

DART Central Station Meeting Room Application

Apply at the DART Central Station Administrative Office 620 Cherry Street, Des Moines, IA 50309,

Application Date:				
			33-5027, Fax 515. 2 ail - hkapler@ride	
		E-1116	an - <u>nkapier@nde</u>	<u>uart.com</u>
Date of Meeting:	Start Time:	Enc	d Time:	
Name of Organization:				
Does this organization have tax exer	npt or non-profit status?	No Yes	s, attach a letter of ex this a	emption to application.
Is the meeting open to the public?	No Yes	Number of attende	es:	
Purpose of meeting:				
Application made by:	Organ	nization:		
Address:				
Telephone:		Cell Phone:		
Email:				
Room Arrangement Setup:			4 Pod _	6 Pod
OTHER INFORMATION:				
Do you plan to have food and drink?	? No Yes	\$25 cleaning fee applies pe	er room for all catere	ed events
Caterer:			all to the constant	DART
Catering arrangements are made by the organ	- -	-	-	
I hereby acknowledge the	at I have read and agree to the	DART Central Station Me	eting Room Policy	<u>/</u> .
Signature:	Da	ate:		
OFFICE USE ONLY:				
Approved By:		Date:		
Amount Due:	Amour	nt Paid:		