



Application for Meeting Room Use

Community and Senior Center
Summit County Government

Applicant Name _____ Phone: _____

Host Organization: _____

E-mail: _____

Mailing Address: _____ City _____ State/Zip _____

Event/Meeting Name: _____

Event/Meeting Date (s): _____

Event Description: _____

Estimated Number of Participants: _____ Entry fee per Participant: _____

Audio/Visual Equipment (circle all needed):

No Charge: Podium Dry Erase Board Easel TV/VCR/DVD on cart

\$25 Flat Fee: LCD Projector Microphone(s) Sound Board Conference Call Phone

Damage Deposit - \$100 damage deposit is required for all room rentals; \$300 deposit is required for events involving alcohol sales. Checks will be returned or shredded following the room rental if no additional fees are required.

Amount Received _____ Check # _____ Date _____

Rooms Requested	Maximum Occupancy	Event Time(s) <i>Start to End,; (includes set up & clean up)</i>	Total # Hours	Hourly Fee \$25/room/hour (Community); \$50/room/hour (Private)	Total / Room
Hobby 782 sq. ft.	45 Seating Max				
Hoosier 840 sq. ft.	59 Auditorium Seating Max (7 tables)				
Fremont 840 sq. ft.	57 Auditorium Seating Max (7 tables)				
Loveland 840 sq. ft.	59 Auditorium Seating Max (7 tables)				
Ute 367 sq. ft.	20 Seating Max				
Kitchen <i>Orientation required.</i>	Commercial kitchen				
A/V Equipment or Set Up Fees					
				X fee/ hour	

Total Fee

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For events which will include the service/consumption of alcoholic beverages:

1) Private party servicing alcohol to invited guests (NO SALES** of alcohol) requirements:**

_____ Adequate proof of general liability insurance

_____ Signed indemnification clause below.

Initial: _____ I have reviewed the alcohol policies and agree to comply with them.

2) Events involving alcohol sales requirements:

_____ Special Event license for liquor sales (Obtain permit the Clerk & Recorder's Office)

_____ Adequate proof of general liability insurance

_____ Signed indemnification clause below.

Initial: _____ I have reviewed the alcohol policies and agree to comply with them.

NOTE: Consumption of alcoholic beverages in or around County facilities is prohibited except at the Community Center where alcoholic beverages may be served in limited quantities with the prior approval of the County Manager or his/her designee, in accordance with all applicable state laws and County requirements.

ALL ROOM APPLICANTS – read, initial and sign full name below:

_____ I have received, reviewed, and agree to comply with the regulations set forth in the Community & Senior Center policies.

_____ I understand and take full responsibility for returning the room to standard condition **including returning tables/chairs to the storage closets. I understand that a \$25 fee will be assessed for rooms not left in standard condition.** (Diagram posted in closets.)***Room set up service is available for an extra charge – call for rates.**

This signature indicates all information in this application is complete and accurate.

Applicant Signature

Date