

Town of Sedgwick  
 PO Box 27; 29 Main Ave  
 Sedgwick, CO 80749  
 Voice: 970-463-8814

### Use Application for Community Center

Today's Date: \_\_\_\_\_ Responsible Person(s): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Non Profit Exempt #: \_\_\_\_\_ Current Business License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Agency Telephone: # \_\_\_\_\_

A phone number must be provided where the Responsible Person can be reached:

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Event (Explain type of event): \_\_\_\_\_ Is the event Private?  or Public?

For events that are open to the public, will you provide a flyer 20 days in advance of event? Yes  No

Event Date: \_\_\_\_\_ Time Requested: From \_\_\_\_\_ to \_\_\_\_\_

Other dates and times as associated with Event: \_\_\_\_\_

<u>ROOM REQUESTED</u>	<b>Non Profit Daily Rate</b>		<b>Private Daily Rate</b>	
Dining Hall Only (No Kitchen Equipment)	<b>\$80</b>	<input type="checkbox"/>	<b>\$100</b>	<input type="checkbox"/>
Dining Hall & Kitchen w/Equipment	<b>\$120</b>	<input type="checkbox"/>	<b>\$200</b>	<input type="checkbox"/>
Kitchen Only w/Equipment	<b>\$85</b>	<input type="checkbox"/>	<b>\$110</b>	<input type="checkbox"/>
Regular Kitchen Use (Two or more days in a calendar month)	<b>\$42</b>	<input type="checkbox"/>	<b>\$55</b>	<input type="checkbox"/>
Will you use sound amplifying equipment? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, explain: _____				

1/2 day is 1/2 the price of the daily rate.

- ✓ Kitchen rate insures use of the oven/stove, small service ware, pots, pans, dishes, dishwasher, freezer/refrigerators.
- ✓ Dining Hall use only is for the dining hall, cleaning supplies and access to water.

Responsible person agrees to the following:

- \_\_\_ Initials      There is not to be any decorations, posters, notices or other items put on the walls in any rooms or at the pavilion without prior permission from the Town Board of Trustees.
- \_\_\_ Initials      No smoking in the building at any time.
- \_\_\_ Initials      Payment in full at the time reservation is made. (Not refundable)
- \_\_\_ Initials      If there are problems with the facility upon entering the facility for use I will leave a message at Town Hall as to the problem by calling 970-463-8814.
- \_\_\_ Initials      I agree that any cleanup, repair(s) or replacement(s) caused during use will be deducted from the deposit. Labor billed at \$30.00 per hour/per employee and repair(s) or replacement(s) at cost.
- \_\_\_ Initials      The user is responsible to acquire all necessary keys during Town Hall office hours prior to use.
- \_\_\_ Initials      Deposit refunds with explanation of charges against the deposit are held 14 days after the last scheduled day of the event.

Only applicable to Dining Hall only use:

- \_\_\_ Initials      I agree if the kitchen is used for more than access to cleaning supplies or water, my deposit will be charged for kitchen use.

I agree to the conditions above as indicated by my initials above, and agree to the requirements of the use agreement. Please sign and date.

\_\_\_\_\_   
 Print Name of Responsible Person

\_\_\_\_\_   
 Signature of Responsible Person

\_\_\_\_\_   
 Date

**Fee & Deposit Calculation and Acknowledgement of Community Center Use & Conditions**

	Fee	x Number	= Total
Dining Hall Only			
Dining Hall & Kitchen			
Kitchen Only w/cook supervision			
Facility Fee Waiver Application Approved			
<b>Reservation is not official until the room/facility is paid for. Attach Receipt.</b>			<b>Subtotal:</b>
<b>Deposits are refundable based on return of keys and condition of equipment and/or facility after use.</b>			
**Good Standing Deposit Waiver			
			Subtotal: _____
<b>Check #:</b>	<b>Cash:</b>	<b>Attach Receipt</b>	<b>Total:</b> _____

<p><b><i>Town Hall Use Only</i></b>          Authorized signature for Town of Sedgwick: _____ Date of Approval: _____          Condition of facility after use: _____          Charges, if any, against deposit: _____          Deposit Refund Date: _____ Check #: _____ Other: _____</p>
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