

CITY OF CLAYTON
FACILITY USE APPLICATION
ENDEAVOR HALL

Name of Applicant: _____

Organization's Name: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____ Email: _____

Emergency Phone Number for during the event (i.e. cell phone): _____

Description of Activity: _____

Day/Date Requested: _____

Time Requested: From: _____ a.m. / p.m. To: _____ a.m. / p.m.

(Endeavor Hall closes at 12:00 midnight)

Anticipated Attendance: _____ Alcohol served? Yes No (If yes, requires separate City Alcohol Permit)
(If alcohol is to be sold separately, a State Dept. of ABC permit is required)

Any cost to the attendees (i.e. entry fee, raffle ticket sales)? Yes No Explain: _____

Amplified Music (DJ, Band, etc.)?* Yes No If yes, will music be played outside? Yes No
*(If outside, separate City Noise Permit is required)

Outside furniture needed? Yes No Food served? Yes No

Is the stove needed? Yes No Using a caterer? Yes No

If using caterer, provide name: _____

Address: _____

Phone: _____

The undersigned hereby agrees to be responsible for the repair of any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. The undersigned has received a copy of the Room Use Policies and agrees to comply with the rules and regulations therein.

Signature of Applicant: _____ Date: _____

HOLD HARMLESS AGREEMENT

As applicant, or an officially authorized representative of the applicant, I agree that as a condition of the use of the Facility, the applicant hereby agrees to, and shall defend, indemnify and hold harmless the City of Clayton, its officials, officers, directors, employees, volunteers and agents from and against any or all loss, liability, expense, claim, costs, suits and damages of every kind, nature and description, directly or indirectly, arising from usage or activities for which Use Permits are granted.

Applicant/Designated Official: _____ Date: _____

City of Clayton ~ Endeavor Hall Rental

City use only: Resident Non-Resident Non-Profit Commercial

Reservation Deposit /Cleaning and Damages Deposit: \$ _____ 702-2010-00

Date: _____ Receipt #: _____ Accepted by: _____ Event date: _____

Rental Fees:

Date due:

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Date: _____ @ _____ hours X \$ _____ per hour = \$ _____ 702-5607-00

Noise Permit: \$ _____ 101-5301-00

Alcohol Permit: \$ _____ 101-5301-00

City of Clayton: \$ _____ 101-5319-00

Liability Insurance

Signed facility use policy

\$

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 Total Rental Fees Due

Endeavor hall attendant contact information (open/close facility, etc.)

Copy of driver license on file

Issue receipt Receipt #: _____ Accepted by: _____ Date: _____

Adjustment of fees (if applicable) approved by: _____ Date: _____

Deposit Refund:

Deposit on file: \$ _____ Account # _____

Less deduction: \$ (_____) _____

Total refund: \$ _____

Notes: _____

Pay to: _____ Vendor # _____

Authorized by: _____ Date: _____

City Manager approval: _____ Date: _____