

Vienna Cafe & Bistro
5724 S. Flamingo Rd.
Cooper City, Fl 33330 (954)680-6599
www.viennacafeandbistro.com

Private Party Contract (2 Hour Limit)

To ensure a successful event, please review the following procedures.

Date of Contract: _____

This is a contract for services and agreement to pay for services in accordance with the terms set forth herein, between **VIENNA CAFE & BISTRO**, "VCB," and:

Customer Name: _____ ("**Customer**")

Additional Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: **CELL:** _____

Work: _____

Email Address: _____

For the following event:

DATE OF EVENT: _____ TYPE OF EVENT: _____

Starting Time of the Event: _____, **Ending Time of the Event** _____

Estimated Number of Guests: _____, Adults: _____ Children: _____

*In order to accommodate your group in the best possible manner, it is important that you & your guest arrive on time. Client agrees to begin the Event at the **SCHEDULED TIME** and agrees to have guests, invitees, and other persons vacate the designated function space at the **ENDING TIME** indicated in this Agreement.*

CLIENT'S INITIALS _____ **MANAGER'S INITIALS** _____ **1 of 6**

Terms of the Contract:

Menu Selection

In consultation with the VCB, the Customer shall select a food and beverage menu from the list of provided menu options. The costs per person for the menu option selected shall be summarized in the Financial Summary herein.

MENU SELECTED: _____ **COST P.P.:** _____

IF QUEEN’S TEA: Quiche selection: _____, **Sandwich:** _____

Confirmation of Reservation

Confirmation is not made until VCB receives deposit.

Payment and Method of Payment Deposit

A security deposit equal to 50% of the estimated cost of the final bill which is set forth in the financial summary herein, is required to secure your date and will be applied to your final bill. The balance will be due at the close of the event. For deposit only, we accept cash, OR credit card (Visa, MC, Amex and Discover). Checks are **NOT ACCEPTED**.

Final Payment

Final Payment is due at the conclusion of the event. No split checks are permitted. For final payment only, we accept cash, credit card (Visa, MC, Amex and Discover). Checks are **NOT ACCEPTED**.

Cancellation and Deposit Forfeiture Policy

The following cancellation and deposit forfeitures apply:

Party cancelled 45 days to 31 days before the event: 75% refund of deposit.

Party cancelled 30 days to 8 days before the event: 50% refund of deposit.

Party cancelled 7 days or less before the event: 0% refund of the deposit.

CLIENT’S INITIALS_____ **MANAGER’S INITIALS**_____ **2 of 6**

Final Guest Count

A FINAL HEAD COUNT of all adults and children must be provided by 1:00 pm **TEN DAYS** prior to your event. This is the number of people you will be charged for in the final bill. Days are measured in 24 hour increments counting backwards from the start time of your event.

If fewer adults attend your party, you will still be charged the fixed price per adult based on the final head count. If additional adults and children attend, you will be charged the menu option price per adult and charged for menu items ordered for children.

Final Entree Selections

A FINAL ENTREE SELECTION from the menu option you have selected for all adult guests must be given to us by 1:00pm **TEN DAYS** prior to your event. Days are measured in 24 hour increments counting backwards from the start time of your event.

Amenities and Additional Services Provided

At the request of the customer, additional items and services may be provided. Customer shall check all additional items and services it wishes to purchase on the attached Amenities and Special Services Form. Cost estimates for the Selections will be included in the 7 Day Financial Summary.

No contracts for entertainment shall be entered into without prior approval of the VCB. Decorations or displays must have prior approval by the restaurant, and may not be attached to any stationary wall, floor, window or ceiling with nails, staples, tape or any other substance. Liability for damages to the premises will be charged accordingly.

Alcoholic Beverages

VCB carries a mixed beverage license. Corkage fee is \$15 per 750 ml bottle (wine only), should you choose to bring your own. In the interest of protecting our patrons and the general public, VCB and it's employees have the right to refuse service of alcoholic beverages to any patron or guest who by his or her behavior or appearance is believed to be incapable of tolerating further alcohol consumption.

CLIENT'S INITIALS _____ MANAGER'S INITIALS _____ 3 of 6

FINANCIAL SUMMARY

Initial Estimates and Deposit Calculation

Menu Price per person \$ _____ x Number of Estimated Adults _____ = \$ _____

Menu Price per person \$ _____ x Estimated Children _____ = \$ _____

If Customer has selected appetizers:

List Apps chosen _____ x _____ \$ _____ \$ _____

List Apps chosen _____ x _____ \$ _____ \$ _____

If Customer has selected beverages in addition to of the menu options

add in total cost estimate here or write n/a:

RED Wine: _____ x _____ = \$ _____ WHITE Wine: _____ x _____ = \$ _____ \$ _____

Wycliff Champagne: x _____ = \$ _____

Bar Options: OPEN (customer responsible) CASH BAR (VCB responsible)

Cappuccino / Latte, American Coffee, Sodas, Juices: OPEN CASH BAR

Dessert: _____ x _____ \$ _____

AMENITIES AND SPECIAL SERVICES CHARGES:

Setup & Breakdown *(min \$500 Depends on Day & Time of the Week)* \$ _____

Cake plating service (required) if outside cake brought into the VCB.

Cost is \$2.50 per person. \$ _____

Additional Hour(s), \$100 per hour or any part of. \$ _____

(Must Be decided at time of booking as other bookings may be taken after.)

Panels \$100. \$ _____

Entertainment: _____ TIME: From _____ To _____ \$ _____

ESTIMATED SUBTOTAL: \$ _____

PLUS TAX (7%): \$ _____

PLUS GRATUITY (20%): \$ _____

ESTIMATED TOTAL: \$ _____

50% DEPOSIT REQUIRED: \$ _____

CLIENT'S INITIALS _____ MANAGER'S INITIALS _____ 4 of 6

Additional Costs:

Additional costs incurred, including additional guests and additional special services or increases to estimated costs of additional services shall be added on to the final bill. Decreases in cost of any additional service shall be deducted from final bill.

FINAL PAYMENT IS DUE IMMEDIATELY UPON THE CONCLUSION OF YOUR EVENT.

VERY IMPORTANT:

So everyone arrives at the scheduled time, We recommend that you please provide all your guest with our EXACT NAME, ADDRESS & PHONE NUMBER SO THERE IS NO CONFUSION WITH ANY OTHER SIMILAR NAMED BUSINESSES:

VIENNA CAFE & BISTRO

5724 S. FLAMINGO RD., COOPER CITY, FL 33330

954-680-6599

PRINT _____ (Vienna Cafe & Bistro)

SIGNED _____ (Vienna Cafe & Bistro)

Credit Card: Visa - Master Card - Amex - Discover

Exp Date: _____ CVS/Security Code: _____

PRINT _____ (Customer responsible for PAYMENT)

I understand and accept these policies (*Please Sign*):

SIGNED _____ (Customer responsible for PAYMENT)

TEN (10) DAY FINAL GUEST COUNT

DATE: _____ **TIME:** _____

VERIFIED BY: _____

SPOKEN WITH: _____

Final Number of Guests _____ **Adults** _____ **Children** _____

SPECIAL INSTRUCTIONS:
