



**Key pick and walk-through appointment will occur 3-5 days prior to the event. Contact the Clerk's office, 2 weeks prior to the event, to set an appointment (763) 263-8111 or email Info@BigLakeTownship.com**

**Monday – Thursday 9:00am – 4:00pm Fridays 9:00am – 12:00pm**

**Pick up Key on: \_\_\_\_\_**

**Rental Agreement for Townhall Rental ( may be reserved 12 weeks prior to event).**

**YOU ONLY HAVE PERMISSION TO ENTER BUILDING THE DAY(S) LISTED IN THIS AGREEMENT**

**REQUESTED DATE: \_\_\_\_\_ Type of Event: \_\_\_\_\_**

(approximates ok) Set-Up Starting Time: \_\_\_\_\_ Exit Time: \_\_\_\_\_ Event Time: \_\_\_\_\_ to \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

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

If applicable; Organization Name: \_\_\_\_\_

\_\_\_\_\_ Banquet/Kitchen/Garage – **\$300 daily fee (check/cash) Available 8:00am - 10:00pm**

**SECURITY DEPOSIT (check or cash) is REQUIRED to reserve date.**

\_\_\_\_\_ \$250 Deposit Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ / Cash \_\_\_\_\_

Security deposit covers; cancellation less than 10 days prior to the event, or if you fail to complete the EXIT CHECK LIST, comply with the RULES, and/or DAMAGES OCCUR, funds may be subtracted from deposit.

**(Renters Initials): \_\_\_\_\_**

Amount returned \$ \_\_\_\_\_ on \_\_\_\_\_ Received by: \_\_\_\_\_

**RENTAL PAYMENT (Check or Cash only):** Payment must be received at least 30 days prior to event. Non-sufficient checks will be assessed a fee of \$30 and can be prosecuted under MN State Statute 609.535 and additional fees assessed. Checks payable to: Town of Big Lake

**(Renters Initials): \_\_\_\_\_**

\$ \_\_\_\_\_ PAID ON: \_\_\_\_\_ BY CASH OR CHECK # \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

Besides agreement holder, list authorized to check out key and be responsible for walk-through:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**BUILDING SECURITY: It is of the utmost importance to completely secure the facility upon exit.**

**Reviewed by (Renters Initials): \_\_\_\_\_**

**PROHIBITED ITEMS, ACTIONS, ACTIVITIES**

- ❖ Alcohol and cannabis products are prohibited on park property.
- ❖ Smoking, lit candles, open flames, or sparklers are prohibited in building.
- ❖ Use of confetti, glitter, bubble/smoke machines is prohibited.
- ❖ Propping open exterior doors is prohibited.
- ❖ Animals/pets are prohibited indoors – (service animals are allowed).
- ❖ Standing on furniture or carts is prohibited. (stepstool is located in Maintenance Room).

**FURNISHINGS:**

20 Six (6) foot Banquet Tables, 100 stackable chairs for indoor use.

12 Twelve (12) foot cafeteria style tables for attached garage use.

**Reviewed by (Renters Initials): \_\_\_\_\_**

**DECORATING:** Do not put holes into walls or woodwork. Use painters tape or *Command™ strips* to hang decorations. Violation of the rules can result in a deduction from the security deposit.

**Reviewed by (Renters Initials): \_\_\_\_\_**

**CONTRACTOR, SUBCONTRACTOR, VENDOR INFORMATION**

All Contractors, Subcontractors and Vendors must be disclosed on this portion of the rental contract.

Will your rental include the use of Catering/Food Service or Live Entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_

Caterer Business Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Certification of Insurance is Required Prior to Event.**

If Certificate of Insurance is attached, check here: [ ] Catering & other Food Licenses are Required Prior to Event. If copy (s) are attached, check here: [ ] Entertainment Business Name: \_\_\_\_\_

Phone \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**AGREEMENT SIGNATURES BY AUTHORIZED DECISION MAKERS**

The undersigned Renter is authorized to enter and use the Townhall 21960 County Road 5 NW, Big Lake, MN 55309 on the date(s) listed above. The undersigned will abide by the Town’s Rental Regulations and be responsible for damage to any persons or property arising out of the use of the facility. The Town is not responsible for property left in the facility.

**RENTER’S SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

CLERK'S OFFICE: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Check List Item</b>		
<b><u>Prior to final exit complete please ensure all items below are completed. Thank you.</u></b>		
*Lights off; (bathrooms and garage are on motion sensors)		
*Tables and chairs in position.		
*Trash in large dumpster outside.		
*Floors completely swept and fully mopped.		
*Kitchen cleaned (counters/sinks/floors).		
*Restrooms cleaned (floors/sink area).		
*Ceiling fans off and thermostat is set as instructed.		
*INTERIOR doors locked and checked TWO (2) locks.		
*EXTERIOR entry doors locked and checked. ALL exterior doors.		
<b>BRING DISH AND FABRIC TOWELS</b>		
<b><u>DO NOT SLIDE CHAIRS OR TABLES ON THE FLOOR!</u></b>		

**PROPERTY OR BUILDING DAMAGE**

Location ~ Item	Pre-Rental	Post-Rental

NOTES:

---



---



---



---

**Non-Profit Organizations**

**Organization's Name:** \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**INSURANCE:** A Certificate of Insurance for injury and property damage liability protection in a combined amount of no less than \$1,500,000 is required.

**MULTIPLE DATES:** On an individual basis, by arrangement with the Clerk's Office, multiple dates may be included in this agreement. **Are you requesting multiple dates?** \_\_\_\_\_ No \_\_\_\_\_ Yes SIDE \_\_\_\_\_

**Are the requested dates on a routine schedule?** \_\_\_ NO \_\_\_ YES, every \_\_\_\_\_

Dates not needed must be released by the renter at least two (2) weeks prior to scheduled event.

The Clerk's Office reserves the right to cancel a reservation a minimum of two (2) weeks prior to

scheduled date. Fee payment can guarantee date(s). **Reviewed by (Renters Initials):** \_\_\_\_\_

RECEIVED ON: \_\_\_\_\_ by \_\_\_\_\_ SCANNED \_\_\_\_\_ Resolution \_\_\_\_\_ Approved on \_\_\_\_\_ SCANNED \_\_\_\_\_