



**Hickman Community Center
115 Locust Street, Hickman, NE
Application for Wedding Reception Event Package**

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 the event without alcohol and twenty-one (21) days prior to the event if serving of alcohol is requested. Scanned copies will also be accepted; please email to activities@hickman.ne.gov.

Date of Event: _____

Event Name: _____

Primary Contract Holder: _____

Full Mailing Address: _____

Email: _____

Secondary Contact Person: _____ **Phone:** _____

Full Mailing Address: _____

Email: _____

Please describe the 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 SDL application at 402-792-2212.

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

ADDITIONAL ROOM RENTAL: MEETING ROOMS 128A/128B

() YES () NO \$50.00 Meeting Rooms 128A/128B Rental

Date/Time Doors to unlock: _____ Date/Time Doors to Lock: _____

Do you require the exclusive use of the facility for your event? (X) 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 Received
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RENTAL FEES	RENTAL DAMAGE DEPOSIT
Date 100% Rental Fees Received: _____	Date Rental Damage Deposit Received: _____
Check # or Payment Type: _____	Check #: _____
Receipt #: _____	Receipt #: _____
Date 50% Rental Fees Received: _____	Date Deposit Check Returned by Mail: _____
Check # or Payment Type: _____	GIVEN TO APPLICANT BY CITY STAFF:
Receipt #: _____	<input type="checkbox"/> Rental Guide, Basic Rules & Cancellation Policy
Date Remaining 50% Rental Fees Received: _____	<input type="checkbox"/> Insurance Requirements
Check # or Payment Type: _____	<input type="checkbox"/> Application for Permission to Consume Alcohol
Receipt #: _____	<input type="checkbox"/> Waiver & Release of Liability Form
EVENT TYPE: _____	

WEDDING RECEPTION EVENT PACKAGE:

- \$1,000.00 Rental Fee
 - Rental Period begins at 8:00 AM the day of the scheduled wedding reception event and concludes at 1:00 PM the day after the scheduled wedding reception event.
 - 50% of Rental Fee is due to reserve the date, with the remaining 50% due a minimum of seven (7) days before scheduled event.
 - Includes the use of the Multipurpose Room/Gym, Catering Kitchen, Beverage/Snack Bar and Outdoor Patio as printed below.
- \$600.00 Rental Damage Deposit
 - Deposit is due a minimum of seven (7) days before the scheduled event.
 - Deposit cannot be accepted more than thirty (30) days before the scheduled event.
- \$200.00 Additional Rental Fee
 - Available if Multipurpose Room/Gym and Kitchen are requested for rehearsal dinner or other requested activity on the day before the scheduled wedding reception event.
 - Additional rental period begins at 1:00 PM the day before the scheduled wedding reception event
 - **Additional rental period MUST be reserved at the same time as the scheduled wedding reception event.**
- \$50.00 Additional Room Rental
 - Available if additional space for wedding party, room for gifts, or other requested activity on the day of the scheduled wedding reception event.
 - **Additional Room Rental MUST be reserved a minimum of seven (7) days before the rental.**

MULTIPURPOSE ROOM

- 103' x 68'
- Maximum Room Occupancy 680
- Tables and chairs for 400 included
- 80" television, wireless microphone, and built in speakers included
- 100" Screen and Projector (*Available by Request*)
- 8' Loading Dock Door
- Outdoor Patio
- Water Fountains
- Restrooms

BEVERAGE/SNACK BAR:

- 13' x 9'
- Serving Window
- Self-Draining Ice Bin
- Large Commercial Beverage Refrigerator
- Microwave
- Handwashing Sink

OUTDOOR PATIO:

- 114' x 28'
- 6 tables, seating for 48
- 4 bistro/bar height tables

CATERING KITCHEN:

- 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

ADDITIONAL ROOM RENTAL ~

MEETING ROOM 128A & 128B:

- 52' x 24'
- Maximum Room Occupancy: 80-theatre style; 40-classroom style
- Tables and Chairs Included
- Coat Hooks and Open Storage Cubicles
- 60" smart Television, Wireless Microphone, and Built in Speakers

WEDDING RECEPTION EVENT CHECKLIST

- Step 1:** Rental application submitted to the Hickman Activities Coordinator
- Step 2:** Application to Consume Alcohol submitted to the Hickman Activities Coordinator
- Step 3:** Insurance Requirements Form submitted to the Hickman Activities Coordinator
- Step 4:** Make adjustments to the planned event according to the recommendations from the City of Hickman staff pertaining to safety, security measures, permits or other issues. Resubmit application if necessary.
- Step 5:** Obtain approval for event by the Hickman Activities Coordinator
- Step 6:** Pay a minimum of 50% of Rental Fee to the City of Hickman to secure the reservation
- Step 7:** Remaining 50% of Rental Fee paid to the City of Hickman
 - Due a minimum of seven (7) days before the date of the scheduled rental package
- Step 8:** Rental Damage Deposit Check paid to the City of Hickman
 - Due a minimum of seven (7) days before the date of the scheduled rental package
- Step 9:** Submit Insurance ACCORD Certificate naming the City of Hickman as Additional Insured to the Hickman Activities Coordinator at 115 Locust Street, Hickman, NE or activities@hickman.ne.gov at least seven (7) days before the scheduled rental package.
 - All insurance coverage will need to meet the requirements of the Insurance Requirements Form. Categories and coverage can be found on the second page of the document.
 - A \$50.00 Late Fee will be assessed to the applicant for insurance certificates not received at least seven (7) days before the scheduled rental package.
- Step 10:** At the conclusion of the event, make certain that the City of Hickman Community Center facility is cleaned per the provided Rental Clean-up Checklist
 - Cleaning Fees will be assessed to the organization/contact person if all items on the cleaning checklist are not completed.
- Step 11:** Turn all Key Cards in to the drop box in front of City Hall.

Rental Damage Deposit checks will be reviewed and returned by mail at the beginning of each month.

HICKMAN ACTIVITIES COORDINATOR CONTACT INFORMATION:

KARISSA KUSTER

ACTIVITIES@HICKMAN.NE.GOV

402-792-2212 / 402-580-0702

HOURS: M - F 8:00 AM - 4:30 PM

CITY HALL HOURS: M - F 8:00 AM - 5:00 PM



Hickman Community Center
115 Locust Street, Hickman, NE
Application for Permission to Consume Alcohol
21 Day Notice Required

If alcohol will be consumed and available during any event at the Community Center, a retail liquor license holder is required to obtain permission from the City of Hickman and procure a Special Designated License (SDL) from the Nebraska Liquor Control Commission. The alcohol caterer can advise you of application deadlines or you can call the City Clerk with questions regarding the SDL application at 402-792-2212. This application is required to facilitate requests to consume alcoholic beverages at the Community Center and to ensure a safe and successful event. A separate event application form is required for all rentals.

EVENT APPLICANT NAME _____

SCHEDULED DATE _____

TYPE OF EVENT _____

ASSURANCES:

I understand that I must contract with a retail liquor license holder to procure a Special Designated License from the City of Hickman and Nebraska Liquor Control Commission.

I further understand that I must hire security for the event in the number as required by the Nebraska Liquor Control Commission, Lancaster County Sheriff's Office, and/or City of Hickman. A professional insured company that regularly provides private security services may be required. The security must be hired at least two weeks prior to the event and proof of security must be provided to the City via a copy of the service contract.

I acknowledge that a 21 day notice prior to the scheduled event is required if alcohol is planned to be served. A \$50.00 fee may be assessed to the applicant if this form is not submitted 21 days prior to the scheduled event.

I have read and understand the printed requirements above and request permission to consume alcohol beverages for the above scheduled event.

I acknowledge the ending time for all events: Sunday-Thursday events end at 10:00 pm, Friday and Saturday events end at 12:00 am.

 Print Name (Applicant)

 Signature

 Address, City , State, Zip

 Phone

Office Use Only

 Signature of City Staff

 Print Name

 Date

Date Received _____

\$50 Late Fee (Circle One) YES NO WAIVED

Payment Received _____

RES2017-02 Local Approval Form Attached



Hickman Community Center 115 Locust Street, Hickman, NE Insurance Requirements

All large events and activities at the Community Center require proof of insurance. Small events and business meetings require contact information of insurance provider. If any activities present a special or unusual hazard during any event at the Community Center, additional insurance may be required. The City of Hickman's insurance provider will identify appropriate categories for any event not listed on the backside of this form. In no instance, will the required insurance be less than \$1,000,000 with \$5,000 Medical Expense. This requirement is to ensure a safe and successful event. A separate event application form is required for all rentals.

EVENT APPLICANT NAME _____

SCHEDULED EVENT DATE _____

TYPE OF EVENT _____

Are you planning any activities that represent a special or unusual hazard? YES NO

If YES, please describe: _____

Are participants required to sign a release or waiver? YES NO

If YES, please attach a copy of the release or waiver. Any releases or waivers used by the contracting party shall include a provision releasing the City of Hickman from liability while utilizing the City's facilities.

Are you planning any activities for which your insurance excludes coverage? YES NO

If YES, please describe: _____

NAME OF INSURANCE PROVIDER _____

NAME OF INSURANCE AGENT _____

AGENT'S ADDRESS _____

AGENT'S EMAIL _____

AGENT'S PHONE _____

ACKNOWLEDGMENT:

I have read and understand the printed insurance requirements for the above scheduled event.

Print Name (Applicant)

Signature

Address, City, State, Zip

Phone

*REFER TO BACKSIDE OF THIS FORM ON INSURANCE REQUIREMENTS FOR YOUR EVENT

Insurance Requirements

MISCELLANEOUS INSURANCE CATEGORIES

(Contact the City of Hickman at 402-792-2212 for specific information)

**GENERAL LIABILITY INSURANCE CATEGORY "A" Minimum
\$1,000,000 - to include \$5,000 Medical Expense City of Hickman
named as Additional Insured**

General Aggregate	\$1,000,000
a. Bodily Injury/Property Damage	\$1,000,000 each occurrence
b. Personal Injury Damage	\$1,000,000 each occurrence
c. Contractual Liability	\$1,000,000 each occurrence
d. Products Liability & Completed Operations	\$1,000,000 each occurrence
e. Fire Damage	\$ 100,000 each occurrence
f. Medical Expense	\$ 5,000 any one person

Example: Indoor Events (non-sport)

**GENERAL LIABILITY INSURANCE CATEGORY "B" Minimum
\$2,000,000 - to include \$5,000 Medical Expense City of Hickman
named as Additional Insured**

General Aggregate	\$2,000,000
a. Bodily Injury/Property Damage	\$1,000,000 each occurrence
b. Personal Injury Damage	\$1,000,000 each occurrence
c. Contractual Liability	\$1,000,000 each occurrence
d. Products Liability & Completed Operations	\$1,000,000 each occurrence
e. Fire Damage	\$ 100,000 each occurrence
f. Medical Expense	\$ 5,000 any one person

Examples: Basketball, volleyball or other limited contact sports

**GENERAL LIABILITY INSURANCE CATEGORY "C"
Minimum \$5,000,000 - to include \$5,000 Medical Expense
City of Hickman named as Additional Insured**

General Aggregate	\$5,000,000
a. Bodily Injury/Property Damage	\$1,000,000 each occurrence
b. Personal Injury Damage	\$1,000,000 each occurrence
c. Contractual Liability	\$1,000,000 each occurrence
d. Products Liability & Completed Operations	\$1,000,000 each occurrence
e. Fire Damage	\$ 100,000 each occurrence
f. Medical Expense	\$ 5,000 any one person

Examples: Full contact sports, large concert

The City of Hickman Insurance Provider (LARM - Risk Manager) will identify appropriate category for any event not listed above. In no instance, will the required insurance be less than \$1,000,000 with \$5,000 Medical Expense.