

# APPLICATION FOR USE OF COMMUNITY ROOM

City of Charlotte  
111 E. Lawrence Avenue  
Charlotte, Michigan 48813  
(517) 543-2750

(Read attached Community Room Policy before completion)

Requested Date: \_\_\_\_\_ Day of the Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Organization: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Number of People: \_\_\_\_\_ (Maximum of 80 persons with tables/chairs and 171 with chairs only.)

Will Refreshments be served? \_\_\_\_\_ (Group is responsible for setup and cleanup.)

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Is this group a city of Charlotte organization?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Do the majority of participants live in Charlotte?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Is this group a profit-oriented business concern?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Do attendees pay a fee or donate funds to participate in the meeting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Is this event specifically for the marketing of a product or service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Is this meeting open to the public?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Will this meeting be held for fundraising purposes?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Does this event sponsor a particular political party or individual?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The applicant agrees to return the facilities to a clean and orderly condition at the end of the activity and pay the cost of repair or replacement of any damage to the facilities or equipment. The City of Charlotte shall not be held responsible for damage or loss of materials used or left in the building, and the applicant agrees to hold the City of Charlotte harmless and blameless for damages to personal property. The applicant certifies that he/she has read the attached Community Room Policy and received a copy, and that he/she fully understands these rules, and his/her responsibilities for compliance.

Date: \_\_\_\_\_ Signature of Responsible Party: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Receipt of \$50 Deposit (Payable to the City of Charlotte): \_\_\_\_\_

Check Number or Money Order Number: \_\_\_\_\_ Received by: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE.

Approved: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Notified (Date): \_\_\_\_\_ Date Signed: \_\_\_\_\_

**CITY OF CHARLOTTE  
COMMUNITY ROOM POLICY**

**APPENDIX A**

**RULES COMPLIANCE CHECKLIST**

**Complete all the following steps prior to departure:**

✓

1. Pick up paper, trash and litter in all areas.
2. Clean and dry all tables and countertops.
3. Clean all chair seats, backs, legs and bases.
4. Clean sinks and empty the refrigerator in kitchen area.
5. Clean mirrors and surfaces as needed in rest rooms.
6. Restore tables and chairs to their original configuration.
7. Empty trash by taking bags out to the dumpster.
8. Pick up litter left outside the building.
9. Complete this checklist and leave the signed copy in room.
10. Leave the property by 9:30 p.m.

User group name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Time of Departure

*Thank you for your cooperation in maintaining the facilities in excellent condition.*