

**CITY OF RIVERVIEW
COMMUNITY CENTER BUILDING
14260 SIBLEY, RIVERVIEW, MI 48193
RENTAL AGREEMENT**

FACILITIES AVAILABLE: The kitchen area provides use of stove, refrigerator/freezer, garbage disposal, 100 cup coffee pot, and counter area. There is **NO** onsite preparation of food. The main room includes approximately (10) 60 inch round tables and (12) 8 foot rectangular tables, 100 chairs, and a stationary bar. There is **NO SMOKING** anywhere in the Community Center. The capacity of the Community Center is 100.

RENTER'S RESPONSIBILITIES: Renter must be **25 years or older**. Provide own cleaning supplies, dish towels, decorations, table covers, plates, cups, and silverware, etc. **Any special requests should be made in writing to the Recreation Director.** Any spills in the stove or any other messes must be cleaned or charges will be accessed from your deposit. Dispose all trash to the outside dumpster. Garbage bags will be provided by the City. **At the conclusion of your event, the Community Center MUST be left as it was found.** Any policies not followed or not leaving the building as it was found will result in fees or possible loss of your entire deposit determined by the Recreation Director.

DEPOSIT AND RENTAL CHARGE:

Residents: The cost to rent the community center is \$225.00 plus \$125.00 deposit. Residents may reserve the Community Center on the first Monday of the month a year in advance. **Non-Residents:** The cost to rent the community center is \$275.00 plus \$125.00 deposit. Non-Residents are allowed to reserve the Community Center 6 months in advance. **Fees:** The deposit is required at the time this application is made. The entire remaining balance is required 90 days prior to the rental date. If balance is not paid 90 days prior to the rental date, the rental will be subject to cancellation and loss of your deposit. **Deposits:** Cash deposits will be available for return 3 business days after your rental. Check deposits will be shredded.

KEYS:

The key to the community center will need to be picked up on Friday and must be returned on Monday. If the key is not picked up on Friday there is a \$50.00 charge and if the key is not returned on Monday there will be a \$25.00 charge plus a \$25.00 charge for every day thereafter that it is not returned.

TIME OF RENTAL: Rentals are on Friday, Saturday and Sunday only. Rental time is between 10:00 a.m. and midnight on the day you have rented. Any other use of the building will result in the loss of your entire deposit.

CANCELLATION POLICY: Refunds are given if cancellation is made 90 days prior to reservation date. If not, no refund will be issued. All cancellations will be assessed a \$25.00 administrative fee.

DECORATING POLICY: Restricted to the bulletin boards and tables only. Decorations cannot be taped to walls, tables, ceilings or posts. All decorations are to be removed at the conclusion of the activity. **There will be an additional charge if the City has to remove decorations from the center. There are absolutely NO HELIUM FILLED BALLOONS allowed in the Community Center.** Posting of all signs will be at the discretion of the Recreation Director and **must** be removed at the conclusion of the event.

ALCOHOL: Written permission **MUST** be acquired from the Chief of Police to serve alcohol and the permit **MUST** be in the name of the renter. A copy of this permission **MUST** be **submitted within a week** after you fill out this rental agreement. There is no charge for the alcohol permit.

RELEASE: The Renter agrees to indemnify and hold the City and its officials harmless from any and all claims of any nature that may arise or occur in connection with the use of occupancy of the Community Center.

Date Requested:

(Day of Week) _____ (Month) _____ (Date) _____ (Year) _____

Name _____

Address _____

City _____ Zip _____

Phone number: Home: _____ Cell: _____

Time of rental: 10:00 a.m. to midnight on the day you have rented. Any other use of the building will result in a loss of your entire deposit.

Purpose: _____ Capacity is 100 people

Serving Alcohol? _____ **See Alcohol Agreement-must get within a week of this agreement.**

The undersigned has read and hereby agrees to comply with all conditions set forth in this agreement.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: ALCOHOL PERMIT RECEIVED: _____

LICENSE # _____ Copy D/L _____

Date Deposit Paid _____ Ck # _____ Amt Paid _____

Deposit Received by _____

Date Balance Paid _____ Ck # _____ Amt Paid _____

Balance Received by _____

Date Balance Needs To Be Paid By _____ Amount Due _____

Shredded Deposit Ck (Date) _____

Returned Deposit Cash (Date) _____ Signature _____

Verified Driver's License _____

Key Pickup Date: _____ Signature: _____

Key Returned Date: _____ Signature: _____