# **City of Kindred**

# Facility Use Rental Application

| Responsible Party Name:  |  | Phone #  |   |
|--|--|--|---|
| Mailing Address:   |  | _City, State, ZIP  |   |
| Date(s) Requested for Event:   |  | _ # expected in attendanc  | re  |
| Date/Time of Entry:  | Date/T   | ime of Exit:   |   |
| Nature of Event:   |  | Circle on  | e: Public Invite-Only   |
| Are you allowing alcoholic beverages? Yes  | No   |  |   |
| **If "yes" an alcohol waiver/acceptand<br>**A Special Event Permit is <u>required</u> if   |  |  | ENT.  |
| Please check the appropriate item belo   | <u>w</u> :   |  |   |
| City Hall Rental   |  |  |   |
| Memorial Building Rental   |  |  |   |
| \$100.00 Refundable Cleaning/Damag   | e/Key Deposit  |  |   |
| City Hall. The responsible party named above shall remove arrangements have been made with the City. The responsible Building and/or City Hall Facility Rental Policies and Procedure In consideration of the use of the Memorial Building and/or agents and employees and hold them harmless from and a related to injury to persons or property occurring in or about Kindred's ownership and management of the premises, or from any cause whatsoever.  Initial each:  I understand clean up must application or my deposit will be for attached Facility Use Policy and Proceedings of the premise of | ple party and all guests will ures and all specifications for City Hall, the reserving gainst any and all liability, but the premises and upcom any action or omission ast be completerfeit. | be responsible for compliance and of the rental agreement. responsible party agrees to indemn damage, expense, cause of action in the adjoining sidewalks, streets of the reserving responsible party, i | adherence to the City of Kindred Memorial ify the City of Kindred, its trustees, officers, , suits, claims or judgments arising from or or ways which may arise from the City of its agents, employees, guests, or licensees, of Exit indicated on this regulations stated in the |
| Printed Name   | Signature  |  | Date  |
| OFFICE USE ONLY:   |  |  |   |
| □ Alcohol Waiver/Liability Form Required   | Yes  |  | . ,   |
| □ Special Event Permit Required  |  |  |   |
| <ul> <li>□ Deposit Amount Received \$</li></ul>  |  |  |   |
| > Facility left in as good or better condition   |  |  |   |
| > Date Key Returned  |  |  | The polow hone pages  |
| > Deposit Refund Amount \$   |  |  | nge)  |
| > Deposit Returned: Date   |  |  |   |

### **City of Kindred**

### Facility Use Policies and Procedures

We appreciate the opportunity to provide a facility for your use. Please take a moment to review our policies and procedures. Any exceptions to these policies and procedures should be pre-approved by City Council or City Hall staff and communicated accordingly. Please direct your questions to City Hall at 701-428-3115 or email cityofkindred@msn.com. (The City of Kindred reserves the right to refuse to rent to any party violating the terms of the agreement, policies or procedures.)

#### **GENERAL INFORMATION**

- Any person at least 21 years of age, or any organized group may submit an application to reserve City facilities.
- All applications, and Special Use requests are subject to review and approval by City Council and/or City Hall staff. Use Agreements are not transferable.
- The responsible party shall incur all costs and be responsible for damages and liability. The responsible party will also receive any refund checks after the event after the building that was rented is inspected.

#### FORMS and RENTAL CONFIRMATION

- Rental Application the deposit fee must be paid at the time the rental application is submitted.
- Special Event Permit required when alcohol is present at any public event.

A rental confirmation will be mailed or given to you upon approval of your event. You will also receive the applicable keys and any other forms or permits that are required. These documents should accompany you on the day of your event.

#### **GENERAL RESTRICTIONS**

- A. Any event or activity to be attended by a majority of persons less than 21 years of age are required to have one (1) responsible adult over the age of 21 in attendance for every ten (10) persons under 21. The responsible adult is to be present at the Memorial Building and/or City Hall during entire operation hours.
- B. All events must be completed by 1 a.m. The City of Kindred noise ordinance, which, in part, restricts most noise after 11:00 p.m., prohibits any loud noise that may disturb residents of the community. The responsible party should assure that all City Noise and Curfew ordinances are followed and remind all to be courteous of those who live in close proximity to the Memorial Building and/or City Hall. The responsible party present during events should periodically monitor outside activity to assure compliance.
- C. The Memorial Building and City Hall are smoke free buildings. Smoking is NOT allowed inside. The designated smoking area is located outside. It is a class B misdemeanor for a minor (under 18) to smoke, use or possess cigarette and tobacco products.

## **City of Kindred**

### Facility Use Policies and Procedures

### **EQUIPMENT**

- A. Applicant is responsible for room setup and takedown. Clean up is to be completed immediately following your event, not the next day.
- B. All tables and chairs should be returned to their original location.
- C. Under no circumstances shall chairs, tables, or other equipment belonging to the City of Kindred be removed from the facility. Sitting/walking/standing/dancing on tables is prohibited.
- D. Functions held at the Memorial Building and City Hall that include use of kitchen must be cleaned and returned to original state.
- E. Electrical appliances i.e. coffee/crock pots, roasters etc. may be utilized for food service. Please utilize common sense to not overload the circuits with these appliances. Circuit breakers are located in the furnace room in the event of an overload.

#### **GENERAL CONDITIONS OF USE**

- A. CLEAN UP (<u>Immediately following</u>, not next day) All floors should be swept and mopped, vacuum the rugs, empty garbage cans and replace the bags, place all garbage in dumpster outside provided, clean dishes, sink, countertop, and stove area, stack chairs and tables on racks, leave bathroom doors open, set thermostat back to 60 degrees. Please leave the facility as clean as you found it (broom, mop, vacuum cleaner, etc. is located in the closet).
- B. Decorations may be put up with scotch/masking tape, tacking putty or other product approved by City Hall staff. No staples, duct tape, nails, or tacks are to be used in the Memorial Building and City Hall.
- C. Animals are not allowed inside the facility without prearranged agreement.
- D. All exterior doors are to remain closed.

Various groups utilize the Memorial Building and/or during each week. City staff will perform weekly and if necessary daily inventory of supplies and general inspection of equipment, etc. to assure that city facilities are kept in a clean, orderly and safe environment for all patrons. It is important that you conduct a spot check of the building *prior* to and immediately following your event. It is anticipated that the equipment and building will be left in as good or better condition.

Initial Inspection/Cleanup-Closing checklist is provided with each confirmation of rental and posted at the Memorial Building and City Hall for your reference.

# MEMORIAL BUILDING AND CITY HALL USE

## ${\bf INITIAL\ INSPECTION/CLEANUP-CLOSING\ CHECKLIST}$

### PRE-INSPECTION SPOT CHECK CONDUCTED

The following items were noted and have been reported:

|  | E OF CHECKOUT:                               |   |      |
|--|--|---|------|
|  | hes, sink, countertop a                      |   |      |
|  |  | s or in designated areas<br>lets and excessive garbage, le    | 2016 |
|  | en for heating purposes                      | 9 9   | ave  |
| □Empty all   | garbages and replace at MB or in large garba | bags, place garbage in outsid<br>age totes in shop area at CH | е    |
|  | nd mop all floors, empty                     | v mop bucket  |      |
| •  | ostat temperature to 60                      | •   |      |
| ☐All lights a  | are turned off                               |   |      |
|  | are secured and locked                       |   |      |
|  | •  | turn button. W door: use dead s in. Front: use deadbolt       | bolt |
|  | CTION SPOT CHECI                             | K CONDUCTED   |      |
| This checklist should be return aware of.                        | ed with your key to report any items of      | f concern or damage that the City should be made              | e of |
| We appreciate your cooperation please feel free to call the City |  | Building and City Hall. If you have any questions,            |      |
| Thank you very   | <u>/ much!</u>                               |   |      |
| Printed Name   | <br>Signature                                | <br>  |      |