



CITY OF DEFUNIAK SPRINGS, FLORIDA
PERMIT FOR THE USE OF THE CHAUTAUQUA BUILDING

APPLICATION

Name of Organization/Renter: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Facility Requested: _____

Gazebo: _____ Dumbwaiter: _____ PA system: _____ Pull Down Screen: _____

Dates: _____ 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 (ex. add a room(s), cancel a room, change the time, etc.), I will make arrangements at least 24 hours before my rental date.

_____ I understand that the time I put above is the time that I want the building unlocked and locked back.
There will be a labor charge for any additional callouts.

_____ I understand that someone needs to be present and on time at the time specified for the building to be unlocked.

_____ I understand that if I leave before the time stated on this contract I will call the duty person to lock the building.

_____ I understand that if I go over the time stated above I will be responsible for all additional rental and labor fees incurred.

_____ I understand that there are _____ chairs and _____ tables in the room(s) that I am renting, that must be restacked in sets of 10 or I will incur additional charges.

ORGANIZATION/RENTER WILL:

_____ I understand that there can be nothing attached in any way on the walls, doors, tables, or any other part of the interior or exterior of the Chautauqua Building.

_____ I understand that nails, tacks, staples, tape, etc. cannot be used and I will be responsible for the cost to repair any damages incurred.

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

_____ I understand that it is unlawful to have alcohol on the premises and there is no smoking inside any city facility.

_____ I will be responsible for any and all damages to premises during use.

_____ I will ensure the premises are secure before leaving.

_____ I understand that if I need to cancel or change the time of the rental, a 24 hour notice is required for a full refund and to avoid additional costs.

_____ I will remove any and all objects that I have brought into the building including but not limited to: chairs, tables, tents, etc. that I have rented from an outside source or I will be responsible for additional rental fees. Please note that storage of any items is prohibited outside your paid contract rental times and The City of DeFuniak Springs will not be held responsible for any damages to personal or other rented items.

_____ I understand the noise inside of my room cannot be excessive in order to accommodate any other renters in the building. Please be courteous.

Clean-up Procedure for All Events

When finished with rooms that have been utilized, please do the following:

1. Wipe off all tables and chairs.
2. Restack all tables and chairs in stacks of **ten (10)** as originally provided.
3. Sweep and mop all areas utilized.
4. Take out all trash from areas utilized – place in trash bags and put in dumpster at the rear of the building near the boat ramp.
5. Turn out all lights.
6. Close and secure all doors utilized.

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

_____ In the event 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 for 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

*A half day rental is considered 7 hours or less. More than 7 hours is considered a full day rental.
(Listed prices do not include 7% sales tax.)*

Museum Room	(80-100)	\$100 per Day	\$75 Half Day	160 chairs & 18 tables
South Room	(20-50)	\$60 per Day	\$50 Half Day	70 chairs & 16 tables
North Room	(20-50)	\$60 per Day	\$50 Half Day	69 chairs & 20 tables
Kitchen		\$40 Straight Fee		

Tables:

Museum Room includes 14 – 6' round tables & 4 – 4'x2' rectangular tables.

South Room includes 6 – 6' round tables & 10 – 4'x2' rectangular tables.

North Room includes 20 – 4'x2' rectangular tables.

No City Facility will be reserved until full payment is made and a contract is signed. NO EXCEPTIONS.

IN CASE OF AN EMERGENCY DIAL: 911
POLICE DEPARTMENT: 892-8511
FIRE DEPARTMENT: 892-8512
DUTY PERSON PAGER 951-3380 or 865-7155

Fee charged for facility: \$ _____ Tax: \$ _____

Total: \$ _____ Receipt number: _____

Date paid: _____ Date approved: _____

City official: _____