



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? \_\_\_\_\_

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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Submit Application For Review: