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RAY ROBISON COMMUNITY HALL 206 WEST COMMERCIAL RESERVATION APPLICATION

NAME:

ADDRESS:

MAILING ADDRESS:

PHONE:

EMAIL:

REQUESTED
DATE(S) OF USE:

TYPE OF USE:

WILL THERE BE ALCOHOL: CONSUMED? ☐ Yes ☐ No SOUND SYSTEM? ☐ Yes ☐ No

HOURS OF USE: FROM:

TO:

***THE CITY REQUIRES A \$150 CLEANING DEPOSIT** WITHIN 10 BUSINESS DAYS OF THE REQUEST IN ORDER TO KEEP THE BOOKING YOU REQUESTED. FOR SAFETY REASONS NOTHING IS ALLOWED TO BE HUNG FROM THE CEILING. CLEANING DEPOSIT WILL BE FORFEITED IF CEILING TILES ARE DISRUPTED, CLEANING IS NOT COMPLETED, AND/OR COMMUNITY HALL KEY IS NOT RETURNED TO THE DROP BOX AFTER YOUR RESERVATION DATE.

SIGNATURE OF APPLICANT:

COUNCIL APPROVED: ALCOHOL VARIANCE: ☐ Yes ☐ No

NOISE VARIANCE: ☐ Yes ☐ No

SIGNATURE OF CITY REPRESENTATIVE:

NOTES:

Walkthrough performed by city employee prior to event. (checklist on back of application) ☐ Yes ☐ No Initials _____

Walkthrough performed by city employee after event. (checklist on back of application) ☐ Yes ☐ No Initials _____

COMMUNITY HALL USAGE RATES

NON-PROFITS WITH SCHEDULED USE UNDER 3 HOURS WILL BE FREE
CLEANING DEPOSIT STILL REQUIRED (per use or annual deposit on file)

INITIAL, REFUNDABLE \$150 CLEANING DEPOSIT -----

NON-PROFITS \$44.00 PER DAY + \$2.64 USE TAX -----

CITY RESIDENTS, GROUPS, LOCAL GOVERNMENT \$165.25 + \$9.92 USE TAX --

NON-CITY RESIDENTS, & GROUPS \$330.50 + \$19.83 USE TAX -----

CAPACITY 250 PEOPLE, 21 TABLES, 203 CHAIRS

Total:--

Collected	Date	Initial
\$		
\$		
\$		
\$		
\$		

OFFICE USE ONLY

ITEM TO PERFORM	PRIOR TO EVENT	INITIALS	AFTER EVENT	INITIALS	NOTES
ALL TRASH REMOVED – (STREAMERS, SIGNS, BANNERS, STAPLES, TACKS REMOVED)	☐		☐		
FLOORS SWEEPED (MOPPED AS NEEDED)	☐		☐		
BATHROOMS CLEANED SINK AREA WIPED DOWN FLOORS CLEANED	☐		☐		
KITCHEN CLEANED COUNTERS, STOVE, REFRIGERATOR, SINK AREA WIPED DOWN	☐		☐		
WINDOWS & WINDOWSILLS AS NEEDED	☐		☐		
THERMOSTATS RETURNED TO 60 DEG.	☐		☐		
ALL TABLES AND CHAIRS REPLACED	☐		☐		
ALL DOORS LOCKED	☐		☐		
KEYS CHECKED OUT - RETURNED TO DROP BOX	☐		☐		

ADDITIONAL NOTES:

MAINTENANCE ITEMS:

Contacted Public Works regarding maintenance items on: DATE: _____