

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: _____

Cell: _____ Home: _____ Business: _____

Purpose of Meeting: _____

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

- | | | | |
|----|---|------------------------------|-----------------------------|
| 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 meeting open to the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Will this meeting be held for fundraising purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | 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): _____

Cash or Check Number: _____ Received by: _____

DO NOT WRITE BELOW THIS LINE.

Approved: _____ Authorized Signature: _____

Notified (Date): _____ Date Signed: _____

CITY OF CHARLOTTE
COMMUNITY ROOM POLICY

RULES COMPLIANCE CHECKLIST

****NO FOOD OR DRINK****

Complete all the following steps prior to departure:

- Pick up paper, trash and litter in all areas.
- Clean and dry all tables, if needed.
- Restore tables and chairs to their original configuration.
- Complete this checklist and leave the signed copy in room.
- Leave the property promptly following meeting

User group name _____ Date _____

Signature of responsible party

Time of Departure

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