MILFORD CITY ADMINISTRATIVE BUILDING CITY HALL

(Multi-Purpose Room and Serving Area) LEASE AGREEMENT



DATE OF EVERY (IIIII) day yyy,	LEO S
LEASE BEGINNING TIME* (Include setup)	am pm
LEASE END TIME* (Include cleanup)	am pm
TYPE OF EVENT(i.e. family dinner, baby/bridal shower, wedding cere	emony/reception, funeral)
LESSEE INFORMATION: NAME (First, Last)	
MAILING ADDRESS (PO BOX # if applicable)	
CITY	STATE ZIP
CELL PHONE #	HOME #
EMAIL (Required for confirmation of reservation)	
Reservation of building is not confirmed until Lease Ag	greement is signed and a deposit is paid
RENTAL FEES: **SECURITY/KEY/DAMAGE DEPOSIT (Refundable) \$200.00	(Separate Check Due at time of application)
*Doors will be programmed for the event beginning and end time only!! Plan accordingly!	0.00 Day Use (Over 8 hours – same day)
**LISE FEE REO'D AT TIME OF DESERVATION: (Foo based on	total bours of rontal including satura and cleanup time (

Use fee is not refundable if cancellation occurs within 7 days of event

** Security Deposit and Use Fee are due no later than 10 days prior to the event or at time of reservation if 10 days notice is not provided.

RECITALS AND AGREEMENTS OF LEASE:

DATE OF EVENT (mm/dd/w/):

By signing below, the leasing party or individual agrees to the following:

- 1. I understand that Alcohol, Drugs, and Tobacco Use/Smoking is prohibited in the Milford City Administrative Building. Failure to abide will result in immediate cancellation of rental without a refund of fees or deposit.
- 2. I understand this is a public facility and I am only reserving the use of the City Hall (Multi-purpose room and serving area).
- 3. I understand that Milford City staff will review this application, and I may be required to obtain permits, and abide by other conditions to mitigate risk to Milford City or myself including providing a Certificate of Insurance listing Milford City as additional insured.
- 4. I understand that after review there might be price changes according to the full needs of the event.
- 5. I understand that the reservation is for the date and time specified above and may not be cancelled within 7 days of scheduled date without forfeiting lease fees.
- 6. I understand that I may not arrive prior to the "Beginning Time" listed above, and my event must be fully cleaned and Cleaning Checklist completed no later than "End Time" stated above.

- 7. I understand a deposit of \$200.00 is required at the time of booking and said deposit may be applied to any charges incurred at the event, including but not limited to damage, cleaning or other said charges, and will be reflected in final bill. All rental fees must be paid in full before the event. No use fee refunds will be given after the event. I agree to pay a \$20 service charge and any associated collections costs for any returned payment.
- 8. I understand that non-payment of ANY fees could result in account being placed in collections.
- 9. I understand that children must be supervised at all times and remain only in reserved areas indicated in the agreement. Children will not be allowed to play on furniture or tables and chairs, in parking lot, on retention wall, etc.
- 10. Fire exits cannot be covered under any circumstances. All groups and individuals using the facilities must abide by the Utah State Fire Code and Utah State Laws. The City reserves the right at all times to control facilities and to enforce all applicable laws, rules, and regulations. MAXIMUM CITY HALL OCCUPANCY 102
- 11. Inflatables (Bounce Houses, etc.), dunk tanks, and comparable devices are prohibited inside Milford City Administrative Building or on its property.
- 12. I understand that I am responsible for any damages caused and will be required to report, pay for and replace any damages that may occur during the rental/event.

Applicant Waiver and Indemnification

Lessee's signature.

IN CONSIDERATION for being permitted to use the City Hall and undertake and participate in the Activities, Lessee, on behalf of himself/herself, his/her successors, and assigns, as well as all guests, invitees and attendees, hereby releases and forever waives and discharges—and agrees to indemnify and hold harmless—Milford City, its successors, assigns, directors, officers, agents, representatives, employees, both jointly and severally, from any and all actions, covenants, claims and demands for damages or injuries, costs or losses, however arising, which may have been or may be sustained by Lessee, (as well as all guests, invitees and attendees), in any way relating to or arising out of use of the City Hall and participation in the Activities. Lessee desires and hereby agrees to assume all risks to himself/herself, (as well as all guests, invitees and attendees), associated with the use of the City Hall and participation in the Activities.

All decor, arrangements, and personal items brought to the City Hall are the responsibility of the Lessee. Milford City accepts no responsibility for loss or damage occurring to items brought to the building. All City owned property (tables, chairs, etc.) must be returned immediately after use in the same condition as were at start of rental. Damage, theft, or failure to return City owned items will result in a replacement charge. Lessee shall not hang anything on the walls, doors, windows, or shutters. No Tape. No Push Pins. No Thumb Tacks. No staples. I acknowledge that I have been provided a copy of the Building Use Policy. The use of confetti, glitter, paint, graphite, hay, straw, corn stalks, grass, palm fronds, live Christmas trees, rice, bird seed, lighted candles, live animals, or open flames is prohibited in the building or on the grounds. All trash, decorations, or other debris must be removed from the building and placed in the dumpster prior to vacating the building upon completion of the lease.

<u>Cleaning Checklist</u>: Please complete the cleaning checklist received from the Milford City Office Staff at the time of Lease. Failure to complete all of the following prior to your departure will result in a cleaning fee applied to your invoice and/or held from your deposit. I acknowledge I have been provided a cleaning checklist.

Data

By signing below I acknowledge that the information given is complete and accurate, and I agree to abide by the conditions provided herein. Failure to do so will result in additional charges and/or loss of deposit.

		MILFORD CITY USE ~	~	
Date Deposit Paid:	PAID BY: CASH	CHECK (#)	CREDIT/DEBIT	(attach SIP receipt)
Staff Initials:	RECEIPT #			
Date Rental Fee Paid:	PAID BY: CASH	CHECK (#)	CREDIT/DEBI	
Staff Initials:	RECEIPT #			
Key # Acces	ss Token # I	Date programmed:	Staff Initials	
Date Issued to Lessee:	Staff Initials:	Date Returned l	by Lessee: S	taff Initials:
REFUND INFORMATION:				
Amount held for damages:	Amount R	efunded:	Date of Refund	Staff Initials:
Reason for holding:				