



**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  
[finance@cityoftalent.org](mailto:finance@cityoftalent.org)



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. Cancellations prior to the event date must be acknowledged by city staff. If so, the rental deposit is refundable minus any pre-arranged set-up or administration fees.**

**The key to the facility must be picked up from City Hall between 8:30 and 4:30pm M-F. If the event is scheduled outside of this window of time, or on an observed holiday, the key must be picked up the business day prior to the event.**

- \*This building is both alarmed and has security cameras.
- \*All decorations must be pre-approved.
- \*All renters will provide their own set-up.

**\*Proof of General Liability Insurance at \$2,000,000 per occurrence may be required. If alcohol is served or the kitchen is used, insurance is mandatory.**

**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. Security personnel must remain on site until the Community Center is closed and secured.**

Estimated Attendance: \_\_\_\_\_ Alcohol: Yes\*  No  Equipment Rental:

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

Describe any rental equipment to be used: (additional sheet if necessary)

**Name of Applicant**

**Name of Organization:**

(Legally Responsible party)

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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 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.

**ORDINANCE NO. 2019-957-O**

**AN ORDINANCE PROHIBITING THE DISTRIBUTION OF CERTAIN DISPOSABLE FOOD SERVICE WARE COMPOSED OF PLASTIC OR BIOPLASTIC IN THE CITY OF TALENT**  
**Section 3.**

A. No person(s) shall use or provide disposable service ware made of plastic or bioplastic during any city-sponsored, city-permitted, or city-hosted event at any city facility or city-managed concession.

1. An event organizer may request an exemption from the City Manager where neither a durable replacement nor an alternative is available, such as lids and cups for hot beverages. Exemption requests must be made in writing at least fourteen days prior to the event date. All decisions by the City Manager are final.

*The undersigned represents that s/he has read and understands the rules and regulations presented in this agreement and will abide by them, including the responsibility to leave the facility in good order (per the checklist provided). Failure to do so will forfeit the deposit.*

\_\_\_\_\_  
 Name of Organization (if applicable)

\_\_\_\_\_  
 Signature of Applicant  
 (Responsible party)

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

**For Office Use Only**

Inspection  Passed  Failed  
 Full Refund  Partial Refund  No Refund

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

**For Finance Department Use**

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

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

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

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