



CITY OF MILTON FACILITY USE APPLICATION

1000 Laurel Street
Milton, WA 98354
(253) 922-8738

(FOR CITY OF MILTON USE ONLY)

FEES:

Facility/Building Rental Fee (Including Key) : \$ _____ (REFUNDABLE Deposit) (Cost Code: 001.00.362.100.00)

Rate per Hour: \$ _____ X Hours Rented _____ = \$ _____

Total Due for Event \$ _____

Signature of Facilities Rental Coordinator _____ Date _____

Deposit Returned \$ _____ Date _____

The City of Milton wishes to encourage use of the Activity Center and Community Building as long as use is of lawful purpose and does not interfere with the conduct of City of Milton's programs or the primary purpose for which the buildings and grounds are intended. Community use of facilities is subject to the terms of City of Milton Policy and Procedures and the current schedule of user fees. Permission to use a particular facility may be denied based of a belief that the activity proposed may not be in the City of Milton's best interests, or due to the level of previously scheduled use. No person shall be denied the full enjoyment of the facilities because of race, creed, color, sex, or origin.

NAME _____ ORGANIZATION: _____
(Provide copy of Photo I.D.)

ADDRESS _____ CITY/STATE/ZIP _____

DAYTIME PHONE _____

E-MAIL _____ PHONE# DURING EVENT _____

FACILITY REQUESTED (Check one): ACTIVITY CENTER: _____ COMMUNITY BUILDING: _____

DATES TO BE USED _____

TIMES OF DAY/EVENING: FROM _____ AM/PM TO _____ AM/PM
(Include set-up & clean-up times)

NATURE AND PURPOSE OF ACTIVITY _____

NUMBER OF PARTICIPANTS _____ WILL ADMISSION BE CHARGED? _____

WILL LIQUOR BE SERVED? YES _____ NO _____ **(ONLY Allowed In The ACTIVITY CENTER)**

(Note: WA State Banquet Permit & Liability Event Insurance Certificate Required; see Page 2 for more information*)

LIABILITY CERTIFICATE OF INSURANCE: [] REQUESTED [] RECEIVED

WA STATE BANQUET PERMIT: [] REQUESTED [] RECEIVED

RULES AND REGULATIONS

1. Applicant/organization is responsible for the safety and conduct of its guests.
2. All events will be required to meet the occupancy load and fire and safety regulations of the City of Milton and State of Washington.
3. Use of alcohol, tobacco, and/or drugs is prohibited. Profane language and/or other objectionable conduct may result in barred use of facilities.
4. Firearms or other dangerous weapons are prohibited on City of Milton grounds as defined by law.
5. Access to facilities and services, except as otherwise addressed in these rules, shall be limited to that specified on the application.
6. Alterations to the facility are prohibited without prior approval. This may include such things as hanging signs, using masking tape on walls and floors, etc.
7. Applicants are responsible for special set-up requirements and clean up, unless specifically requested in the application. Users shall be responsible for returning the facility to its original condition immediately following the event. Applicant will be responsible for all cleaning and repair fees listed in the Facility Rental Information packet.
8. The applicant/organization shall not practice discrimination of any kind.
9. The facility use is cancelled when facility is closed due to an emergency.
10. The City of Milton reserves the right to refuse or revoke any authorization for the use of the City of Milton building or grounds, and if rental has been paid, to refund such rental, less expenses incurred by the City of Milton in connection therewith.
11. Cancellation / Refund Policy:

<u>Cancellation made</u>	<u>Refund Amount</u>
30 days or more in advance:	Deposit & 100% of Fees, minus \$30 Administrative Fee
15-29 days in advance:	Deposit and 50% of Fees
0-13 days in advance:	Deposit only

**** NOTE: During your rental, if you have a facility issue, please call 253-370-1679 for assistance.**

AGREEMENT AND INSURANCE

The person or organization entering into a rental agreement with the City of Milton for the use of the facility listed described above certifies that the information given in this application is current. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations. The applicant further agrees to reimburse the City of Milton for any damages arising from the applicant's use of said facility. Any accident involving injury to participants or damages to the facility or its contents occurring during the use of the City of Milton facilities or equipment will be reported to the City of Milton authorities immediately.

For-profit business groups, and other special events groups as determined by the City of Milton, are required to provide proof of general liability insurance must be named as additionally insured by endorsement on said policy. Coverage cannot be cancelled or reduced without thirty- (30) day's written notice to the City of Milton. *Low-cost Special Events Liability Insurance is available through WCIA and a Washington State Banquet Permit is obtained by the applicant (purchased online at the *Washington State Liquor Control Board*, <http://liq.wa.gov/licensing/banquet-permits>) for the event, and submitted to the City of Milton at least 14 days in advance of the event. Please go to www.wciapool.org and click on "One Day Insurance – TULIP." Complete the on-line insurance requirements and present a copy of the insurance certificate to the City at least one-week before the event. The Facility/Venue/Entity ID numbers are: **Activity Center: 0465-217, Community Building: 0465-218.**

The applicant agrees that the City of Milton and its agents or employees will not be liable for any damage to person or property by reason of negligent acts of applicant, its agents, employees, invitees, or subcontractors. Applicant agrees to protect, indemnify for legal costs and other expenses, and hold harmless, the City of Milton and its officers, employees, directors and agents from claims, liabilities, or suits, arising out of injury to person or property from negligent acts of applicant, directly or indirectly attributable to user's activities and/or use of premises except for sole negligence of the City of Milton.

I have read the rules and regulations above and on the reverse side of this form and agree with the conditions and charges as established:

SIGNATURE OF APPLICANT _____

Date _____