



**FACILITY RENTAL REQUEST APPLICATION**

This is a request for a facility reservation. If accepted, the contact person listed below will be contacted and a contract will be mailed or faxed per information below. Please complete all information as accurately as possible. Completion of this request application is NOT a legal or binding commitment between the parties until a facility rental contract has been executed. Do not send payment at this time. All requests are on a first come-first serve basis. **NO DATES WILL BE HELD UNTIL THIS APPLICATION IS APPROVED.**  
**SEFA shall be the exclusive provider of food and beverage services on this property. No outside food and beverage will be allowed.**

- Please check all the facilities that may apply:
  - Expo: North \_\_\_ Center \_\_\_ South \_\_\_ Armory: Exhibit Hall \_\_\_ Classroom \_\_\_ Other rooms \_\_\_
  - Horticulture building \_\_\_ Art Center \_\_\_ Budweiser Bridlewood \_\_\_ Neighborhood/Front Porch \_\_\_
  - Outside horse arena \_\_\_ Livestock buildings (specify) \_\_\_\_\_
  - East Parking Lot \_\_\_ North Parking Lot \_\_\_ Midway \_\_\_ Grandstand \_\_\_ Other \_\_\_\_\_
- Renter Information
  - Name of Organization/Renter \_\_\_\_\_
  - Contact Person \_\_\_\_\_
  - Street Address \_\_\_\_\_ P.O.Box \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
  - Phone numbers \_\_\_\_\_ Fax \_\_\_\_\_
  - Email \_\_\_\_\_
  - Is this organization in good standing and appropriately licensed to conduct this event? \_\_\_\_\_
  - South Dakota Sales Tax # \_\_\_\_\_, If none, have you contacted the SD Dept of Revenue? \_\_\_\_\_
  - Have you previously rented our facilities? \_\_\_\_\_ If so, date & type of event \_\_\_\_\_
- Event Information
  - Event Name \_\_\_\_\_ Web Site Address \_\_\_\_\_
  - Event Description \_\_\_\_\_
    - \_\_\_\_\_

(Concerts/Dances: attach list all performers. Artists subject to SEFA management's approval)
  - Event Dates & Times \_\_\_\_\_
  - Requested time & date to enter facility \_\_\_\_\_ Requested time & date to exit \_\_\_\_\_
  - Estimated Attendance \_\_\_\_\_ Is it open to the public? \_\_\_\_\_
  - Is there paid admission? \_\_\_\_\_ If so, admission prices \_\_\_\_\_
  - Will advanced tickets be sold? \_\_\_\_\_ Is so, list prices & locations \_\_\_\_\_
    - \_\_\_\_\_
  - Will spaces be subleased to other vendors? \_\_\_\_\_ If so, estimated number of vendors \_\_\_\_\_
    - Vendors In (date & time) \_\_\_\_\_ Vendors Out (time & date) \_\_\_\_\_
    - Will you be supervising/organizing the vendors? \_\_\_\_\_ If not, who? \_\_\_\_\_
    - SEFA reserves the right to approve the vendor items sold, distributed, and/or displayed. Vendors distributing, displaying &/or selling items deemed by SEFA to be vulgar, suggestive, or offensive given the nature of the event, will be asked to remove the offending items or risk being asked to leave the premises.
  - If applicable, number of participants in the event (people &/or head count) \_\_\_\_\_

- Will you have EMS personnel at the event? \_\_\_\_\_
- Will you have Veterinary personnel at the event? \_\_\_\_\_
- Do you have sponsors for the event? \_\_\_\_\_ If so, who?
  - \_\_\_\_\_
  - Is there any agreements with sponsors that may have an impact on how the event is operated, or what is served, etc...? \_\_\_\_\_

➤ Services requested

- Concessions \_\_\_\_\_
- Catering \_\_\_\_\_
- Beer &/or Alcohol service \_\_\_\_\_
- Event assistance
  - Set up \_\_\_\_\_
  - During event \_\_\_\_\_
  - Teardown \_\_\_\_\_
- Security \_\_\_\_\_
- Liability Insurance Company (\$1,000,000 minimum required) \_\_\_\_\_
- Equipment required: (tables, chairs, chair covers, sound system, livestock equipment, etc.)
  - \_\_\_\_\_
  - \_\_\_\_\_

➤ References (facility references, bank references, business references &/or personal references)

- Type of Reference \_\_\_\_\_ Name of institution \_\_\_\_\_  
 Contact person \_\_\_\_\_ Contact information \_\_\_\_\_
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It is understood that this application is only a request for dates and is not a contractual agreement. The applicant hereby represents that a full and complete disclosure has been made of all information which might be pertinent to the SEFA for consideration of this application and that all the statements are true and correct. By submitting this application, I authorize the SEFA to verify any information on this application.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

➤ Other Pertinent Information to the event