



# FACILITY RESERVATION & STORAGE APPLICATION

The application form shall be answered fully and completely by the applicant. The applicant must be at least eighteen (18) years of age to make an application for room rental and/or storage. Requests are filled on a first-come, first served basis. To reserve a facility, payment of the rental fee or damage deposit is required at the time of application.

## PART I: CITY FACILITY RESERVATION APPLICATION

Application Date: \_\_\_\_\_  VOLLMER ROOM

Date(s) Requested: \_\_\_\_\_  OTHER FACILITY \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Event Name/Type: \_\_\_\_\_

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Applicant Name (first, last): \_\_\_\_\_

Applicant Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Mailing Address (if different from above): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Group/Company Name (if applicable): \_\_\_\_\_

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Point of Contact (first, last): \_\_\_\_\_

Point of Contact Phone Number: \_\_\_\_\_

**THE POINT OF CONTACT MUST BE ON-SITE DURING THE ENTIRE EVENT/ACTIVITY**

### ROOM CONDITIONS

The City of Winsted will not prepare rented rooms for events. It's the responsibility of the applicant to prepare the room and to place tables and chairs back to the locations that they were found in. If tables and chairs or any other general condition of the room is not addressed, the damage/maintenance deposit will not be refunded.

Consumption or Possession of alcohol, violation of policy rules, or failure to return any city-issued access will result in the forfeiture of the entire damage deposit.

A walk-through with City Staff is required prior to and after the event to determine damages, if any, to the facility.

### POLICY AND GENERAL REQUIREMENTS

The City Facilities Rental and Storage Policy provides guidance and standards for rental of meeting and storage space owned and operated by the City of Winsted. Failure to comply with the Policy may result in the loss of privilege to use City facilities and deposits, as described in the policy. Please refer to the policy for a list of prohibited activities when using any City facility. The City of Winsted reserves the right to remove any individual or party from the facility.

## APPLICATION FOR WAIVER

The City Administrator or City Council may waive any section(s) of the City Facilities Rental and Storage Policy if the group or organization is eligible, and if doing so would not violate any applicable laws or regulations. Waiver of any particular section does not constitute a waiver for the entire policy, and the City Administrator or City Council may end such waivers at their sole discretion.

If making application for waiver, please check all that apply:

- Waiver of Damage Deposit Fee
- Waiver of Facility Rental Fee
- Other: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FACILITY RENTAL HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I understand that my use of City of Winsted facilities is voluntary and that I am using it for my benefit only. I agree that my use of these facilities is undertaken at my own risk and that the City of Winsted will not be liable for any claims, injuries, or damages of whatever nature incurred by me or members of my organization due to the negligence of member of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City, its agents or employees, from such claims, injuries, or damages. I also agree to defend, indemnify and hold harmless the City from any claims, injuries, or damages of whatever nature arising out of or connected with my use of City facilities. I also agree to reimburse the City for any damage, breakage, maintenance, or cleanup costs arising out of my use of said facilities. As used herein, the term "I" refers to the undersigned person acting individually and acting on behalf of the organization mentioned hereinabove, as said organization's authorized representative. The undersigned certifies that the undersigned is authorized by the organization to bind said organization to the terms and conditions of this agreement.

I understand and agree to the conditions and process set forth in the facility use application. I have been provided a copy of the facility use policy for the City of Winsted. I further understand that failure to adhere to all use policies may lead to the forfeiture of my entire damage deposit and requirement to leave the facility immediately without deposit or fee. I further acknowledge that I am liable for all charges and damages from the City of Winsted that go above and beyond my damage deposit.

**A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

OFFICE USE ONLY					
RESERVATION INFORMATION		RENTAL FEE		DAMAGE DEPOSIT	
Date Application Received:		Amount Paid:		Amount Paid:	
Date Reservation Scheduled:		Date Paid:		Date Paid:	
Date Doors Scheduled:		Pymt. Method:		Pymt. Method:	CREDIT CARD ONLY
<b>Attach copy of DL to original application.</b>		Staff Initials:		Staff Initials:	
FACILITY INSPECTION & DAMAGE DEPOSIT REFUND					
Date of Initial Inspection:		Damage Deposit Refund Authorized?	YES	NO	If no, list reason(s) below.
Date of Final Inspection:					
Date Damage Deposit Refunded:					
WAIVER					
Waiver Approval or Denial:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Reason for Approval/Denial:		
Date of Approval/Denial:					
City Administrator Initials:					

# PART II: CITY STORAGE APPLICATION

Application Date: \_\_\_\_\_

Group/Organization Requesting Storage Space: \_\_\_\_\_

Group/Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Tax ID # (if applicable): \_\_\_\_\_

Group/Organization Members Authorized for Access (please include office/title and phone number):

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Point of Contact (first, last): \_\_\_\_\_

Point of Contact Phone Number: \_\_\_\_\_

Point of Contact Email: \_\_\_\_\_

List or describe the items that will be stored for your group/organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the approximate dimensions or square footage desired for the storage of these items: \_\_\_\_\_

## APPLICATION FOR WAIVER

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If making application for waiver, please check all that apply:

Waiver of Storage Deposit Fee

Waiver of Storage Rental Fee

Other: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STORAGE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

The undersigned hereby agrees that as a condition of renting storage space from the City of Winsted, I hold harmless and indemnify the City of Winsted, its volunteers and employees from any and all injuries, damages or claims of any nature whatsoever, that I or my property might incur as a result of the use of the City of Winsted's facilities for my/our personal property. The undersigned agrees to compensate the City of Winsted for any damage caused to the City of Winsted's facilities or contents, as a result of the use of same for this storage.

On behalf of the group/organization listed above, I understand and agree to the conditions and process set forth in the city storage application. I have been provided a copy of the storage policy for the City of Winsted. I further understand that failure to adhere to all use policies may lead to the forfeiture of the entire damage deposit and requirement to leave the facility immediately without deposit or fee. I further acknowledge that I am liable for all charges and damages from the City of Winsted that go above and beyond the damage deposit.

**A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.**

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Signature of Applicant

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Date

OFFICE USE ONLY					
STORAGE REQUEST INFORMATION		STORAGE DEPOSIT		STORAGE FEE	
Date Application Received:		Amount Paid:	<b>N/A</b>	Amount Paid:	
Date Application Approved:		Date Paid:	<b>N/A</b>	Date Paid:	
Date Application Denied:		Pymt. Method:	<b>N/A</b>	Pymt. Method:	
Reason for Denial:		Staff Initials:	<b>N/A</b>	Staff Initials:	
WAIVER					
Waiver Approval or Denial:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Approval/Denial:			
Date of Approval/Denial:					
City Administrator Initials:					