

APPLICATION FOR USE OF THE SB/LG NORTH FIRE STATION MEETING ROOM

Name of group/person: _____

Date of use: _____

Begin at: _____ AM / PM End at: _____ AM / PM

Expected Attendance: _____

PERSON MAKING RESERVATION & ACCEPTING RESPONSIBILITY FOR CLEANUP:

Name: _____

Address: _____

Phone number: _____

Name of caterer (if applicable): _____ Caterer Phone: _____

A \$300 deposit will be collected and is refundable upon satisfactory cleanup of the building and grounds.

Resident/non-profit (1 st day)	\$125.00
Non-resident/for profit (1 st day)	\$250.00
No charge for Liberty Grove based 501(c) organizations when no food is prepared on premises.	
Second day same activity	\$100.00/day

We agree leave the facility in the same condition as it was found and to be responsible for any damage done while this group is using the facility. **We also agree to pay for any extra cleaning that may be necessary after use of the building by our group and it is understood that the Town rate for cleanup is \$65.00 per hour.** We understand that accidents or problems must be reported to the Town Clerk or Town Chairman upon leaving the building, and that future use of the building may be prohibited to any groups or persons who do not observe these procedures. We have read the enclosed rules for use of the facility and agree to abide by their provisions including the curfew of 10:00pm as established by Town Ordinance.

SIGNED BY _____ DATE _____
(person making reservation)

APPROVAL BY _____ DATE _____
(Town Official)

RETURN TO: TOWN OF LIBERTY GROVE
11161 OLD STAGE RD
SISTER BAY, WI 54234

**TOWN OF LIBERTY GROVE
FACILITY RENTAL USE AND CLEANUP PROCEDURES**

Smoking is PROHIBITED in the building.

Do NOT use thumbtacks or nails when decorating.

All activities MUST conclude by 10:00pm in accordance with Town Ordinance 7-22.

The building MUST be cleaned the same day and left in the condition as it was found, to accommodate use the following day.

Garbage and trash MUST be taken home; dumpsters are NOT provided.

The cleanup checklist (if provided) MUST be completed and left in the building prior to your departure.

Lock ALL doors upon exit.

I have read the preceding procedures and agree to abide by them as stated. I understand that any additional work to restore the rental facility to the condition it was in prior to my event may result in the forfeiture of my deposit. I am the person responsible for proper cleanup of the building. I further understand that any additional cleaning of the facility required after this rental will be billed at a rate of \$65.00 per hour.

NAME

PHONE

ADDRESS

CITY, ST ZIP

TOWN REPRESENTATIVE

RETAIN ONE COPY FOR YOUR RECORDS AND SUBMIT ONE FOR THE TOWN FILES.