

# WESTMINSTER DEPOT RENTAL APPLICATION

I

Name of individual making the reservations: \_\_\_\_\_

Address of individual: \_\_\_\_\_ Telephone # 1: \_\_\_\_\_  
\_\_\_\_\_ Telephone # 2: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Address of Group: \_\_\_\_\_ Telephone # 1: \_\_\_\_\_  
\_\_\_\_\_ Telephone # 2: \_\_\_\_\_

II

Requested dates of use: \_\_\_\_\_ planned hours of use: \_\_\_\_\_

Is this planned to be a recurring use?  Yes  No

If so, provide dates: \_\_\_\_\_  
\_\_\_\_\_

III

Brief description of the planned event to be held at the depot: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV

Listing of all people or firms that will be hired to assist: (use back of form if necessary to list more)

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Those being hired will need to have a current Westminster Business License**

**V**

Will this event be primarily for the benefit of students or young people?  Yes  No  
 If "yes", please complete this section. If "no", please skip to section VI.  
 Please list all chaperones:

Name: _____	Telephone #: _____
Name: _____	Telephone #: _____
Name: _____	Telephone #: _____
Name: _____	Telephone #: _____
Name: _____	Telephone #: _____
Name: _____	Telephone #: _____
Name: _____	Telephone #: _____
Name: _____	Telephone #: _____

**VI**

Will alcoholic beverages be served?  Yes  No  
 If "yes", please complete this section. If "no", please skip to section VII.

I, \_\_\_\_\_, hereby agree that I, and/or the group that I represent, will ensure that the City's restrictions (listed below) for the use of alcoholic beverages at the depot shall be strictly enforced. The use of alcoholic beverages shall be confined to groups with a restricted guest list. I/we hereby agree to the following:

1. No alcoholic beverages may be consumed by anyone under the age of 21.
2. The individual serving alcoholic beverages assumes the responsibility for any person attending the event that consumes alcoholic beverages and leaves the event by operating any motor vehicle under the influence of the alcoholic beverages served by the individual/group renting the depot.
3. Alcoholic beverages are allowed only in the Depot building and on the brick paver areas adjacent to the Depot.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**VII**

I, \_\_\_\_\_, hereby agree that I, and/or the group that I represent, understand the City's restrictions that tobacco products are prohibited in the Depot building.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**VIII**

I, \_\_\_\_\_, hereby understand that I and/or the group that I represent will forfeit the deposit if any information on this application is found to be inaccurate or misleading. Furthermore, I and/or the group that I represent attest that I/we have received a copy of the City's Depot Usage Rules & Regulations and that I/we understand and will abide by the rules and regulations set forth.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**IX FOR CHAMBER USE ONLY**

	Rental Fees	
Hours day 1	_____	\$ _____
Hours day 2	_____	\$ _____
Hours day 3	_____	\$ _____
Hours day 4	_____	\$ _____
Hours day 5	_____	\$ _____
Cleaning/Damage Deposit		\$ _____
Total:		\$ _____

Payment received		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check # _____
Cleaning/Damage deposit received		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check # _____
Cleaning/Damage deposit returned		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	