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**DEPARTMENT OF SOCIAL SERVICES
AND COMMUNITY DEVELOPMENT**
Victoria Road, Basseterre, St Kitts, W.I

COMMUNITY MULTI-PURPOSE CENTRE REQUEST FORM

Community Center: _____

SECTION A EVENT LOGISTICS

Title/Type: _____

Date: _____

Start Time: _____ End Time: _____

Hours of Reservation: _____ to _____ (must include set up and cleanup)

Room(s) requested: _____

Expected Attendance: _____ Age Range of Attendees: _____

SECTION B: APPLICANT CONTACT INFORMATION

Contact Person: _____

Organization: _____

Mailing Address: _____

Phone: _____ (Cell) _____ (Home) _____ (Fax)

Email: _____

SECTION C: EVENT DETAILS

Food Service and Alcohol

Will food be served? _____ Yes _____ No

If yes, will the kitchen be used? _____ Yes _____ No

Will alcohol be served? _____ Yes _____ No

Will music be played? _____ Yes _____ No

Will any income be generated from this event? _____ Yes _____ No

If yes, please indicate how this revenue shall be utilized _____

Applicant Signature: _____

Date: _____

For Office Use Only

SECTION A

Date Application Received: _____

Signature of Receiving Officer: _____

VERIFICATION INFORMATION

SECTION B

Decision:

_____ Approved

_____ Denied

Conditions of Approval: _____

Reason for Denial: _____

DECISION

SECTION C:

Deposit requested:

_____ Yes

_____ No

Method of Payment:

_____ Cash

_____ Check

Receipt Number: _____

Payment Date: _____

Receiving Officer:

_____ Mrs. Adams-Browne ___ Mrs. Wigley ___ Mrs. Ward-Harris

SECTION D:

Dispatch of Notification Letter: _____

COMMUNICATION WITH APPLICANT

SECTION E:

NOTATIONS
