



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 per hour
 - Dona Benicia Meeting Room (whole room) @ \$41.60 per hour
 - Dona Benicia North Meeting Room @ \$26 per hour (fireplace)
 - Dona Benicia South Meeting Room @ \$26 per hour (screen)

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

Calculate Additional Costs & Sign Below

	Add Cleaning/Damage Deposit (refundable after event and no damage)	+ \$75.00
		\$ _____
	* Refer to City Insurance options	* Provide Proof of Liability Insurance
Planning to Serve Alcohol?	No → ***** Yes - REQUIRED: 1) Library Director permission 2) Letter signed by Police Chief, 3) ABC Permit, and 4) Insurance	proceed to Total Due box ***** Piano Fee \$10.40 \$ _____
	Please make Checks payable to: Benicia Public Library	Total Due: \$ _____
	Laptop	Projector
	Microphone	Speakers
		Lit Fireplace

Mark Items Needed

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.**

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 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: _____	Method: _____
Date Paid: _____	Date Received: _____
Method: _____	Date Deposit Returned: _____
Staff initials: _____	