

Permit#	

## FACILITY USE APPLICATION AND AGREEMENT

Building Hours of Operation: Sunday-Thursday, 8:00am-10:00pm; Friday-Saturday, 8:00am-11:00pm

FACILITY REQUESTED							
☐ NGSM Building with Kitcher	n 🗆	☐ NGSM Building without Kitchen					
APPLICANT CONTACT INFORMATION							
Name of individual responsible for event (first, middle, last):							
Application on behalf of: $\qed$ Individual	☐ Group	☐ Organization	☐ Business				
Name of group, organization or business:							
Address:							
City:	State:	Zip:	_				
Home Phone: ( ) Cel	l Phone: ( )	_ Email:					
Alternate contact person (first, middle, last):							
Home Phone: ( ) Cel	l Phone: ( )	_ Email:					
RENTAL INFORMATION							
		Date(s) of Event:					
-							
Description of Activity/Event: Day(s) of Event:							
Rental Time: Start:							
Event Time: Guests Arrive:							
	•	· <u></u>					
RENTAL DETAILS	<b></b>						
<u>_</u>	☐ YES Will there be an adm	<u></u>	☐ YES				
<u> </u>	☐ YES Will there be amplifie		YES				
<u> </u>	☐ YES Are you using a cate		YES				
Will food or merchandise be sold?   NO DYES Name and contact of caterer:							
Is this event open to the public?   NO  YES List equipment you plan to have on site:							
How will the event be advertised?							
FOR OFFICE USE ONLY							
Rental Category: A B C D E Rental Fee:							
Insurance: Special Event Permit: ABC License: Cleaning/Damage Deposit:							
□ Approved							
☐ Approved ☐ Denied							
Signature			 Date				

## NGSM FACILITY RENTAL RULES & AGREEMENT

Please <u>initial each clause</u> below after you have read and understand each condition then sign the AGREEMENT at the bottom of this page to indicate that you understand and agree to comply with the rules, regulations and conditions associated with renting facilities from North Gold Senior Mountaineers.

Any gathering which violates disturbance of the peace or	s the conditions of this agreement or v	to immediate cancellation. NGSM also
age or older) who will be prechaperone, 25 years of age	served and under the direct supervesent at all times. Groups of minors more or older, per 20 minors. NGSM must be erones at least two days (48 hours) process.	be provided with a list of names and
specified RENTAL TIME on arrangement and condition of		, vacate and return the facility to its original leaning/Damage Deposit. At no time may
SMOKING – No smo	oking is permitted in the facility or with	in 20' of the doors or windows.
Supervisor at END TIME of	the rental. During the RENTAL TIME	that must be returned to the NGSM Facility ES specified on the front of this form, and controlling access to their event.
no other means than the exiflammable holders. Tape, st	isting eye hooks unless approved by I aples, rice, confetti, glitter, hay, straw ed at the conclusion of the event. Ren	(flame retardant) and must be attached by NGSM staff. All candles must be in nonand sand are not permitted. All ters will be responsible for any and all
	<ul> <li>Tables and chairs are for indoor us of the event tables and chairs must be</li> </ul>	se only and should not be dragged across cleaned and neatly stored in racks.
	s, including the kitchen and the restroo Mop water should be changed frequer	oms must be thoroughly swept and wet ntly if floor is really dirty or sticky.
		e dishwasher, all counters, both sinks and g. Trash must be emptied & removed.
BATHROOMS - All	toilets must be flushed, sinks wiped o	off, trash emptied and removed.
DECK, WALKWAYS	and PARKING AREAS – Must be fro	ee of litter and decorations.
		a corn broom, dust mop, wet mop, mop bags, cleansers for floors and counters,
	AGREEMENT	
hereby state that I am 25 year reserved facility and shall be hereby agrees to indemnify, de and their officers, agents, empattorney's fees and court costs connection with, use or occup protection of the public, NGSM,	ars of age or older and I assume respon held liable for any and all damages incu efend and hold harmless North Gold Senio bloyees and volunteers from any and all lia and interest, in any manner caused by, of bancy of the facility. The user agrees to , and the City as these agencies may requi	
Signature:	Printed Name:	Date: