



St. Mark's Lutheran Church  
 600 Cambridge Street  
 Winnipeg, MB R3M 3G6

Phone: 204-452-4326  
 E-mail: office@stmarkslutheran.ca  
 Website: www.stmarkslutheran.ca

## APPLICATION FOR FACILITY USE PERMIT – COMMUNITY GROUP

ORGANIZATION/GROUP NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON INFO – Please print.

NAME \_\_\_\_\_ TEL: \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ P-CODE \_\_\_\_\_

Space Required: Sanctuary  Parish Hall  Classroom(s)

For use of space in the church as indicated, from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 on (DATE) \_\_\_\_\_

For purpose of: \_\_\_\_\_

Will alcohol be served YES  No

(Please note that an MLCC License is required when alcohol is served)

**I have read the conditions under which Facility Use Permits are granted and agree thereby:**

SIGNATURE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
 (Church Representative)

DATE APPROVED \_\_\_\_\_

This permit is not valid unless signed by both the applicant and Church Representative. Approved copies will be issued to the applicant and the church office.

For office use	
TOTAL FEE CHARGED:	_____
DAMAGE DEPOSIT RECEIVED:	_____
PROOF OF INSURANCE (provider & certificate #)	_____