

## Building Use Rental Permit Agreement Application

**BUILDING HOURS: Monday – Thursday 8 A.M. – 9 P.M. and Friday 8 A.M. – 5 P.M.**

Name of Group/Individual: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Person Responsible of Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

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

Date Permit is Desired: \_\_\_\_\_ to \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

**Room Requested**

**Damage Deposit**

Senior Center (after 3:30P.M.)	Rental Rate	(+ cust. clean-up)	Total
<input type="checkbox"/> Room Only	<b>\$25.00</b>	<b>\$50.00</b>	<b>\$75.00</b>
<input type="checkbox"/> Room w/ Kitchen Use	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$100.00</b>
<b>Gym (Mayor Approval Required)</b>			
<b>1-6 Hours</b>	<b>\$100.00</b>	<b>\$100.00</b>	<b>\$200.00</b>
<b>6+ Hours</b>	<b>\$200.00</b>	<b>\$150.00</b>	<b>\$350.00</b>

**Mayor's Initials for Approval:** \_\_\_\_\_

Meeting with Maintenance to go over procedures required prior to event. Can meet with Maintenance during City

Office Hours: **Monday – Friday 8 A.M. – 4:30 P.M.**

**Check Boxes for all that apply (listed below is what is available)**

100 Chairs

10 Tables

Speaker System

List any additional requirements: \_\_\_\_\_

**(PAYMENT IS DUE WITH APPLICATION) Receipt #** \_\_\_\_\_ **Total \$** \_\_\_\_\_

**ACCEPTANCE OF POLICIES AND PROCEDURES**

No smoking is permitted anywhere in the building. The building must be vacated by the time specified above no later than Building Hours listed above. I understand that additional charges may be assessed at the discretion of the City for any unseen damages from event. For any unusual clean-up required after use of building will be deducted out of the Damage Deposit. Notice of additional charges will be sent by mail or email and will be deducted from the Damage Deposit. Broom, dust pan, mops and extra garbage bags are provided. Clean up all areas used. Throw garbage bags in dumpster and replace the bags in trash cans. Before leaving make sure lights are off and that all cleaning supplies are put back where you got them. Reimbursement is based on any charges that may or may not be charged after the event.

**Initialed:** \_\_\_\_\_

**I have read and understand the information contained on this form which outlines my responsibilities as the Responsible Applicant. I do hereby agree to abide by these policies and all applicable City ordinances.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please Indicate to whom the Damage Deposit refund should be paid:**

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

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

City, State & Zip: \_\_\_\_\_