



**CITY OF DEFUNIAK SPRINGS, FLORIDA
PERMIT FOR USE OF THE AMPHITHEATER**

Name of Organization/Renter: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Facility Requested: _____

Sound System: _____

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 requirement.

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

_____ 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 understand that someone needs to be present and on time at the time specified for the building to be unlocked. If I leave before time is up 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 can be nothing attached in any way on the walls, doors, tables, or any other part of the interior or exterior of the Amphitheater.

_____ 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 premise is secure before leaving.

_____ 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 cannot be excessive in order to accommodate surrounding homes and businesses.

Please be courteous.

CLEAN UP PROCEDURE FOR ALL EVENTS

1. Pick up all trash from areas used including the grounds and bleachers.
2. Empty all trash cans around Amphitheater, cans in restrooms, cans by picnic tables, and cans by gazebo. Place in dumpster beside Amphitheater or by the boat ramp near the Chautauqua Building.
3. Restack all tables and chairs back into the room at the Amphitheater.
4. Remove all personal items used during the event. (Including signs, banners, decorations, etc.)
5. Turn off all lights.
6. Close and secure all doors.

_____ I understand the clean up procedures as listed above.

_____ 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 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

(Listed prices do not include 6.8% sales tax.)

Monday – Friday	(Before 4 p.m. with sound system)	\$75
Monday – Friday	(Before 4 p.m. without sound system)	No Charge
Monday – Friday	(After 4 p.m. with sound system)	\$125
Monday – Friday	(After 4 p.m. without sound system)	\$65
Saturday – Sunday	(with sound system)	\$125
Saturday – Sunday	(without sound system)	\$65
Holidays	(with sound system)	\$125
Holidays	(without sound system)	\$65

IN CASE OF EMERGENCY DIAL: 911

Police Department: (850) 892-8511

Fire Department: (850) 892-8512

Duty Person: (850) 951-3380

Parks & Recreation Supervisor: (850) 951-3312

City Hall: (850) 892-8500

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

Total: \$ _____ Receipt number: _____

Date paid: _____ Date approved: _____

City official: _____

(Revised 9-11-18)