

DMNA Customer Utilization Form

Date / /

Armory

Information on lessee

Name of organization/person _____

Contact Person _____

Address _____

Telephone _____ Fax _____

Nine Digit FED ID# or SS# _____

Purpose of Using Facility _____

Will there be admission charge? Yes _____ Amount \$ _____
No _____

Have you done business with us or any other New York State armory previously?
Yes _____ No _____

Facility Request

Areas requested _____

Time/Dates	Time/Date	Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alcohol Use or Sale: Will there be use or sale of spiritous or malt liquor on the premises?
Yes _____ No _____

Potential Construction

Will construction, such as temporary walls, bleachers, platforms, stages, booths or the like be required? Yes _____ Customer's Amount \$ _____

No _____ *all construction must be approved by MNFE-CE

Will temporary electricity, not in place, be required: Yes _____ No _____

** Discrimination due to the race, sex, creed or religion of a lessee, or by the lessee, is prohibited. All armory uses must be in accordance with the nondiscriminatory assurance contained in Title VI of the Civil Rights Act of 1964. Violation can be cause for potential monetary penalty.

Signature of Requestor _____