

**CITY OF CLAYTON  
FACILITY USE APPLICATION**

City Hall Conference Room

Library Meeting Room

Name of Applicant: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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.

Anticipated Attendance: \_\_\_\_\_ Alcohol served?  Yes  No (If yes, requires separate City 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, is music to be outside?  Yes  No  
(If outside, separate City permit required)

Food served?  Yes  No  
Is Caterer to be used?  Yes  No If yes, caterer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

*(Hoyer Hall) Library Only:*  
Number of chairs needed (up to 110): \_\_\_\_\_ Number of folding tables needed (up to 5): \_\_\_\_\_

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: \_\_\_\_\_

**Library meeting Room Only**

\*\*\*\*\* PICK UP KEY ON: \_\_\_\_\_

RETURN KEY ON: \_\_\_\_\_

\*\*\*\*\*

**City Use Only:**

Category:  Resident  Non-Resident  Non-Profit  Commercial

**Reservation Deposit/Cleaning and Damages Deposit:** \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_ Account #: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Rental Fees:** \*\*\*\* Date Due: \_\_\_\_\_ \*\*\*\*

Date: \_\_\_\_\_ @ \_\_\_\_\_ hours x \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_

Date: \_\_\_\_\_ @ \_\_\_\_\_ hours x \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_

Date: \_\_\_\_\_ @ \_\_\_\_\_ hours x \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_

Liability Insurance Cert. rec'd  Noise Permit: \$ \_\_\_\_\_

Copy of driver's license on file  Alcohol Permit: \$ \_\_\_\_\_

Signed Facility Use Policy **Total Fees Due:** \$ \_\_\_\_\_  
Copy to Applicant

Receipt #: \_\_\_\_\_

Fee Adjustments Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Refund of Deposit** Deposit on file: \$ \_\_\_\_\_

Less Deductions: \$ ( \_\_\_\_\_ )

Total Refund: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

Payable to: \_\_\_\_\_

Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Vendor # \_\_\_\_\_ Account # \_\_\_\_\_

Amount \_\_\_\_\_ City Manager Approval \_\_\_\_\_