

Beach Community Center

Rental Application

Responsible Party Name: _____ Phone # _____

Address: _____ City, State, ZIP _____

Date(s) Requested for Event: _____ # expected in attendance _____

Set Up Date/Time: _____ Event Start Time: _____ Event End Time: _____ Total # of Hours _____

Nature of Event: _____ Circle one: Public Invite-Only

Are you allowing alcoholic beverages? _____ **A Special Event Permit is required if any alcohol is present at ANY PUBLIC EVENT.**

Please check the appropriate boxes below:

_____ Room Rental with kitchen for half day (Approximately 4 hours)	\$100	Check No. _____
_____ Room Rental with kitchen for full day (Approximately 8 hours)	\$150	Check No. _____
_____ Council Chambers Rental without kitchen for half or full day	\$ 50	Check No. _____
_____ Refundable Cleaning/Damage Deposit	\$300	Check No. _____

TOTAL Cost for Rental \$_____ (check, cash or Cashier's check)

LIABILITY STATEMENT

The City of Beach, its trustees, agents, officers and employees assume no responsibility for the person or property of anyone using the Community Center. The responsible party named above shall remove all personal items and property brought into the center at the conclusion of the function unless prior arrangements have been made with the City. The responsible party and all guests will be responsible for compliance and adherence to the City of Beach Community Center Facility Rental Policies and Procedures and all specifications of the rental agreement.

In consideration of the use of the Community Center, the reserving responsible party agrees to indemnify the City of Beach, its trustees, officers, agents and employees and hold them harmless from and against any and all liability, damage, expense, cause of action, suits, claims or judgments arising from or related to injury to persons or property occurring in or about the premises and upon the adjoining sidewalks, streets or ways which may arise from the City of Beach's ownership and management of the premises, or from any action or omission of the reserving responsible party, its agents, employees, guests, or licensees, or from any cause whatsoever.

I have read, understand, and agree to the guidelines and regulations stated in the attached Facility Use Policy and Procedures as well as the above liability statement.

APPLICANT (Responsible Party) Signature

Date

CITY OF BEACH USE ONLY:

Key # _____

- | | | |
|---|-----|----|
| <input type="checkbox"/> Special Use Permit Required | yes | No |
| <input type="checkbox"/> Community Center left in as good or better condition. | yes | No |
| Deposit Refund amount \$_____ (deduction description(s) provided below) Check # _____ | | |

Date deposit returned _____

