

CITY OF NEW SMYRNA BEACH
LIVE OAK CULTURAL CENTER FACILITY USE AGREEMENT
 1050 LIVE OAK STREET, NEW SMYRNA BEACH, FL 32168
 (386) 410-2880 * FAX (386) 410-2888

NAME OF EVENT: _____ DATE OF EVENT: _____

DAY OF WEEK: _____ TIMES OF EVENT (INC. SETUP): _____

TYPE OF EVENT: _____ EST. ATTENDANCE: _____

WILL YOU BE SERVING: FOOD _____ BEVERAGE _____ ALCOHOL _____

NAME OF APPLICANT/ORGANIZATION (LESSEE): _____

PHONE (DAY): _____ (EVENING) _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PLEASE BE ADVISED THAT PARKING FOR CITY FACILITIES IS NOT GUARANTEED
SMOKING IS NOT PERMITTED AT THIS FACILITY

DATE BOOKED: _____

\$ _____ RENTAL FEE (\$400 MON-THU 6-10p, \$500 FRI 6-11p, \$1,000 SAT 8a-11p, \$750 SUN 8a-11p)

\$ _____ ADDITIONAL FEES (\$100 FOR SERVING ALCOHOL, \$200 FOR SET-UP & BREAKDOWN)

\$ _____ SALES TAX (6.2%) *SALES TAX EXEMPT CERT. REC'D: _____

\$ _____ TOTAL RENTAL FEE

\$ _____ SECURITY DEPOSIT (\$250)

\$ _____ BALANCE DUE (MUST BE PAID AT LEAST **30 DAYS PRIOR TO RENTAL DATE**)

DATE DEPOSIT REC'D _____ CHECK # _____ CASH ___ VISA ___ MC ___ DISC _____

DATE RENTAL REC'D _____ CHECK # _____ CASH ___ VISA ___ MC ___ DISC _____

(CHECKS MADE PAYABLE TO CITY OF NEW SMYRNA BEACH & SENT TO 105 SOUTH RIVERSIDE DRIVE, NSB, FL 32168)

It is understood that the Lessee will be responsible for the building and/or grounds to be in good condition upon leaving and that all damage will be reported to the Brannon Center Staff immediately. It is also understood that the Lessee is responsible for payment of all scheduled dates in advance. The Brannon Staff must be notified in advance of all cancellations; otherwise, the Lessee shall be responsible for the rental fee.

In consideration of the privilege herein granted, Lessee will not claim any damages from Lessor in connection with or on account of any injuries or damages arising in or on the above-described property while being used by the Lessee and Lessee's members, guests, or invitees.

I have read and understand the rules, regulations and policies given to me at the time of this contract.

 ORGANIZATION REP/INDIVIDUAL

 DATE