



City of Mobile
Levon C. Manzie Neighborhood Resource Center

Application for Use of Facility

Date of Application _____

Name of Applicant _____ Title _____

Phone _____ Email Address _____

Name of Organization _____

Address _____ City _____ State _____ Zip _____

Does your organization have a City of Mobile Business License? Yes No Not Applicable

Does your organization hold 501(c)(3) status with the Internal Revenue Service? **(Documentation must be submitted with your application)** Yes No

Event Information

What is the purpose of the meeting/event? _____

How many people will be in attendance? _____ Primary Demographic Served? _____

Will your event require use of any of the following? Projector Whiteboard Television

Will you serve refreshments? Yes No If yes, please list _____

Room Requested *(Capacity is for persons seated in chairs)*

Classroom/Training Room (capacity 21)

Lobby (capacity 14-16)

ADA Accessible Counseling Room (capacity 4)

Conference Room (capacity 14)

Meeting Date(s) *Set arrival and finish times that allow for room setup and breakdown*

Date: _____ Arrival Time: _____ Event Starts: _____ Event Ends: _____

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By submitting this form, Applicant agrees that with regard to any and all claims, injuries, damages or liabilities arising from or in connection with Applicant's use of the facility, Applicant 1) waives any claim against the City, its elected officials and employees, and 2) agrees to indemnify, defend and hold harmless City and its elected officials and employees.