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| ***Rental Fees:* Base rate of $37.50 up to 3 hours use of one** floor and $12.50 per hour after. Base rate of $75.00 up to 3 hours use of whole building and $25.00 per hour after. Cleaning Deposit $75.00 Key Deposit $25.00 **Sanders County** no charge for use of the whole building when needed. If there is extraordinary use the renter may negotiate with the **Public Properties Committee** for reduced rates and Council would need to approve **COMMUNITY CENTER CLEAN UP LIST**  1. ALL GARBAGE DISPOSED OF 2. ALL LIGHTS TURNED OFF 3. FLOORS SWEPT 4. THERMOSTAT IN BASEMENT TURNED TO 50 (WINTER MONTHS) 5. THERMOSTAT UPSTAIRS TO BE TURNED OFF 6. KITCHEN WIPED DOWN AND CLEANED 7. GARBAGE TAKEN OUT 8. RESTROOMS CLEANED 9. TIOLETS FLUSHED 10. ALL DOORS LOCKED 11. ALL WINDOWS CLOSED 12. RETURNED KEYS TO CITY HALL (MAY BE PUT IN DROP SLOT IN DOOR AT CITY HALL)   ALL OF THE ABOVE MUST BE DONE IMMEDIATELY AFTER USE SO THE COMMUNITY CENTER WILL BE CLEAN FOR THE NEXT SCHEDULED EVENT. IF THE COMMUNITY CENTER IS NOT CLEANED SATISFACTORILY THE DEPOST MONEY WILL NOT BE RETURNED.ALL DEPOSIT CHECKS WILL BE KEPT FOR ONE WEEK FOLLOWING USE OF THE COMMUNTIY CENTER. |  |  | |  | | --- | | *City of Thompson Falls* **If you are interested in renting the Community Center please contact us by address, phone or email.** Contact Us **Address: 108 Fulton Street**  **Phone: 406-827-3557 Email: tfl3557@blackfoot.net Web: www.cityofthompsonfalls.com** | | |  |  |  | | --- | --- | --- | |  |  | *community center rental information* | | |  |  | |  | | --- | | C:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X4U5C1IK\MC900355107[1].wmfC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T3X1K8XX\MP900407245[1].jpgC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X4U5C1IK\MP900384900[2].jpgC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SG5OJ9TG\MP900403203[1].jpgC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X4U5C1IK\MP900399702[1].jpgC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\TRJYX6PD\MP900341742[1].jpgC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\TRJYX6PD\MP900400061[1].jpgC:\Users\treasurer.THOMPSONFALLS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T3X1K8XX\MP900177839[1].jpg | |  | | community center rental information | | **410 Golf Street City of Thompson Falls** | |

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| COMMUNITY CENTER USE AGREEMENT For use of the Community Center and the grounds around the Community Center, owned by the City of Thompson Falls (herein City), and located at 410 Golf Street (herein Facility). Organization or Individual Requesting Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) and Hours of Requested Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Purpose of Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Premises and Conditions**  Use of Facility is conditioned upon the following covenants:  1. No activity shall be conducted in violation of any Montana State Law, Montana State regulation, or local ordinance or regulation.  2. That no furniture or apparatus shall be moved or displaced without permission.  3. That no functional alteration of the premises or functional changes in the use of the Facility shall be made without specific written consent of the City.  4. That adequate supervision is provided by the requesting organization or individual to ensure proper care and use of the Facility.  5. Amplified sound is not permitted between the hours of midnight and 7:00 a.m.  6. If alcohol is to be made available to attendees, Renter needs to request approval from the Mayor.  7. That the user thoroughly cleans the premises after use, including but not limited to sweeping and the removal of all debris on the grounds around the Facility. |  |  | **Rent and Deposit**  The requesting organization or individual agrees to pay the City, as rent for the Facility, and as payment for special services (if any) provided by the City, the sum of **$\_\_\_\_\_\_\_\_\_\_ per rental**, together with a damage deposit in the amount of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and a key deposit of $\_\_\_\_\_\_\_\_\_\_\_\_.** The requesting organization or individual shall be responsible for the actual cost of repair or replacement, including costs, disbursement, and expenses, resulting while it has use of the Facility.  After use if, upon inspection, the area has been properly cleaned-up and there has been no damage to the Facility a cash deposit will be returned after the next regular scheduled City Council Meeting. If paid by check, we will hold the check and return.  **Insurance and Indemnification**  The requesting organization or individual, by signature below, hereby guarantees that the organization or individual shall indemnify, defend, and hold harmless the City and any of its employees or against, from any liability, expenses, costs (including attorney's fees), damages, and/or losses arising out of injury or death to any person or persons or damage to any property of any kind in connection with the organization or individual's use of the City property, which are not the result of fraud, willful injury to a person or property, or willful or negligent violation of a law. The City is not responsible for supervision during the use of the Facility.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Required **(Yes or No)** The requesting organization or individual shall provide the City with a certificate of insurance prior to the use of the Facility. The certificate shall show coverage for comprehensive general liability insurance in an amount not less than One Million Dollars ($1,000,000.00) for injuries to or death of any person, or damage to or loss of property arising out of or in any way resulting from the described use of the facility. **If alcohol is to be present, it must be included in the liability insurance policy or a separate policy may be purchase.** This certificate of insurance must cover the City for any liability. |  |  | **Non-Discrimination**  The requesting organization or individual agrees to abide by the non-discrimination clauses as contained in the Montana Human Rights Act and the Governmental Code of Fair Practices.  **City’s Rights**  The City reserves the right to right to enter the Facility to make inspections, or provide necessary services. The City reserves the right to cancel this agreement for violation of any of the conditions of use.  Dated this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.    **City of Thompson Falls**  By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_ Approved  \_\_\_\_\_\_\_ Not Approved    **Requesting Organization or Individual**  By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature indicates agreement with this policy**  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Additional Obligations/Requests**: |