

VILLAGE OF WATKINS GLEN
MUNICIPAL BUILDING
303 N. FRANKLIN STREET
WATKINS GLEN, NY 14891

APPLICATION FOR USE OF THE COMMUNITY CENTER BUILDING

DATE OF APPLICATION: _____

INSURED'S NAME OR ORGANIZATION _____

FULL ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBERS: () _____ - _____ () _____ - _____
(Home) (Business)

TYPE OF ACTIVITY: _____

DATE(S) REQUESTED: _____

TIME(S) REQUESTED: _____

CIRCLE THOSE APPLICABLE: (FOOD) (DRINK) (ALCOHOLIC BEVERAGES)

IF ALCOHOL IS TO BE SERVED, WILL THERE BE A CASH BAR? (YES) (NO)
(PROOF OF HOST LIQUOR AND/OR DRAM SHOP INSURANCE WILL ALSO BE REQUIRED IF ALCOHOL IS SERVED OR SOLD AT THE EVENT.)

WILL KITCHEN BE USED? (YES) (NO)
CATERED? (YES) (NO) BY WHOM? _____

WILL SOUND SYSTEM BE USED? (YES) (NO)

ADDITIONAL ITEMS REQUESTED:

_____ FULL SOUND SYSTEM - \$70.00 - FIRST 3 HOURS (\$15.00 EACH ADDITIONAL HOUR)
_____ USE OF OFFICE TELEPHONE - \$25.00
_____ USE OF MICROPHONE ONLY - \$50.00

THE FEES PAID FOR THESE ITEMS ARE **NONREFUNDABLE**.

All chairs and tables to be wiped clean and to be placed back in the appropriate racks **properly**. Any damaged chairs, tables or other property are to be reported to a Park representative.

All trash and decorations are to be removed from the building immediately after the event. A dumpster is provided at the rear of the building. **All floors are to be swept clean, any liquid spillage mopped up, kitchen appliances wiped out and sinks and counters wiped clean.** Trash on the bathroom floors is to be swept up.

DO YOU HAVE A COPY OF THE RULES GOVERNING THE USE OF THE COMMUNITY CENTER BUILDING?

As evidenced by your signature below, you agree, on behalf of your organization and yourself, to take full responsibility as specified by the governing rules and this application. You also agree to defend, indemnify and hold the Village harmless from any claims of liability resulting from your use of the subject premises.

(Signature of INSURED)

FOR OFFICE USE ONLY

DATE: _____

RE: SCHEDULED USE OF THE COMMUNITY CENTER ON: _____

DATE \$250 DEPOSIT PAID: _____ RECEIPT # _____

RENTAL FEE PAID:

- _____ \$400.00 (FULL FEE)
- _____ \$150.00 (NOT FOR PROFIT ORGANIZATIONS)
ALL DAY
- _____ \$100.00 (NOT FOR PROFIT – UP TO FOUR HOURS USE)
- _____ \$ 50.00 (NOT FOR PROFIT - TWO HOURS OR LESS USE)

DATE RENTAL FEE PAID: _____ RECEIPT # _____

ADDITIONAL SERVICES PAID:

- _____ \$ 70.00 (USE OF FULL SOUND SYSTEM – THREE HOUR PERIOD)
- _____ \$ 15.00/HOUR X _____ HOURS (ADDITIONAL HOURS FOR USE OF SOUND SYSTEM)
- _____ \$ 25.00 (USE OF OFFICE TELEPHONE)
- _____ \$ 50.00 (USE OF MICROPHONE ONLY)

INSURANCE:

- _____ PROOF OF LIABILITY INSURANCE RECEIVED (DATE) _____
- _____ PROOF OF DRAM SHOP INSURANCE RECEIVED (DATE) _____

PARK MANAGER'S USE

_____ The renter has completed use of the Center and has cleaned up the premises in an acceptable manner. No damages are apparent. The business office is authorized to return the deposit of \$250.00

_____ The renter has completed use of the Center and **HAS NOT** satisfied the clean-up and/or damage requirements. The Business office is hereby authorized to assess the renter for: _____

