

CITY OF FREEPORT
APPLICATION FOR USE OF COMMUNITY CENTER 16040 BUSINESS 331
OR BLOUNT HOUSE 541 KYLEA LAIRD DRIVE

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

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, light fixtures 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. Evidence showing use of alcohol on the premises will result in no refund of deposit.

____ 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 MAKE SURE ANY CHILDREN ARE SUPERVISED AT ALL TIMES.

Clean-up Procedure for All Events

1. Sweep and mop all areas utilized. **DO NOT use bleach or ammonia on the floors.**
2. Take out all trash from all areas utilized including bathrooms.
3. Wipe off tables & chairs and restack them as you found them.
4. Clean kitchen and remove all items from refrigerator.

5. Turn out lights and secure all doors.

_____] 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
Facility Hours 10:30 AM to 8:30 PM

\$300.00 deposit for facility to be rented. Deposit will be returned less any damage after contracted period. Any damages in excess of the deposit amount will be paid by the renter.

Rental fees: Freeport Residents \$100.00 + \$6.80 tax whole day \$50.00 + \$3.40 tax half day
Non-Freeport Residents \$150.00 + \$10.20 tax whole day \$75.00 + \$5.10 tax half day

Hourly rates between 5 hour up to 10 hour rental:
Freeport Residents \$10 per hour
Non Freeport Residents \$15 per hour

Half day rental is 5 hours or less. Whole day is more than 5 hours.

No City Facility will be reserved until full payment is made and a contract is signed. A valid Florida driver's license 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 \$300.00 Total \$ _____

Date paid _____ City Staff: _____