

**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. - 5 P.M.**

Name of Group or Individual \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact person Responsible of Group \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ Email \_\_\_\_\_

Date Permit is Desired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Purpose \_\_\_\_\_

Time Permit is Desired: \_\_\_\_\_ A.M. to \_\_\_\_\_ A.M. Estimated Attendance: \_\_\_\_\_  
 \_\_\_\_\_ P.M. to \_\_\_\_\_ P.M.

### Room Request

	<u>Rental Rate</u>	<u>Damage Deposit</u> <u>(+cust. clean-up)</u>	<u>Total</u>
<b>Senior Center Room (after 3:30 P.M.)</b>			
<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"/> Gym ( <i>permission from Mayor</i> )			
1-6 hr.	\$100.00	\$100.00	<u>\$200.00</u>
6+ hr.	\$200.00	\$150.00	<u>\$350.00</u>

Meeting with Maintenance to get keys and go over procedures required prior to event.

Can pick up keys during City Office hours.

Check boxes for all that apply (listed below is what is available for numbers)

100 chairs     10 tables     Speaker system

List requirements:

**(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 Building Hours listed above. I understand that additional charges may be assessed at the discretion of the City for any unseen damages from event. For any unusual clean-up required after use of the building will be deducted out of Damage Deposit. Notice of additional charges will be sent by mail or email and will be deducted from the Damage Deposit. Broom, dust pan, mop, and extra garbage bags are provided. Clean up all areas used. Throw garbage bags in dumpster and replace bags in trash cans. Before leaving make sure lights are off, doors are locked, and all cleaning supplies are put back in locked room. Return keys as soon as possible. Keys not returned within a week of event will be taken out of deposit. Reimbursement is based on key return and any other charges from event.

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

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_