

POLK CITY COMMUNITY LIBRARY MEETING ROOM APPLICATION AND AGREEMENT

The undersigned applicant hereby requests to reserve the Polk City Community Library Meeting Room, 1500 W. Broadway, Polk City, Iowa.

This application, if approved by the Library Director, shall become a binding agreement for applicant's use of the Polk City Community Library Meeting Room, and applicant shall be bound by all of the terms and conditions for use, as set forth in this form. The Library, represented by the Director, reserves the right, in the exercise of its sole discretion, to deny an application for use of the Polk City Community Library Meeting Room.

This application must be accompanied by a \$50.00 damage deposit, payable by check postdated to the day of your event. If this application is denied, the damage deposit will be returned to the applicant upon denial. If this application is approved, the damage deposit will be returned to the applicant after room usage so long as no damage has occurred and applicant has complied with all other provisions of the agreement. The damage deposit is in addition to the \$50.00 room rental fee, which must also accompany this application in the form of a second check, as it will not be returned, (unless your application is denied).

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE HOME: _____ WORK: _____

If applicant is under 21 years of age:

ADULT CO-SIGNER'S NAME: _____

ADDRESS: _____

TELEPHONE HOME: _____ WORK: _____

If applicant is not an individual:

NAME OF CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE HOME: _____ WORK: _____

DATE ROOM REQUESTED: _____ TIME ROOM REQUESTED: _____

TYPE OF EVENT: _____

WHAT TYPE OF CRAFT ACTIVITY, IF ANY, IS PLANNED? _____

NUMBER OF ATTENDEES EXPECTED _____

WILL ADMISSION BE CHARGED? Yes___ No___

ANY ATTENDEES UNDER AGE 21? Yes___ No___

IS EVENT OPEN TO THE PUBLIC? Yes___ No___

FOR PROFIT ENTERPRISE? Yes___ No___

The Library reserves the right in its sole discretion to deny any application for usage of the Meeting Room. The Library reserves the right to terminate immediately any usage of the Meeting Room in the event of a violation by the user of any terms and conditions of use or in the event of a violation by the user of any local or state law. In the event of any such termination, the user shall forfeit any damage deposit and no refund of any rental fee will be made.

I, the undersigned applicant, state, certify and agree that the information supplied is true and correct; that I have read and understand all of the Terms and Conditions set forth; that I agree to be bound by and abide by such Terms and Conditions; that I understand and agree that I am solely responsible for all damage to person or property which may occur as a result of my use of the Meeting Room in accord with this Application and Agreement, including any damage caused by or to any attendees at the event for which I am leasing the Polk City Community Library Meeting Room. I further agree to hold the Polk City Community Library and the City of Polk City, its employees, officers, and agents harmless, and agree to indemnify them, for any loss or damage to person or property arising from my use of the Meeting Room or from the conduct of any attendees at the event for which I am leasing the Polk City Community Library Meeting Room, including, without limitation, the cost of reasonable attorney fees. If I am a representative of an organization named as Applicant, I state that I have authority to sign this Agreement on behalf of such organization and to bind such organization to the terms. I understand and agree, that in the event this Application is approved by the Library, this Application shall become a binding agreement for my use of the Meeting Room and I shall be bound by all of the terms and conditions including, but not limited to, those stated in this paragraph.

APPLICANT'S NAME (PRINTED)

APPLICANT'S SIGNATURE

DATE

TITLE

CO-SIGNER'S NAME (PRINTED)

CO-SIGNER'S SIGNATURE

FOR LIBRARY USE ONLY:

APPLICANT IS APPROVED___ DENIED ___

DEPOSIT MADE: _____ DEPOSIT RETURNED: _____

RENTAL FEE PAID: _____

ADDITIONAL FEES OWED AND REASON:

KEY NUMBER _____

KEY RETURNED _____

Meeting Room Checklist

Please use this list as a cleanup guideline after your event.

Room supplies can be found in the top left drawer.
Ask library staff to direct you to any additional cleaning supplies that you might need.

1. Sweep floor with a broom located in the meeting room closet.
2. Mop the floor using bucket and cleaner located in the closet in the women's bathroom.
3. Place extra tables in the closet, tabletop side down.
4. Place the chairs back along the wall, stacked no more than 5 high, and not blocking either doorway.
5. Wipe down the sink to remove water spots.
6. Wash coffeepot, cups and silverware and put them away.
7. Wipe out refrigerator and microwave after use.
8. Put used dishrags and towels in the sink.
9. Make sure projector screen is returned to its hidden position.
10. Wipe off dry erase board with a wet cloth *only*.
11. Check the meeting room and restrooms, picking up any paper from the floor.
12. Take trash out to the dumpster and put in a new bag into the trash can from the drawer.
13. Make sure the room is left the way you found it.
14. Turn off all lights in the meeting room and the hallway.
15. Make sure all doors to the building are locked.
16. If you have received a key to the building, please return it to us at your earliest opportunity.