

**The Military Department of South Carolina  
National Guard Armory Rental Application**

National Guard Armory, \_\_\_\_\_ S.C

**Applicants must complete an Armory Rental Application and forward the application, through the Armory Manager, to the State Operations Armory Rental Coordinator a minimum of ten (10) days prior to the date of any proposed rental (Fee or No-Fee)**

**Application Number AP:** \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Applicant's Driver's License Number** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**State or Other ID Card Number:** \_\_\_\_\_ **Specify type ID** \_\_\_\_\_

**Active or Retired Military?** Yes No

**Are you the person who will be responsible for this rental?** Yes No

**Are you completing this application for someone else or for an organization?**  
Yes No

**Provide the name of the actual renter or organization, address and contact information if different from above:**

**Organization Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is this group or organization a non-profit?** Yes No  
If Yes, Tax ID Number: \_\_\_\_\_

**If yes, attach a copy of IRS Tax Exemption Approval Letter and 501(c) to this document.**

**Purpose of Armory Rental [check one (1) from list below]:**

- |                                |                                |
|--------------------------------|--------------------------------|
| Military Organization Function | State License/Testing          |
| Non-Profit 501(c) Function     | Non-Profit 501(c) Fundraiser   |
| Seminar                        | Job Fair                       |
| Wedding Reception              | Private Party for: _____       |
| Banquet for _____              | Retirement Ceremony for: _____ |

Church Function

University Function

Fraternity/Sorority Function (Closed to Public)

Other (explain): \_\_\_\_\_

**Dates and Times of Event (check AM or PM):**

Date of Set-up: \_\_\_\_\_ from \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM

Date of Event: \_\_\_\_\_ from \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM

**Maximum number of people to attend rental** \_\_\_\_\_

**Maximum Fire Code occupancy for facility is** \_\_\_\_\_

**General questions about your event:**

a. Is the event open to the general public Yes No

b. Are you charging admission? Yes No

c. Are you selling food, drink, and/or merchandise: Yes No

*If you answer yes to a or b, one or all of the following may be required:*

- *Business License/Admission Tax License*
- *Federal Tax ID or EIN*
- *Proof of Insurance against property damage and/or personal injury arising out of this rental*

d. If you are charging admission:

- Will liquor be allowed? (If yes, alcohol permit will be required) Yes No
- Will beer/wine be allowed? (If yes, beer/wine permit will be required) Yes No

e. Will liquor be sold? (If yes, alcohol permit will be required) Yes No

f. Will beer/wine be sold? (If yes, beer/wine permit will be required) Yes No

g. Will liquor be provided free of charge? Yes No

h. Will beer/wine be provided free of charge? Yes No

Address all questions regarding any of these issues to the Department of Revenue.

Web Site: [www.sctax.org](http://www.sctax.org)

j. Will there be any advertisements or signs distributed for the event? Yes No

*The Armory Manager must approve all advertisements/signage **prior** to publication*

**Equipment Requested:**

Tables (stacked)	Chairs (stacked)	DJ Stage	PA system
Ice Machine)	Stove	Refrigerator	

**Areas Requested (check):**

Drill Hall Floor                      Kitchen                      Restrooms (Male) (Female)  
Classroom(s)                      Foyer

**Have you or your organization ever rented this or any other SC National Guard Armory/Facility?**      Yes      No

If Yes, When \_\_\_\_\_ Where: \_\_\_\_\_

**Security will be provided by:** \_\_\_\_\_

Organization Name: \_\_\_\_\_

Security Contact Name: \_\_\_\_\_

Security Contact Telephone: \_\_\_\_\_

**Personal References**

Please provide the name, address and telephone numbers for three references:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**As the authorized Renter or Representative of the Renting Group, we agree to respect the \_\_\_\_\_ National Guard Armory and its grounds in all aspects. After the rental contract has been signed by Armory Manager and the Renter, changes to any contract term may result in the Armory Manager cancelling the Rental Contract according to its terms.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For questions, please contact: \_\_\_\_\_, Armory Manager for the \_\_\_\_\_ National Guard Armory.

Telephone Number: \_\_\_\_\_

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

**Proposed Rental Fee Amount (including Sitter Fees @ \$15/hour):** \_\_\_\_\_

Additional Comments:

***For Internal Use Only by TAG/B&F***

Approved \_\_\_\_\_  
*Initials*

Denied \_\_\_\_\_  
*Initials*

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