

Darlington Municipal Building
627 Main Street, P.O. Box 207, Darlington, WI 53530
(608) 776-4970 Fax (608) 776-4974

Building Use Rental Permit Application

BUILDING HOURS: Monday – Thursday 8 A.M. - 9 P.M. and Friday 8 A.M. - 6 P.M.

Name of Group or Individual _____ Today's Date _____

Contact person Responsible of Group _____ Phone _____

Address _____ City _____ State & Zip _____

Date Permit is Desired: ____ / ____ / ____ Purpose _____
A.M. A.M.

Time Permit is Desired: ____ P.M. to ____ P.M. Estimated Attendance: _____

Room Request

	<u>Rental Rate</u>	<u>Damage Deposit</u>	<u>Total</u>
Community Center Room			
Senior Center Room (after 3:30 P.M.)			
<input type="checkbox"/> 1. Room Only	\$25.00	\$50.00	<u>\$ 75.00</u>
<input type="checkbox"/> 2. Room with Kitchen Use	\$50.00	\$50.00	<u>\$100.00</u>
<input type="checkbox"/> 3. Birthday parties	\$25.00	\$50.00	<u>\$ 75.00</u>
<input type="checkbox"/> 4. Student Age Gatherings <small>(such as Girl Scouts, Boy Scouts, through high school age)</small>	FREE	FREE	
<input type="checkbox"/> Aerobics Room	\$25.00		<u>\$ 25.00</u>
<input type="checkbox"/> Gym (<i>permission from Mayor for use</i>)	\$100.00	\$50.00	<u>\$150.00</u>

(PAYMENT IS DUE WITH APPLICATION) Receipt # _____ Total \$ _____

ACCEPTANCE OF POLICIES AND PROCEDURES

No smoking is permitted anywhere in the building. The building must be vacated by the time specified above and no later than 9 P.M. when the Municipal Building closes. I understand that additional charges may be assessed at the discretion of the City for staying later than 9 P.M. or for any unusual clean-up required after use of the building. Notice of additional charges will be sent by mail and will be deducted from the Damage Deposit. **Initialed: _____**

Student Age Gatherings (such as Boy Scouts, Girl Scouts, through high school age) are not to be in the building prior to the Responsible Applicant's arrival and/or the above stated time. **Initialed: _____**

Notices of additional charges or failure to honor building use rules will make you ineligible for future building use. **Initialed: _____**

I have read and understand the information contained on this form which outlines my responsibilities as the Responsible Applicant. I do hereby agree to abide by these policies and all applicable City ordinances.

Applicant's signature

Date

Please indicate to whom the Damage Deposit refund should be paid to:

Name: _____ Address: _____