

City of Lake Park

Application for use of the LAKE PARK CITY CENTER by a Non-Profit Group (Building Cap. 102)

Name: _____

Phone No: _____

Mailing Address: _____

Type of Function: _____

Date(s) of Rental: _____ Time: From: _____ AM / PM – To: _____ AM / PM

RULES OF USE:

1. NO ONE is to be in the kitchen area. This area will be locked.
2. NO ONE is to be in the firebay area. It is an EMERGENCY EXIT ONLY (see signs above doors.)
3. If tables, chairs, etc. are rearranged, they are to be moved back into the former positions. Any decorations are to be removed.
4. Renters are to bring their own paper products, foil, dish towels, etc. ITEMS IN THE KITCHEN BELONG TO THE SENIOR NUTRITION PROGRAM.
5. Anything that was in the City Center when you arrived must STAY in the City Center when you leave.
6. The rental fee is **\$0.00** for any meeting or event. A **\$25.00** deposit is required, and will be refunded if all of the rules of use are followed. These fees are to be paid upon reservation.
7. As of October 1, 2007, the Freedom to Breathe law was enacted stating that all public buildings and places be SMOKE FREE. The Lake Park City Center is a SMOKE FREE public building! Please keep this in mind.
8. Renter will need to provide proof of liability insurance (i.e. Homeowner's insurance) prior to rental approval.

BE SURE THAT THE LAST PERSON LEAVING THE BUILDING CLOSSES THE INNER DOOR OF THE FOYER AREA – THIS DOOR WILL BE LOCKED AND WHEN CLOSED WILL SECURE THE BUILDING!

I hereby agree to all the rules as stipulated above. I further agree to defend, indemnify and hold harmless the City, its agents or employees any claims, injuries, or damages of whatever nature arising out of, or connected with my use of the Lake Park City Center. I also agree to reimburse the City for any damage, breakage, excessive maintenance, or theft of equipment.

Signature

Date

Please sign and return one copy of this notice with your payment to:

APPROVED BY:

City of Lake Park

P.O. Box 239

Lake Park MN 56554

City Clerk / Deputy Clerk

Date: _____

THANK YOU FOR RETURNING THE FACILITY TO ITS ORIGINAL STATE.

For Office Use Only -

Received Date & By: _____ Date Recorded: _____ Copy to Utilities: _____

9/1/09