

*City of Mossyrock*

PO Box 96/231 E State Street

Mossyrock WA 98564

Phone: 360-983-3300 Fax: 360-983-8910

**Mossyrock Community Center Rental Application/Permit**

This application applies for rental of the Mossyrock Community Center located at 219 East State Street, for the purpose of holding a:

- Commercial Event (Fairs, Flea Markets, Swap Meets, etc.)
- Party (Wedding, Birthday, Reception, Funeral Reception, etc)
  - Alcohol on premise \_\_\_\_\_ YES \_\_\_\_\_ NO
- Government Entities event
- Non-profit event

on this date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of event will be \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

**IF THERE IS ALCOHOL ON PREMIS OF THE MOSSYROCK COMMUNITY CENTER AN ADDITIONAL ALCOHOL PERMIT IS REQUIRED AND MUST BE ATTACHED TO THIS APPLICATION.**

**RENTAL APPLICANT AGREES TO:**

Abide by all conditions set forth in the attached Community Center Rental Policy, and assumes full responsibility for damages done to the building and its contents. Applicant must be at least 18 years of age and there must be a responsible party of at least 18 years of age on premise for the entirety of the event.

**Use of the Community Center shall be terminated no later than 1:00 a.m. Clean up shall begin immediately upon termination of use and shall be completed no later than 3:00 a.m.**

Upon termination of occupancy the building and its premises shall be subject to inspection by the city. Deposits are refunded only after the inspection has been conducted and the building has been deemed clean and ready for the next renter. This permit is subject to immediate cancelation if the provisions outlined above are not met.

**Applicant** \_\_\_\_\_ **Rental Fee** \_\_\_\_\_

**Address** \_\_\_\_\_ **Deposit Amt** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Date** \_\_\_\_\_ **Other Fees** \_\_\_\_\_

The permit holder, for and on behalf of its members, guests, invites or attendees agrees to hold and save the City of Mossyrock, Washington, a municipal corporation, its officers, agents and employees from any and all liability of every kind and nature including personal injury, death and property damage and agrees to reimburse the city for all attorney fees and costs incidental to defending a claim arising by reason of the use of the facilities rented herein.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**For Official Use Only**

Amount Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSPECTION DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DEPOSIT RETURN AUTORIZED BY** \_\_\_\_\_

Refund Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date of Refund \_\_\_\_/\_\_\_\_/\_\_\_\_

Distributed to:  Police Department  Public Works  Other \_\_\_\_\_