

IRENE STERN FULSHEAR COMMUNITY CENTER

FACILITY USE APPLICATION

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

DATE (S) REQUESTED: _____

HOURS /DAY RATE: _____

NON-PROFIT TAX ID NUMBER: _____

ACCEPT IRENE STERN COMMUNITY RENTAL POLICY: _____ YES _____ NO

PURPOSE: _____

ARE ALCOHOLIC BEVERAGES TO BE SERVED: _____ YES _____ NO

RENTAL FEES: _____ (\$85.00 per hour/non-profit \$47.50 per hour
or \$400 per day/non-profit \$200.00 per day)

SUPERVISOR/MONITOR REQUIRED DURING THE EVENT: _____ HOURS (\$10.20 per
hour) _____

POLICE OFFICERS TO WORK: _____ NO. OF HOURS (required if alcohol is served-\$70.00
per hour)

SETUP/TEARDOWN FEES \$ _____ (optional: / \$75 setup/\$75 teardown)

CLEANING FEE: _____ (\$100.00/ non-profit \$50.00) (REQUIRED)

DEPOSIT: _____ (\$150.00/ non-profit \$75.00) Refundable if no damages.

TOTAL PAID \$ _____ BALANCE DUE \$ _____

(keys to the facility maybe picked up one business day prior to the event).

CITY OF FULSHEAR

281-346-1796

30306 FM 1093 - P.O. BOX 279

FULSHEAR, TX 77441

It is hereby agreed that the Applicant or Organization Representative:

1. Shall be held responsible for the compliance to all Reservation and Use Policies.
2. Shall complete the Facility Use Form accurately and truthfully.
3. Shall be held responsible for any damage to the facility and premises or for loss or damage to any fixture or other equipment in the facility or on the premises.
4. Shall assume responsibility for the supervision and behavior of the event participants.
5. Shall agree that the City of Fulshear is not responsible for loss, damage and/or injury which it might sustain, or become liable for, to any person or persons whomsoever, or property arising from any cause or for any reason whatsoever in or about and during the use of the facility.
6. Shall agree the Damage Deposit may be withheld if these terms are dishonored.
7. Shall carry a minimum of \$1,000,000.00 (one million) General Liability Insurance naming the City of Fulshear as certificate holder and evidence of a liquor liability policy when alcoholic beverages are to be served.
8. Shall be the responsibility of the applicant or organization to supply hand towels, trash bags, and toilet tissue for their event.

Applicant/Representative Signature

Date

Printed Name

Organization (if applicable)

City of Fulshear Representative