



Hickman Community Center
115 Locust Street, Hickman, NE
Application for Catering Kitchen 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 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.

Please list any other special provisions requested:

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)

_____	_____
Print Name (Applicant)	Signature
_____	_____
Address, City , State, Zip	Phone

Office Use Only

Signature of City Staff _____ Print Name _____ 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 & Cancelation Policy	[]
Insurance Requirements	[]
Application for Permission to Consume Alcohol	[]
Waiver & Release of Liability Form	[]

Event Type: _____

Catering Kitchen

\$40.00/hour Rental Fee (Kitchen Only)

\$10.00/hour Rental Fee with the rental of the Meeting Rooms

\$100.00 Rental Fee for three hours with the rental of the Multipurpose Room/Gym

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

\$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.

Includes:

- 31' x 16'
- Serving Window
- 6 sink basins (2 with disposals)
- Automatic dishwasher
- 2 commercial warming 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