



**TALENT TOWN HALL  
APPLICATION AND RENTAL AGREEMENT**  
 Located at 206 E Main St.  
 CITY HALL- 110 E. Main St.  
 P.O. Box 445 Talent, OR 97540  
 541-535-1566



Dates / Time of Use: \_\_\_\_\_ Time of Use: \_\_\_\_\_

Describe Use and All Activities: (attach an additional sheet if necessary) \_\_\_\_\_

**\*ALL decorations must be pre-approved.**

**ALL fees and insurance certificates are due at the 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 key(s) to the facility must be picked up from City Hall between 8:30am – 5pm the day of the event. If the event is scheduled on the weekend or on an observed holiday, the key(s) must be picked up the business day prior to the event.**

**\*Proof of general liability insurance at \$1,000,000 per occurrence and \$2,000,000 aggregate is required if alcohol is served or the kitchen is used.**

**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 Town Hall is closed and secured.**

Estimated Attendance: \_\_\_\_\_ Alcohol: Yes\*  No  Tables Chairs:   
 (Must remain inside the building)

(Check all Uses)  
 Town Hall:  Kitchen:

Waiver Request:  Waiver Approved:  Initials: \_\_\_\_\_

**When considering decorations for your event, be cautious of balloons becoming entangled in ceiling fans. Do not use any tape other than that recommended by the City on the walls or glitter anywhere in or around the facility. No space heaters or candles allowed. Please limit the volume of amplified music.**

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
 (Responsible party)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person for the scheduled event: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

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.

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 Town Hall. 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 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

\_\_\_\_\_  
Address

**For Office Use Only**

**For Finance Department Use**

Inspection  Passed  Failed

Full Refund  Partial Refund  No Refund

Refund Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Refund Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Rental Deposit Refund (10-100-2330): Rental \$ \_\_\_\_\_ Kitchen \$ \_\_\_\_\_ **Total \$** \_\_\_\_\_

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

Date of Refund \_\_\_\_\_

Check No. \_\_\_\_\_

YEAR	Date Paid	Receipt #	TH Rent (TH-RENT)	Rental Dep. (2330)	Security Fee. (2334)	Total Amt.	Approved By:
2017							

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