

## Municipality of Neebing Facility Rental Application

Contact Information			
First Name:		Last Name:	
Organization (if applicable):			
Address:			
Phone #:		Alt. Phone #:	
Email Address:			
Rental Information			
<b>Facility Requested:</b>	Blake Hall (Indoor)	Pavilion (Outdoor)	Both
<b>Dates Requested:</b>	Start Date:	End Date:	
<b>Time Requested:</b> include set up and tear down time	Start Time:	End Time:	
<b>Type of Event:</b>			
<b>Expected Number of Guests Attending Event:</b>			
Rental Activities			
<i>Answering 'Yes' to Any of the Following May Require Additional Approvals, Insurance or Fees</i>			
<b>Does your event include any of the following?</b>			<b>Comments</b>
Open to the general public?	No	Yes	
Selling cooked food? Visit <a href="https://www.tbdhu.com/health-topics/food-safety">https://www.tbdhu.com/health-topics/food-safety</a>	No	Yes	Required to submit Special Event Application to the Thunder Bay District Health Unit
Serving or selling alcohol? Visit <a href="https://www.agco.ca/en/alcohol/special-occasion-permits">https://www.agco.ca/en/alcohol/special-occasion-permits</a>	No	Yes	Special Occasion Permit # (required):
Gambling, raffles, 50/50 or other games of chance?	No	Yes	Lottery Licence #:
Contact sports or activities?	No	Yes	
Third-party entertainment?	No	Yes	Type and Name of Entertainment:
Require exclusive use of the grounds?	No	Yes	

...Cont'd on next page

### Acknowledgement

I acknowledge that the information provided is true and correct. I have reviewed the terms in the Facility Usage Policy, and I understand that I will need to provide payment before the rental is reserved. By signing and submitting this form, there is no guarantee of rental until staff have reviewed and approved my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Staff Use Only

Date Application Received:	Approval:  YES                  NO	Rental Agreement #: <b>FB-</b>
----------------------------	------------------------------------------	-----------------------------------

Follow-up Needed for Approval:
--------------------------------

Rental Fee: \$	Receipt #:	Date Paid:
----------------	------------	------------

\$250 Damage Deposit Paid By:	Receipt #:	Date Paid:
-------------------------------	------------	------------

\$250 Damage Deposit Return Date:	Method:
-----------------------------------	---------

Signature of Acceptance for Damage Deposit Return:
----------------------------------------------------

Office Signature:	Date:
-------------------	-------

#### Key Sign-Out

Key #:	Issue Date:	Return Date:
--------	-------------	--------------

By accepting the keys listed above, I \_\_\_\_\_ understand and agree that these keys are and remain the property of the Municipality of Neebing at all times; I am responsible to take every reasonable precaution to safeguard the keys from loss, damage, misuse, or theft; I will not use the keys in an unauthorized manner or lend them to a person not authorized to control these keys; and, I will return the keys immediately following the conclusion of the facility rental. If I fail to return the keys in a timely manner, I understand that I will forfeit my damage deposit as a result.

Signature of Borrower:	Date:
------------------------	-------