

CITY OF FREEPORT
APPLICATION FOR USE OF THE OLD CITY HALL BUILDING
LOCATED AT 423 MADISON ST.

Name of Organization/Renter: _____
Deposit to be refunded to (name): _____
Street Address: _____
Mailing Address: _____
Telephone Number: _____
Email address: _____
Date(s): _____ Hours: _____
Purpose for which facility will be used: _____

Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.

___ I understand that if for any reason I need to make a change to my contract, need to cancel or change time, I will notify City of Freeport 24 hours before my rental date at 835-2822.

___ I understand that the time I put above is the time I want the building unlocked & locked. I or someone I assign will be present at the time specified for the building to be unlocked and will not leave until staff person has come to inspect & lock the building.

___ I understand if I finish before the time stated, I will call the duty person to lock the building and wait for their arrival for inspection.

___ I understand that if there are tables and chairs in the room, I will restack them as I found them.

___ I understand that there can be nothing attached in any way to the walls, doors, tables or chairs or to any part of the interior or exterior of the building.

___ I will not allow any unlawful or offensive activities on the premises by myself or my guests.

___ I understand that is unlawful to have alcohol on the premises and there is no smoking inside any City facility.

___ I will be responsible for the cost of repairs for any damages incurred.

___ I will remove all objects that I brought into the building, unless prior arrangements have been made. The City will not be held responsible for any property left on the premises.

___ I will submit a Certificate of Insurance with the City of Freeport listed as an additional insured if I am conducting a business on the premises, such as giving classes that students have paid to attend.

Clean-up Procedure for All Events

1. Sweep and mop all areas utilized.
2. Take out all trash from all areas utilized.
3. Wipe off tables & chairs and restack them as you found them (if applicable).

____ I understand the clean-up procedures as listed above and will ensure the room(s) is completely cleaned.

____ In the event that the City requires use of any City building during an emergency, The City reserves the right to cancel any scheduled use for said building and refund all rental fees.

The undersigned, a citizen or a legal adult duly authorized to contract and on behalf of the above named organization, hereby agrees on behalf of said organization to the terms and conditions above set forth.

Date: _____ Applicant's signature: _____
Applicant's Name (Please Print) _____

Rental Information

\$100.00 deposit for facility to be rented. Deposit will be returned less any damage after contracted period.

\$35.00 Flat fee per day for use of the facility.

\$ 2.38 Tax on rental fee

No City Facility will be reserved until full payment is made and a contract is signed. Photo ID is required for rental.

IN CASE OF EMERGENCY DIAL 911

POLICE DEPARTMENT 892-8186

FIRE DEPARTMENT 835-2192

CITY HALL 835-2822

AFTER HOURS DUTY PERSON 830-4249 James Bird

Fee for facility \$ _____ Tax \$ _____ Deposit \$100.00 Total \$ _____

Date paid _____ City Staff: _____