

Applicant information

Name/Organization		Date	
Address		City	State Zip
Phone	Email address		Fax
Tax exempt <input type="checkbox"/> No <input type="checkbox"/> Yes (attach ST3)		Non-profit <input type="checkbox"/> No <input type="checkbox"/> Yes	

Event information

Date	Estimated attendance	Rental start time	Rental end time
Event description			
Will food be served? <input type="checkbox"/> No <input type="checkbox"/> Yes Food service provider and phone number:			
Will alcohol be served? <input type="checkbox"/> No <input type="checkbox"/> Yes Must have a caterer licensed to serve alcohol (Please attach). No alcohol is allowed in the Gallery or in the ice rinks. At the cost of the renter, police may be required depending on the scope of the event.			

Room Requested

<input type="checkbox"/> Banquet Room	<input type="checkbox"/> Gallery	<input type="checkbox"/> ROC	<input type="checkbox"/> Public ice skating party	<input type="checkbox"/> Private ice rental
Banquet Room set-up request		Gallery set-up request		ROC set-up request
Number of round tables and chairs: (20 maximum/eight chairs per table)		Number of rectangular tables:		<input type="checkbox"/> Turf (March – May)
Number of rectangular tables: (for food serving)		Number of chairs:		<input type="checkbox"/> Dry floor (May – October)
Room layout preference:		Room layout preference:		<input type="checkbox"/> Ice rental (November – March)
<input type="checkbox"/> Audio visual equipment (\$50) <input type="checkbox"/> Easels (maximum three) <input type="checkbox"/> Coffee pot(s) 40- or 60-cup <input type="checkbox"/> Podium <input type="checkbox"/> Compostable food service items (charge based upon request) <input type="checkbox"/> Caterer's holding kitchen (\$50) ((\$700 refundable damage deposit)		<input type="checkbox"/> Audio visual equipment (\$50) <input type="checkbox"/> Easels (maximum three) <input type="checkbox"/> Coffee pot(s) 40- or 60-cup <input type="checkbox"/> Podium <input type="checkbox"/> Compostable food service items (charge based upon request)		<input type="checkbox"/> Number of round tables: (Five maximum) <input type="checkbox"/> Number of chairs (25 maximum) <input type="checkbox"/> Audio visual equipment (\$50) <input type="checkbox"/> Compostable food service items (charge based upon request) <input type="checkbox"/> Caterer's holding kitchen (\$50) ((\$700 refundable damage deposit)

Disclaimer

I have read the Renter's Rights and Responsibilities, Cancellation and Refund Policy, and this contract statement. I understand that any agreement granted would be subject to the Renter's Rights and Responsibilities for use of City of St. Louis Park Facilities included in this packet. I hereby agree that these rules shall be strictly observed. If these rules are not followed, the City of St. Louis Park may retain my damage deposit, in portion or in whole, and the privilege to rent a St. Louis Park facility may be revoked. I accept entire responsibility for the enforcement of these rules and agree to protect the St. Louis Park facilities and indemnify the City of St. Louis Park of any damage due to the use of the facility covered by this agreement. I also understand that this agreement may be revoked or canceled at any time, with or without cause, and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damage or expense whatsoever. I further agree to protect, indemnify, save and hold harmless the City of St. Louis Park and its officers and employees from any and all claims, liabilities, damages or rights of action directly or indirectly growing out of the use of the facilities requested in this application. I understand that the City of St. Louis Park often takes pictures and video of facilities that are used for brochures and marketing in which I grant permission.

Signature of responsible applicant

Date

Rental fee	Damage deposit	Damage deposit - Date paid	Check number
Police officer fee (if alcohol served)	Total fee		

Please make check payable to the City of St. Louis Park.

Please charge my:

MasterCard Visa American Express Discover

Card number _____

Expires _____ Security code _____

Signature _____

Office use only

Amount received	Date received	Received by
Check/authorization number/cash		