



**CITY OF HOT SPRINGS  
ARKANSAS  
FACILITY USE APPLICATION  
Transportation Depot/Plaza  
Exchange Street Parking Plaza**

Individuals or organizations desiring to hold an event or otherwise rent space at the Transportation Depot/Plaza or the Exchange Street Parking Plaza must complete this application. The completed application must be returned to the Facility Manager, 100 Broadway Terrace, Hot Springs, AR 71901. Fees and deposits are due at the time of reservation in order to hold and confirm. Please read **Facility Use Policy** for complete policies and procedures.

**SECTION 1 – APPLICANT INFORMATION**

Contact Person's Full Name:	
Organization/Sponsor Name: <input type="checkbox"/> Non-profit (attach proof)	
Address:	
Telephone:	Fax:
Cell Phone:	Email Address:

**SECTION 2 – EVENT INFORMATION**

Event Name:	
Event Start Date and Time:	Event Set Up Date and Time:
Event End Date and Time:	Event Tear Down Date and Time:
Event Site(s): <input type="checkbox"/> Transportation Depot <input type="checkbox"/> Transportation Plaza <input type="checkbox"/> Downtown Parking Plaza (See Attachment A for specific areas and rates. Please call the Depot Office at 501-321-2020 for computation of fees.)	
Event Description (Attach promotional material and event schedule, if any)	
Anticipated Daily Maximum Attendance:	
Will there be Charges or Fees for Entry to Event or for Participants in Event: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy of your fee schedule.)	
If Non-Profit or Fundraiser Type Event, Who will Benefit from the Proceeds:	

**SECTION 3 – PUBLIC SAFETY INFORMATION**

Describe your Security Plan (Required if alcohol is served):
Who will Provide Security:

**SECTION 4 – EVENT INSURANCE INFORMATION**

Insurance Company:	Insurance Agency:
Insurance Contact Person:	Telephone:

**SECTION 5 – FOOD, BEVERAGE AND MERCHANDISING INFORMATION**

Will Food be Served: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Servers:
Will Beer or Wine be Served: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Servers:
Will There be Other Vending: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Venders:
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.**

**SECTION 6 – OPERATIONS INFORMATION**

Site Cleanup Contact's Name:	Telephone:
Is Electrical Service Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Water Service Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Portable Toilets:	Toilet Vendor:

**MUST CONTACT SOLID WASTE 501-321-6911.**

Number of Trash Containers:	Type of Trash Containers and Locations:
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**MUST CONTACT PUBLIC WORKS 501-321-6778. SEPARATE APPLICATION IS REQUIRED.**

Street Closings:	Barricades Needed:
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Special Needs:

**NOTE: Trash collection must be provided and coordinated through the City's Solid Waste Department (321-6911). Street closings and barricades require separate applications and must be coordinated through the City's Public Works Department (321-6778). Arrangements for electrical and water service must be confirmed with the Facility's Manager not less than three (3) business days prior to the event; otherwise, these services will not be available. Site cleanup must be completed within eight (8) hours after event is completed. Failure to meet this requirement may result in the City billing the event organizer for cleanup costs and retention of the security deposit.**

**By signing this application, I hereby agree to abide by the facility use policies and procedures as adopted by the Hot Springs Board of Directors and to render prompt payment of all applicable fees.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION 7 – SCHEDULE OF FEES  
FOR OFFICE USE ONLY**

Date Received:	Date Approved:	
Approved By:		
Conditions:		
Fees Due:		
Area Use Fees	\$ _____	
Concession Fees	\$ _____	(Number of Vendors _____)
Restroom Fees	\$ _____	
Deposit	\$ _____	
Total Fees Due (Including Deposit)	\$ _____	

**ATTACHMENT A  
FACILITY USE AREAS & FEES**

<b>TRANSPORTATION DEPOT</b>		<b>HOURLY RATES</b>			
(Please select areas desired.)		Business Hours		After Hours	
		Regular	Non-Profit	Regular	Non-Profit
<input type="checkbox"/>	A. Large Meeting Room	30.00	15.00	40.00	20.00
<input type="checkbox"/>	B. Pre-Function	N/A	N/A	N/A	N/A
<input type="checkbox"/>	C. Open Display Area	20.00	10.00	30.00	15.00
<input type="checkbox"/>	D. Pavilion	10.00	5.00	20.00	10.00
<input type="checkbox"/>	E. Entire Depot (Areas A, B, C, D)	50.00	25.00	60.00	30.00
<input type="checkbox"/>	Cleaning Fee (Required if Food/Drink Served)	30.00	30.00	30.00	30.00

<b>TRANSPORTATION PLAZA</b>		<b>RATES</b>	
(Please select areas desired.)		Regular	Non-Profit
<input type="checkbox"/>	A. Plaza	100.00	50.00
<input type="checkbox"/>	B. Open Parking Area	100.00	50.00
<input type="checkbox"/>	C. Farmer’s Market Pavilion	200.00	100.00
<input type="checkbox"/>	D. Bus Parking Area	100.00	50.00
<input type="checkbox"/>	E. Greenway (South)	50.00	25.00
<input type="checkbox"/>	F. Greenway (North)	50.00	25.00
<input type="checkbox"/>	G. Entire Plaza (Areas A, B, C, D, E, F)	400.00	200.00
<input type="checkbox"/>	Access to Restrooms	150.00	75.00

<b>DOWNTOWN PARKING PLAZA</b>		<b>RATES</b>	
(Please select areas desired.)		Regular	Non-Profit
<input type="checkbox"/>	A. Community Event Area	200.00	100.00
<input type="checkbox"/>	B. Top Level	200.00	100.00
<input type="checkbox"/>	C. Both Areas	300.00	150.00

**(Contact Public Works Department 501-321-6778)**

**SECURITY DEPOSIT** – The Sponsor of an event or activity in the Plaza area or Parking Deck shall post a refundable security deposit of \$250 or amount equal to one day’s fee, whichever is lowest.