



**TALENT COMMUNITY CENTER
APPLICATION AND RENTAL AGREEMENT**
 Located at 104 E. Main St.
 CITY HALL – 110 E. Main St.
 P.O. Box 445 Talent, OR 97540
 541-535-1566



Date(s) of Use: _____ Time of Event: _____ to _____

Describe Use and **All** Activities: (additional sheet if necessary)

All fees and insurance certificates are due at time of scheduling. If the event is cancelled up to 5 days prior to the event, the rental fee is refundable. The deposit will be refunded in full if the event is cancelled pending any set-up charges.

The Access Card to the facility must be picked up from City Hall between 8:30 and 5pm M-F. If the event is scheduled outside of this window of time, or on an observed holiday, the Access Card must be picked up the business day prior to the event.

***This Building is both alarmed and has security cameras.**

***Proof of General Liability Insurance at \$1,000,000 per occurrence and \$2,000,000 aggregate maybe required. If alcohol is served or the kitchen is used, Insurance is definitely required.**

Event Security: Depending on the nature of the event and/or if alcohol will be served at the event, the City requires that private security be contracted through the City at the expense of the applicant to ensure that a safe and secure event experience is maintained. When security is present they will remain until the Community Center is closed and secured.

Estimated Attendance: _____ Alcohol: Yes* No Special Set-Up: Equipment Rental:

Conf. A: Conf. B: Conf. C: Conf. D: Kitchen: Dining Room:

Describe special set-up use and equipment rental: (additional sheet if necessary)

***All decorations must be pre-approved**

Name of Applicant _____

Name of Organization: _____

(Legally Responsible party)

Address: _____

City/Zip: _____

Email: _____

Contact person for the scheduled event: _____

Contact Number: _____

**The Talent Community Center was built for the citizens of Talent. Please check with City Hall to see if your event will qualify to be held at the Community Center. There are certain grant use requirements for the first 5 years.*

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

The City of Talent is an Equal Opportunity Provider

I certify that I am the authorized representative of the above sponsor(s), and that the above statements are true to the best of my knowledge. The organization I represent and I, agree to be bound by the policies regarding use of the Community Center. I understand that violation of any of these policies may jeopardize further use of the facility and/or result in termination of use. The organization I represent and I, agree to indemnify, against any and all claims, damages, losses and expenses, including attorney fees and costs arising in and from the use of the premises by the lessee or the conduct of the lessees therein, and defend and hold harmless the City of Talent its agents, officials, and employees from any and all damages resulting from violation of all copyright laws. The organization I represent and I, further agree to assume responsibility for any physical damage to the facility, which is incurred as a result of activity or attendance at an event sponsored by lessee.

The organization I represent and I, understand that it is our responsibility to leave the facility in good order (per the checklist provided), and agree to all of the Rules and Regulations. Failure to do so will forfeit the deposit.

_____ Name of Organization (if applicable)

_____ Signature of Applicant (Responsible party) _____ Date

Make Refund check payable to: _____ Name
(If different from responsible Party)

_____ Address

For Office Use Only

Inspection Passed Failed
 Full Refund Partial Refund No Refund

Refund Requested by: _____ Date: _____

Refund Approved by: _____ Date: _____

Rental Deposit Refund (10-100-2332): Rental \$ _____ Kitchen \$ _____ Total \$ _____

Security Service Fee Refund (10-100-2334): \$ _____

For Finance Department Use

Date of Refund _____

Check No. _____

YEAR	Date Paid	Receipt #	C.C Rent (CC-RENT)	Rental Dep. (2332)	Security Dep. (2334)	Total Amt.	Approved By:
2017							

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