



Application Form

For Justice Center, Exhibit Building And Fairgrounds Facilities

Gilpin County Commissioners
P.O. Box 366
203 Eureka Street
Central City, CO 80427
303-582-5214 Fax: 303-582-5440

Application Date: _____	0-10 Attendees	None
Damage Deposit Enclosed: \$ _____ <u>See table for fee structure.</u> →	11-50 Attendees	\$50
	51 –up Attendees	\$100
	Fairground Complex	\$1,000

Organization Name: _____

Type of Organization: _____

Organization Address: _____

Organization Contact: _____

Contact Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____ Fax Number: _____

Contact Email Address: _____

Purpose of Event: _____

Printed Name of Applicant: _____

Signature of Applicant: _____

*The application signer will be held responsible for returning event area back to the condition it was found. If damage occurs, this party will be billed for any damages. For any emergency, please call 911. Any disturbances MUST BE reported to the Sheriff at 303-582-5500. For maintenance problems with any facility, please call 303-582-5500 and dispatch will page the maintenance supervisor. **Note: Incomplete applications will be denied.***

For Office Use Only:

Approved By: _____ Date: _____

If application is denied, state reason: _____

Date Damage Deposit Paid _____ Check No. _____ Receipt No. _____

Damage Report Filed: _____ Status: _____

Date Damage Deposit Refunded _____ Check No. _____

Date Applicant Billed for Damages: _____ Amount Billed: _____ Inv. No. _____

Date Received: _____ Check No.: _____ Receipt No. _____



Reservation Form For Justice Center, Exhibit Building And Fairgrounds Facilities

Gilpin County Commissioners
P.O. Box 366
203 Eureka Street
Central City, CO 80427
303-582-5214 Fax: 303-582-5440

Organization Name: _____

Purpose of Event: _____

Number of Attendees: _____ Est. Number of Vehicles: _____

Printed name: _____

Signature of Applicant: _____

The person reserving the facility MUST BE the same person who signed the application form.

Once approved, please fax back at _____

Note: Reservations will be issued on a first come first served basis. No reservations will be accepted more than 30 days in advance without prior approval from the County. This reservation form is only good for one facility; if a second facility is required, please submit a separate form for that facility.

In an emergency, call 911. For any other problem with a facility, please call 303-582-5500 and dispatch will page the maintenance supervisor.

NOTE: There is **NO SMOKING** allowed inside any County facility.

Please be as specific as possible when requesting a facility. If you have a particular area or areas you want, be sure it is noted here.

Facility requested: _____	
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Event Date: _____
Start Time: _____
End Time: _____

Event Date: _____
Start Time: _____
End Time: _____

Event Date: _____
Start Time: _____
End Time: _____

Event Date: _____
Start Time: _____
End Time: _____

Event Date: _____
Start Time: _____
End Time: _____

Only five reservation dates per organization per month will be accepted. Reservations cannot be made more than 30 days in advance without prior approval.

For Office Use Only:

Approved By: _____ Date: _____

If reservation is denied, state reason: _____

Application Form is on File: _____ Form is Signed By: _____