

Clintonville Parks & Recreation Division
Facility Request Form – Community Center – 30 S. Main Street



APPLICANT INFORMATION:

Event Applicant's Name: _____ Organization: _____
Address: _____ City, State Zip: _____
Phone: _____ E-mail: _____

RENTAL INFORMATION:

Date(s) Requested: _____ Type of Activity: _____
Rental Time (including set up/clean up*): _____ am/pm - _____ am/pm Estimated Attendance: _____
Room(s): 101 102 103 Kitchen Conf. Rm. Entire Facility (does not include Office #1, Office #2, and Conference Room)
Daily Rental Rates: 1 Room: \$40.00 Res/\$60 Non-Res 2 Rooms: \$60.00 Res/\$80 Non-Res 3 Rooms: \$85.00 Res/\$105 Non-Res
Entire Facility: \$110.00 Res/\$130 Non-Res **Hourly Room Rate per Room:** \$12.00 Res/ \$15.00 Non-Res
Rental Fee: \$ _____
(Checks written out to the "City of Clintonville", mailed or dropped off at City Hall - 50 10th St., Clintonville, WI 54929
NOTE: Fee includes applicable sales tax unless except organizations have on file with the City of Clintonville the proper sales tax exemptions form.
Please call City Hall for the Security Refund Policy

USAGE:

1. Will you be serving food? Yes No
If yes to food, please understand that food is only allowed in the Kitchen, Rooms 101, 102 & 103. Everything needs to be cleaned-up after event. (Dry Mop & Wet Mop is located in the Maintenance Room). _____ Initials
2. City Ordinance 9.08 (2) (e) requires you to obtain the authorization of the Park & Recreation Division to possess and/or consume beverages at the Community Center. Do you intend to have alcoholic beverages at your activity? Yes No _____ Initials
3. The Park and Recreation Division hereby grants authorization to possess and consume fermented malt beverages and/or intoxicating liquor during this rental.
Authorized by: _____
Director of Public Works Signature/Date

EQUIPMENT:

Sound System w/microphone Coffee Maker(s) Other: _____

CONDITIONS: PLEASE REFER TO THE CLINTONVILLE PARKS & RECREATION DIVISION COMMUNITY CENTER USAGE INSTRUCTIONS

AGREEMENT:

The undersigned hereby makes application to the City of Clintonville for the use of the facility described above and certifies that the information given in the application materials is correct. The undersigned further states that he/she has the authority to make this application for the Event Applicant and agrees that the Event Applicant will observe the rules, regulations, policies and procedures of the City of Clintonville & Park & Recreation Department. The Event Applicant agrees to exercise the utmost care in the use of the premises and property and to hold the City of Clintonville harmless from all liability resulting from the use of said facilities. The event applicant further agrees to reimburse the City of Clintonville for any damage arising from the Event Applicant's use of the said facility. The Event Applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period.

I have been presented with the Clintonville Community Center Usage Instruction Form, read, understood, and agree to comply with all procedures in the City of Clintonville Community Center Usage Instructions Form.

SIGNATURE (REQUIRED): Event Applicant: _____ Date: _____

NAME PRINTED (REQUIRED): Event Applicant: _____

Director of Public Works Coordinator Signature: _____ Date: _____

In addition to this form please read through the Community Center Usage Instructions sheet. For additional information please contact the DPW Coordinator at 715-823-7668.