



APPLICATION/PERMIT FOR USE OF THE TWO WHITE FLINT NORTH (TWFN) AUDITORIUM

Because fewer than ten respondents submit this form annually, this form is not a collection of information as defined by the Paperwork Reduction Act of 1995 and 5 CFR Part 1320.3(c). No Office of Management and Budget clearance is required.

INSTRUCTIONS: Please submit with this application a copy, sample, or description of any material or item(s) proposed for distribution or display. Complete the check list of service needs for public-use space on the reverse of this form. Failure to complete this form will result in denial of a permit.

IMPORTANT: If the applicant proposes to represent an organization, a letter or other documentation that the applicant has authority to represent that organization must be submitted with this form.

1. Proposed Date(s)	From (MM/DD/YYYY)	Hour	AM or PM	To (MM/DD/YYYY)	Hour	AM or PM
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2. Name of Applicant (First, Middle Initial, Last)	Business Telephone Number
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Business Address (Street, Suite/Apt. No., City, State and Zip Code)
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3. Name of Person or Organization Sponsoring, Promoting, or Conducting the Proposed Activity	Business Telephone Number
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Business Address (Street, Suite/Apt. No., City, State and Zip Code)
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4. Name of Person(s) Who Will Supervise/Be Responsible for the Proposed Activity	Business Telephone Number
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Business Address (Street, Suite/Apt. No., City, State and Zip Code)
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5. Description of Proposed Activity
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6. Certification

AN APPLICANT PROPOSING TO ENGAGE IN THE SOLICITATION OF FUNDS MUST CHECK ONE OF THE FOLLOWING STATEMENTS:

I CERTIFY THAT:

- ☐ I represent and will be soliciting funds for the sole benefit of a religion or religious group.
- ☐ My organization has received an official Internal Revenue Service (IRS) ruling or letter of determination stating that the organization or its parent organization qualifies for tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5).
- ☐ My organization has applied to the IRS for a determination of tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5) and that the IRS has not yet issued a final administrative ruling or determination of such status.

I certify that I am authorized to sign this application on behalf of the named organization. I have read and fully comprehend all fees, rules, and regulations contained in the policies and procedures associated with the use of the Two White Flint North Auditorium. I fully accept liability for any damages that may occur during the scheduled use or any additional charges that may result from the designated use of the auditorium.

Signature and Date - Applicant

APPLICATION/PERMIT FOR USE OF THE TWO WHITE FLINT NORTH (TWFN) AUDITORIUM (Continued)

CHECK LIST OF SERVICE NEEDS FOR PUBLIC-USE SPACE

AUDITORIUM (Check items needed)	CATERING KITCHEN
<input type="checkbox"/> MICROPHONE <input type="checkbox"/> PODIUM <input type="checkbox"/> DAIS CONFIGURATION	<p>Will Food or Drink be Served During Program Hours? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>It is the user's responsibility to ensure that the kitchen is clean and in order before leaving the premises.</p>

NRC USE ONLY

SCHEDULE OF COSTS FOR AUDITORIUM USE. All programs are after NRC normal hours of operation.

		Services Per Hour		Cost Per Hour	Total Cost
Event Date (MM/DD/YYYY)		Auditorium Only	\$63.25 / per hour <input type="checkbox"/>		
Start Time	<input type="text"/>	Audiovisual Photography	\$81.00 / per hour <input type="checkbox"/>		
End Time	<input type="text"/>	Video Teleconferencing	\$108.00 / per hour <input type="checkbox"/>		
Number of Event Hours		Custodial Support Services (Mandatory flat rate)	\$288.00 / flat rate <input type="checkbox"/>		
TOTAL					

ADMINISTRATIVE REVIEW

☐ APPROVED
 ☐ DISAPPROVED

If Disapproved, Reason for Disapproval

Reviewing Official (Typed Name and Title)

Signature and Date - Reviewing Official - Administration

SECURITY REVIEW

☐ APPROVED
 ☐ DISAPPROVED

Reviewing Official (Typed Name and Title)

Signature and Date - Reviewing Official - Security

PERMIT FOR USE OF THE TWO WHITE FLINT NORTH AUDITORIUM

BASED UPON ADMINISTRATIVE AND SECURITY REVIEWS, THIS APPLICATION IS: ☐ APPROVED ☐ DISAPPROVED

Reviewing Official (Typed Name and Title)

Signature and Date - Reviewing Official - Final Approval