

Hickman Community Center 115 Locust Street, Hickman, NE Application for Outdoor Patio Rental

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)

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:		
Start date/time requested to access facility for se		
End date/time requested to leave facility after cle	ean-up:	
Estimated number of participants:		
FOOD		
Will there be food served at the event? () YES •If yes, Name of Caterer:	` '	
Phone:		

Are you planning to have alcoholic beverage	ges as part of the event?	
of Hickman and the Nebraska Liquor Contr	ng the event, a separate application with the City rol Commission is REQUIRED to procure a Please contact the City Clerk for application or 792-2212.	
Please list any other special provisions req	uested:	
Do you require the exclusive use of the factors () Yes () No If yes, explain:		
I have received and reviewed the Rental G	Guide, Basic Rules & Cancellation Policy(Initials)	
Print Name (Applicant)	Signature	
Address, City , State, Zip	Phone	
Office Use Only		
Signature of City Staff		
	Print Name Date	
Rental Fees	Print Name Date Damage Deposit	
Rental Fees Date 100% Rental Fees Received:		
	Damage Deposit	
Date 100% Rental Fees Received:	Damage Deposit Date Damage Deposit Received:	
Date 100% Rental Fees Received: Check # or Payment Type:	Damage Deposit Date Damage Deposit Received: Check #:	
Date 100% Rental Fees Received: Check # or Payment Type: Receipt #:	Damage Deposit Date Damage Deposit Received: Check #: Receipt #:	
Date 100% Rental Fees Received: Check # or Payment Type: Receipt #: Given to Applicant by City Staff:	Damage Deposit Date Damage Deposit Received: Check #: Receipt #:	
Date 100% Rental Fees Received: Check # or Payment Type: Receipt #: Given to Applicant by City Staff: Rental Guide, Basic Rules & Cancelation Po	Damage Deposit Date Damage Deposit Received: Check #: Receipt #:	

Event Type:

Outdoor Patio

\$20.00 Rental Fee

Three-hour rental period for the scheduled event. 100% of the Rental Fee is required to reserve the date.

No Damage Deposit

Includes:

- 114' x 28'
- 6 tables, seating for 48
- 4 bistro/bar height tables
- Maximum Occupancy 150
- Smoking Allowed
- Picnic style only, grills are not allowed.