



# Benicia Public Library Meeting Room Application

150 East L Street  
Benicia, CA 94510  
(707) 746-4343  
<https://www.benicialibrary.org>

Name of Organization: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Date Required: \_\_\_\_\_ Hours Required (include setup & clean up): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
\*\*\* If Room is not cleaned and vacated 15 minutes before the Library closes, forfeiture of deposit and future use of the room will result. \*\*\*

Type of Meeting: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_ Event Start Time \_\_\_\_\_

**Please****Choose a  
Meeting  
Room**

Edna Clyne Conference Room @ \$26.75 per hour  
 Doña Benicia Meeting Room @ \$42.75 per hour

Hourly rate:	
X Number of Hours:	
= \$	_____

**Calculate  
Additional  
Costs &  
Sign Below****Mark Items  
Needed:**

	<b>Add Cleaning/Damage Deposit</b> (refundable after event and no damage)	+ \$75.00 \$ _____.
	<b>* Refer to City Insurance options</b>	<b>* Provide Proof of Liability Insurance</b>
Planning to Serve Alcohol?	Yes - REQUIRED: 1) Library Director permission 2) Letter signed by Police Chief, 3) ABC Permit, and 4) Insurance	No ➔ proceed to Total Due box  ***** Piano Fee \$10.75 \$ _____.
	Please make Checks payable to: <b>Benicia Public Library</b>	<b>Total Due: \$</b> _____.
	Projector	Microphone
		Lit Fireplace

I certify that I have read and will abide by the Meeting Room rules and regulations and will, in all things, strictly comply with the conditions of this agreement. I agree to indemnify and hold harmless, and release, waive and discharge the City of Benicia, its elected or appointed officers, officials, employees, agents and/or volunteers from and against any and all claims of action, liability from any injury or property damage, judgments, and costs and expenses, including attorneys' fees, arising out of, or in any way connected with, use of the Meeting Room and related facilities, including injuries due to the active or passive negligence of the City, its officers, officials, employees, agents and/or volunteers.

I agree to accept responsibility on behalf of myself or my organization for any damage or theft sustained by the City or Library (premises, furniture, equipment, etc.) because of the occupancy of said premises

by me or my organization. Failure on my part to accurately describe the activity will cause forfeiture of the right to use the facility and forfeiture of fees paid. **I WILL INFORM EVENT PARTICIPANTS NOT TO PARK IN THE STAFF PARKING AREA.**

**APPLICANT IS RESPONSIBLE FOR ALL SET UP AND CLEAN UP OF THE ROOM**

**I also understand that if the room is not cleaned and vacated 15 minutes before Library closing, I will forfeit my deposit and future use of the room.**

**I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND/OR PROPERTY DAMAGE RESULTING FROM THIS USE.**

Signature of person applying: \_\_\_\_\_ Date: \_\_\_\_\_

For Library Use Only

RENTAL FEES	DEPOSIT
Amount Paid: _____ Date Paid: _____	Method: _____ Staff initials: _____
	Date Received: _____