use Application

Market Pavilion

121 Orange Street in Hot Springs, Arkansas

Individuals or organizations desiring to hold an event or otherwise rent space at the Market Pavilion must complete this application. The completed application must be returned to the Market Pavilion Manager, PO Box 23162, Hot Springs, AR 71903. Fees and deposits are due at the time of reservation in order to hold and confirm. Please read **Market Pavilion Use Policy** for complete policies and procedures. For calendar availability please call Market Pavilion Coordinator at 501-627-0711 or email at FOFM1@hotmail.com.

APPLICANT INFORMATION

Contact Person's Full Name:

Organization/Sponsor Name:

Non Profit (if non-profit attach documentation illustrating non-profit status.)

Address:

Telephone:

Fax:

Cellular Telephone:

e-mail address:

EVENT INFORMATION

Event Name:

Start Date:

End Date:

Start Time:

End Time:

Set-up Time & Date:

Tear-down Time & Date:

Event Description (attach promotional material & event schedule, if any):

Anticipated Daily Maximum Attendance:

Will there be charges or fees for entry to event or for participants in event? YES NO

If so, please attach a copy of your fee schedule.

If non-profit or fund raiser type event, who will benefit from the proceeds?

PUBLIC SAFETY INFORMATION

Describe your security plan (refer to section 4h of Lease Use Policy and contact Special Events Committee accordingly)

Who will provide security?

EVENT INSURANCE INFORMATION

Insurance Company:

Insurance Agency:

Insurance Contact Person:

Telephone:

FOOD, BEVERAGE AND MERCHANDISING INFORMATION

Will food be served? YES NO Food Servers:

Will beer or wine be served? YES NO Alcohol Servers:

Will there be other vending? YES NO Number of Vendors:

Describe other vending:

NOTE: If beer or wine is being served, a permit must be secured from the Arkansas Alcohol Beverage Control Board. Event organizer is also required by state law to ensure that all vendors collect Arkansas State Sales Tax.

OPERATIONS INFORMATION Contact Sanitation at 321-6911 for trash removal.

Number of Trash Containers:

Type of Trash Containers and Locations:

Sign here if you have contacted the Sanitation Department:

X _____ Date _____

Site Cleanup Contact's Name:

Telephone:

Is electrical service needed? YES NO Is water service needed? YES NO

Number of Portable Toilets:

Toilet Vendor:

Special Needs:

By signing this application, I hereby agree to abide by the facility use policies and procedures as adopted by the Historic Downtown Friends of the Farmers' Market Board of Directors and to render prompt payment of all applicable fees.

Applicant's Signature

Date

**Schedule of Fees
Market Pavilion Daily Rates**

Regular Daily Rental - \$200

Non-profit daily rental - \$100

Concession Vendor Fee - \$20 per Vendor Trailer or Booth per Event

Electricity Fee (when using more than 100 amps) - \$50 per Day

5% of Admission Fees Charged to attendees of any event must be paid to FOFM within five business days following the event.

SECURITY DEPOSIT: The sponsor of an event or activity in the Market Pavilion shall post a refundable security/clean-up deposit of \$200 at the time of application.

(NOTE: This section to be completed by Pavilion Manager)

Date Received: _____

Date Approved: _____

Approved by: _____

Conditions:

FEES DUE:

Facility Use Fees \$ _____

Concession Fees \$ _____ (# _____ Vendors)

Electricity Fee (if over 100 amps) \$ _____

Other (please list) _____ \$ _____

Deposit \$ _____

Total Fees Due (including deposit) \$ _____