

# Permit#

## City of Bee Cave Facility Reservation Form

4000 Galleria Parkway, Bee Cave, Texas 78738; 512-767-6600

### Applicant Information:

Applicant Name: \_\_\_\_\_  
Driver License# \_\_\_\_\_  
Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Contact# \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### Facility:

- Community Room A
- Community Room B
- Old Bee Cave School House
- Central Park Pavilion - Small  
(Limit of 25 persons)
- Central Park Pavilion - Large  
(Limit of 50 persons)

Non-Profit:  Yes  No

If yes, Tax ID# \_\_\_\_\_

### Event Information:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Description: \_\_\_\_\_

Total Hours Requesting: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Electricity Use Requested:  Yes  No

### Payment Information:

Fee Amount \$ \_\_\_\_\_

Credit Card# \_\_\_\_\_

Master Card  Visa

Security Deposit \$ \_\_\_\_\_

\_\_\_\_\_  
Name on Card

Cash  Money Order

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Billing Zip Code

### OFFICE USE ONLY

Amount Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt# \_\_\_\_\_

Deposit Refund \$ \_\_\_\_\_ Refund Date: \_\_\_\_\_ Check/CC Ref# \_\_\_\_\_

Refund Approved  Refund Denied

Comments:

Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

City of Bee Cave Authorized Official

**I have read and signed the City of Bee Cave's Facilities/Park Reservations and Fees Policy . I agree to abide by all terms and conditions set forth herein. I agree to provide proof of identification and/or additional documentation upon request.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Bee Cave Authorized Official

\_\_\_\_\_  
Date