



City of New Richland
203 N Broadway, PO Box 57, New Richland, MN 56072
Phone: 507-465-3514 Fax: 507-465-3375

CITY HALL RESERVATION FORM

Applicant Name
Address City State Zip
Organization: Non-Profit
Phone (Home) (Other)

Reservations must be less than 1 year in advance.

Reservation Date

Time to

Will alcoholic beverages be used? Yes No

**Selling alcohol is prohibited, however kegs are allowed with prior approval by the Police Department.

No Glass bottles are allowed on City property or in City Hall

A \$100 deposit is due with return of contract. Rental Fee must be made prior to the reservation date.
Full Day Rate: \$125.00
Meeting Rate (0-4 hours): \$75.00 (Available to organizations, groups, and businesses for meetings less than 3 hours long).

Keys: The building will be unlocked at the time agreed on by the renter and the City of New Richland and locked at the ending time.

Occupancy: The maximum occupancy of the hall is approximately 150 people for banquet type seating. There are 25 - 6-foot tables and 150 chairs.

Decorations: Use of tacks, nails or staples for hanging decoration are not allowed on any surface. Use discretion when using tape. Painter's tape is preferred. NO duct tape is allowed. All decorations should be removed upon clean up.

Tables: Pick up tables when moving them, do not slide them across the floor.

Clean Up: All decorations should be removed and garbage should be bagged up and ready for disposal by the New Richland Maintenance Department. Tables and chairs should be taken down and returned to their storage racks. Used dishcloths should be placed in the sink. The City of New Richland will launder them. Sinks, stoves, refrigerator and countertops should be wiped down. Dishes should be cleaned and put back in their proper places. Remove all personal items, including leftovers before leaving.

Inventory: The kitchen is stocked with coffeepots, dishes, silverware, glasses, cups, pitchers, towels, dishcloths. Inventory of kitchen items will be taken. If there are any items missing, the renter will be billed accordingly.

Refunds: Request for refunds due to cancellation is subject to a Cancellation Fee. A refund, minus a \$10.00 administration fee will be issued for cancellation made 4 weeks (28 days) or more prior to the reservation date. No refund will be given for cancellations 27 or fewer days before the scheduled reservation.

SMOKING IS PROHIBITED IN THE HALL AND ALL CITY BUILDINGS.

Time: All events MUST be over, the check list completed and dropped in the slot in the clerk's office by no later than 11:00 PM.

Hold Harmless Agreement

I understand that the use of the Community Room is voluntary and that I am using it for my benefit only. I agree that my use of the facility is undertaken at my own risk and that the City of New Richland will not be liable for any claims, injuries, damages or whatever nature incurred by me or members of my organization due to the negligence of members of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City of New Richland, its agents, or employees, from any such claims, injuries, or damages. I also agree to defend, indemnify, and hold harmless the City of New Richland from any claims, injuries, or damages of whatever nature arising out of or connected with my use of the Community Room. I also agree to reimburse the City of New Richland for any damage, breakage, maintenance, theft of equipment beyond the damage deposit figure if so warranted.

Waiver:

I understand that this contract and the deposit fee must be returned in order to reserve the hall. I have read, understand, and agree to the contents of this contract. The person or organization making this application assumes individual and joint obligation for replacements or payment in case of losses or damages resulting from their use of the building facilities and agree to abide by the rules established by the City of New Richland.

Signature Of Responsible Party _____
Date

Deposit \$	Received On	Check/Cash
Balance \$	Received On	Check/Cash

Post Event:

- _____ The City has received the completed checklist
- _____ The City did NOT receive a completed checklist

All items have been inspected and inventory taken.

Status: _____ Satisfactory _____ Unsatisfactory

Deposit Returned: _____ yes _____ no

Comments:

Signature of City Employee _____
Date