



**Socorro County Building Application for Usage Permit**  
Effective March 24, 2009

Building/Center Requested: \_\_\_\_\_

Application Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose: \_\_\_\_\_

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

Will a fee be charged individuals to attend?  Yes  No Amount \$ \_\_\_\_\_

Proceeds will benefit: \_\_\_\_\_

Name of person who will be responsible: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Is the responsible party a Socorro County resident?  Yes  No

**Building Usage Deposit  \$100.00** (Facility must close by 11:00pm) **Kitchen  \$50.00**  
(If building is not cleaned and vacated by 11:00pm an additional **\$50.00** per hour fee will be accessed.)

**Building Usage Fee (circle one)**

Annex Building:	\$35.00 per hour
Senior Centers:	\$30.00 per hour
San Antonio Community Center:	\$30.00 per hour

Is kitchen **use** requested?  Yes  No

If **yes**, please circle the kitchen equipment your group is requesting use of:

Stove            Refrigerator            Microwave            Coffee Maker

**Time of Use Requested:** \_\_\_\_\_

**Deposit and Insurance:**

Deposits and Certificates of Insurance are due with application. If paying by check, please make a separate check for the Deposit than the Usage Fees. The check for the deposit will be returned to you at the end of the process.

I hereby am aware and agree to abide by all rules and regulations governing the **use** of the facility and equipment.

\_\_\_\_\_  
Applicants Signature/Date

**For Office Use Only**

\_\_\_\_\_  
Approval Signature/Date

**County Sponsored Event:**     No (all fees apply)  
   Yes (indicate below which fees are required or waived)

**Deposit:**

Room:     Waived     \$100     Kitchen \$50     Total Deposit \$\_\_\_\_\_

**Insurance**

- Waived
- \$1,000,000 Certificate of Liability Naming Socorro County as Additional Insured
- TULIP Insurance Purchased through NMAC

**Usage Fee**

Total Fee Due: \$\_\_\_\_\_ (Including Deposit)

Security Deposit paid Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Employee Initial \_\_\_\_\_

Usage Fee paid Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Employee Initial \_\_\_\_\_

Refund of Deposit Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Employee Initial \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant acknowledging return of Deposit by original check or cash issued to Socorro County.