

Lake City Community Center Rental Agreement

ENSURE YOU HAVE READ AND UNDERSTAND ALL OF THE RULES AND TERMS OF THIS AGREEMENT BEFORE COMMITTING TO IT.

\$350.00 DEPOSIT (Cash only) is required to reserve the date of use. The deposit is refundable, presuming that the Center is in good order, clean and no rules violations have occurred. **NOTE:** The \$350.00 cash deposit is not and cannot be part of the rental fee. The **RENTAL PAYMENT** is due a minimum of two (2) weeks prior to date of use. The Lake City resident/business discounted rate is restricted to two (2) rentals in any one calendar year. Any rentals beyond the allowed two (2) rentals will be at the Non-Lake City resident/business rate. The rental payment is separate from the cash deposit and cannot be supplemented with the deposit.

MONDAY – THURSDAY \$250.00 (Lake City Residents/Businesses) \$350.00 (Non ó Lake City Residents/Businesses)
FRIDAY – SUNDAY \$500.00 (Lake City Residents/Businesses) \$700.00 (Non ó Lake City Residents/Businesses)

HOURS: The Center is available for rent from 8:00 AM until 11:00 PM. However, the rental period may only be for a continuous **8 hours** and the renter must indicate, on this application, the **8 hours** they wish to reserve. **Set-up and cleanup must be included in the rental time period.**

The person signing below agrees to and understands the foregoing requirements, rules, regulations and terms (Attached) for renting the City property known as the **Lake City Community Center**, which **does not** include any part of the adjacent Willie R. Oswalt Nature Preserve. The applicant must fill out the information below. Identification may be required.

DATE OF RENTAL _____ HOURS OF RENTAL (8 HRS ONLY) _____ TO _____

ADDITIONAL TIME REQUESTED _____ TO _____ (Note: The additional time requested is solely at the discretion of the Lake City Coordinator and must be arranged with and approved by the Coordinator, who must sign off with their approval on page 2 before that additional time is authorized. This does not apply to official events authorized or sanctioned by the City Administration)

FULL NAME OF APPLICANT _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PHONE # _____ EMAIL ADDRESS _____

PURPOSE OF RENTAL _____

NUMBER OF GUESTS (199 BASED ON STANDING ROOM ONLY IS THE MAXIMUM ALLOWED PER FIRE CODE) _____

NAME OF AN ALTERNATE PERSON(S) AUTHORIZED TO PICK UP THE DEPOSIT (NOT REQUIRED)

I have read and I understand this application and the rules involved with the rental of the Center. I agree to the conditions of rental. I agree to return the Center to the City in the same condition in which it was received, including cleaning the Center. If the building is not cleaned and/or any rules have been violated, I understand I could, at the discretion of the City, forfeit all or a portion of my deposit. I understand that this contract will terminate when the City agrees that no violation(s) have occurred, during the period which I had the property rented or when I have satisfied the damages or violations that did occur. I also agree to pay the City for any repairs that must be made due to damage done by myself and/or my guests, during the use of the Center. I further understand that any violations during the use of the Center can immediately end the use of the Center. In order for me to complete my obligation, I must have completed the check-in and checkout process, indicating that the Center was in satisfactory condition and return the form to the Lake City Community Center Coordinator. I understand that I must be present for the entire event to include the check out process. I agree to hold the City harmless for any bodily injury or property damage caused by any rules violations or any inappropriate, negligent or unsafe acts of myself and/or my guests during the period of this lease. I understand that knowingly providing any false information could immediately terminate this agreement.

SIGNED _____

DATE _____

RENTAL PAYMENT OF \$ _____

DUE BY _____

DO NOT WRITE BELOW THIS LINE
OFFICE USE ONLY

COORDINATOR _____
PRINT SIGN

ADDITIONAL TIME REQUESTED

FROM _____ TO _____ DATE APPROVED _____

DEPOSIT RECEIVED BY _____

AMOUNT OF DEPOSIT \$ _____ DATE PAID _____

AMOUNT OF RENTAL \$ _____ DATE PAID _____

DATE DEPOSIT RETURNED _____ TO _____

REASON FOR NOT RETURNING DEPOSIT _____

NOTES: