



Community Room Rental Application & Policy

Person/Organization Name: _____

Phone Number: _____

Rental Date & Time: _____

Total Number of Guests: _____

Nature of Event: _____

Room Requested: Upstairs / Downstairs (*circle one*)

- Upstairs Room Maximum Capacity is: **133** (95 with Chairs/44 with Tables & Chairs)
- Downstairs Room Maximum Capacity is: **92** (65 with Chairs/30 with Tables & Chairs)

Fee: \$100 –for one time use OR up to \$300 per year, depending on usage

The following is a list of responsibilities required to be followed for the use of the Community Room. By signing below, you agree to adhere to the following:

1. **Please provide proof of residency (utility bill, driver’s license, etc.) with this application.**
2. Set-up and break down of any tables and chairs needed is your responsibility;
3. Any equipment used must be put away properly;
4. Wipe down the counter tops, table tops, and chairs that were used (use cleaning supplies provided by the Village);
5. Wipe up any spills;
6. Make certain all areas are free of crumbs, food, etc. (please use vacuum provided)
7. Check both the restrooms to be certain that all toilets have been flushed and that all papers are picked up off the floors;
8. Empty any full trash receptacles and replace with a new garbage bag (provided by the Village). Place full garbage bags in trash receptacle by the main entrance door for the Service Department to pick up;
9. Turn off all lights before you leave;
10. Notify either the Mayor’s secretary or the Police Department when you are leaving so that the doors can be locked. **DO NOT LEAVE UNTIL SOMEONE LOCKS THE DOOR FOR YOU.** (After normal business hours, call the non-emergency dispatch # 440-247-7321).
11. User agrees that the Village shall have no responsibility or liability to User or others resulting in any way from User’s use of the Community Room. User agrees to defend, indemnify, and hold the Village harmless from and against all claims, suits, expenses, causes of action and liability, of any kind, resulting from or arising in any way from User’s use of the Community Room, or arising from activities contemplated under this application and policy.

Signature of Representative Responsible

Contact Number

For Office Use Only:

Fee Paid \$ _____ Cash or Check # _____

Receipt # _____ Date: _____