

The Military Department of South Carolina

South Carolina Military Museum, Columbia, SC

Military Museum Rental Application

Applicants must complete a Rental Application and forward the application, through the Museum Rental Coordinator, 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: ___ - SCMM - _____

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

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)

PA system

Areas Requested (check):

Gallery 2 Outside Area
Meeting Room Restrooms (Male) (Female)

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 South Carolina Military Museum and its grounds in all aspects. After the rental contract has been signed by Museum Rental Coordinator and the Renter, changes to any contract term may result in the Museum Rental Coordinator cancelling the Rental Contract according to its terms.

Signature

(Print Name)

Title

Date

For questions, please contact: _____, Rental Coordinator for the South Carolina Military Museum.

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: _____