

**KILLARNEY VETERAN'S MEMORIAL HALL
RENTAL AGREEMENT**

Renter Name: _____

Date: _____

Event: _____

Date of Event: _____

We, the undersigned, as two principal officers of (organization)

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.....

Will be responsible for the following:

- ❖ The Rental Fee of \$
- + Kitchen Rental (if applicable) \$
- + Bar Rental (if applicable) \$
- + Cleaning Fee \$
- + Linen Rental (if applicable) \$ # required: _____ (\$5.00 per tablecloth)

- TOTAL** \$ (HST is included)

- ❖ Pay deposit of \$(50% of total fee) at time of booking. The deposit will be refunded upon **30 days** cancellation prior to the event **less a \$25.00** administration fee. The remaining balance is due **7 days** prior to the event. Keys will NOT be issued until the full fee is paid.
- ❖ The rental fee includes access to facility 1 day prior to the event for decorating and preparations. The facility must be cleared the day after the function and the keys are to be returned on the first business day following the event.
- ❖ Will provide security during the function at all times
- ❖ **Any event where alcohol is served requires an L.L.B.O. Special Occasion Permit. This includes events held on the ice pads.** A copy of this permit must be provided to the Municipality prior to receiving the key. This permit is also to be posted at the site of the event.
- ❖ **Any event where alcohol is served requires Special Occasion Liability Insurance. This includes events held on the ice pads. You MUST provide proof of insurance for alcohol liability and it must have the Municipality of Killarney named as an additional insured. This insurance can be purchased from the Municipality or you must provide proof from any private insurance broker prior to receiving the key.**
- ❖ It is also the responsibility of the renter to ensure that the persons serving alcohol have a Smart Serve Certificate or equivalent.
- ❖ Will be responsible for any long distance phone charges on the date of the rental
- ❖ Will leave the building in the same condition prior to rental. **The use of tape, tacks, nails, screws etc. on walls or ceiling is PROHIBITED.** If you do need to adhere something to the wall/ceiling please speak with Municipal Staff for their recommendation on how to do this without causing damage to the facility.

Chairs are to be stacked and placed in storage unless otherwise directed by the Municipality. A Municipal staff member will accompany one of the officers indicated above for a pre-check of the kitchen, bar, bathroom areas, etc., prior to the event as well as after the event. **Initials:** _____

- ❖ Will pay for any physical damages that occur during the function over and above the rental fee. This includes damages to the building, furnishings and supplies (i.e. dishes, glasses etc.).

Organizations/Individuals renting the facility will be responsible for the placing, clearing and cleaning of tables, chairs, dishes, silverware and any other supplies used for the event. **Initials:** _____

- ❖ Will pay an additional cleaning fee over and above the set cleaning fee if any excessive messes are not cleaned up by the renter. Additional cleaning will be charged at a rate of **\$25.00 per hour.**
- ❖ Will put garbage in bin provided, not at back door.

- ❖ There is to be **NO GLASS** on the ice pads.
- ❖ If cooking on the ice pads you must take precautions to prevent damage to the surface of the concrete (i.e. Spilt oil etc.).
- ❖ **As per By-Law #2002-12 all Municipal Buildings are designated a SMOKE FREE building.**
- ❖ Non compliance with any of the above terms may result in being refused future use of the facility.

I/We, _____

of (organization) _____ certify that:

- 1) We have read and agree to comply with the above terms and conditions under which this rental agreement is issued.
- 2) All facts stated and information furnished herein are true and correct.
- 3) We are the holders of the offices with descriptive title as set out and appearing under our respective signatures below.

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Date: _____

Date: _____

For the Municipality:

Signed: _____

Date: _____

Print Name: _____

PRE-CHECK	FINAL CHECK
Name (organization): _____	Name (organization): _____
Name (municipality): _____	Name (municipality): _____
Please note any prior damaged areas identified in this walk around in spaces provided below.	
Main Hall: _____	Main Hall: _____
Kitchen: _____	Kitchen: _____
Dishes/Utensils/Glasses etc.: _____	Dishes/Utensils/Glasses etc.: _____
Washrooms: _____	Washrooms: _____
Bar: _____	Bar: _____
Other: _____	Other: _____
	_____ No Damage Found
	_____ Damage as indicated above
We, _____ & _____ are in agreement with this pre-check.	We, _____ & _____ are in agreement with this final check & agree to reimburse the Municipality of Killarney for all damage listed above and/or for additional cleaning fees
_____ For Organization	_____ For Organization
_____ For Municipality	_____ For Municipality
Date: _____	Date: _____