



**Hickman Community Center  
115 Locust Street, Hickman, NE  
Application for Small Party Package/Business Meeting with  
Kitchen/Bar**

This application must be approved and filed with the Hickman Activities Coordinator at 115 Locust Street, Hickman, NE at least seven (7) days prior to event without alcohol and twenty-one (21) days prior to the date of the event if serving of alcohol is requested. In respect for residents in the neighborhood of the event, note the following time schedules: Sunday-Thursday events end at 10:00 pm, Friday and Saturday events end at 12:00 am.

(Scanned copies will be accepted, email to [activities@hickman.ne.gov](mailto:activities@hickman.ne.gov))

Date of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Primary Contract Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Mailing Address : \_\_\_\_\_

Email: \_\_\_\_\_

Please describe activities included in this event:

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Start date/time requested to access facility for set-up: \_\_\_\_\_

End date/time requested to leave facility after clean-up: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

**FOOD**

Will there be food served at the event? ( ) YES ( ) NO

• If yes, Name of Caterer: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALCOHOL**

Are you planning to have alcoholic beverages as part of the event? ( ) Yes ( ) No

•If alcohol will be available/consumed during the event, a separate application with the City of Hickman and the Nebraska Liquor Control Commission is REQUIRED to procure a Special Designated Liquor License (SDL). Please contact the City Clerk for application or questions regarding the application at 402-792-2212.

Will audio/visual equipment be requested or other special provisions?

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Do you require the exclusive use of the facility for your event? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

I have received and reviewed the Rental Guide, Basic Rules & Cancellation Policy \_\_\_\_\_  
(Initials)

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Print Name (Applicant)

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Signature

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Address, City , State, Zip

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Phone

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Office Use Only

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Signature of City Staff

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Print Name

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Date

<u>Rental Fees</u>		<u>Damage Deposit</u>	
Date 100% Rental Fees Received:		Date Damage Deposit Received:	
Check # or Payment Type:		Check #:	
Receipt #:		Receipt #:	

<u>Given to Applicant by City Staff:</u>	
Rental Guide, Basic Rules & Cancellation Policy	
Insurance Requirements	
Application for Permission to Consume Alcohol	
Waiver & Release of Liability Form	

**Event Type:**

## **Small Party Package / Business Meeting with Kitchen / Bar**

### **\$50.00 Rental Fee**

Three-hour rental period for the scheduled event.

100% of Rental Fee is required to reserve the date.

Includes use of meeting rooms 128A, 128B and Kitchen as printed below.

### **\$300.00 Rental Damage Deposit.**

The Damage Deposit is due by check seven days before the scheduled event.

No Damage Deposit checks will be accepted more than 30 days prior to the scheduled event.

If there is damage during your rental and/or additional cleaning is required following your scheduled event, the cost will be withheld from your Rental Damage Deposit.

### **\$10.00 Rental Fee per additional hour**

The additional rental period must be reserved at the same time as the scheduled three-hour event.

#### **Meeting Room 128A & 128B**

- 52' x 24'
- Maximum Room Occupancy  
80-theatre style; 40-  
classroom style
- Tables and chairs included
- Coat Hooks & Open Storage  
Cubicles
- 60" smart television,  
wireless microphone  
and built in speakers
- Water Fountains
- Restrooms

#### **Catering Kitchen:**

- 31' x 16'
- 6 sink basins (2 with  
disposals)
- Automatic dishwasher
- 2 commercial proofing ovens
- Gas oven and cooktop
- 2 percolating coffee  
pot/dispensers
- Large Commercial Freezer
- Large Commercial  
Refrigerator
- Commercial Ice Machine
- Mop Closet with Floor  
Sink/Drain