



Benicia Public Library Meeting Room Application

150 East L Street
Benicia, CA 94510
(707) 746-4343
(707) 747-8122 (fax)

<https://www.benicialibrary.org>

Name of Organization: _____

Name of Applicant: _____

Title: _____

Address: _____

Phone Number: _____

Email address: _____

Date Required: _____ Hours Required (include setup & clean up): _____

Rental Start Time: _____ Rental End Time: _____ **EVENT START TIME:** _____
 *** Please include set up and tear down time in your rental fees. Please note if Room is not cleaned and vacated with chairs/tables returned to storage area 15 minutes before the Library closes, forfeiture of deposit and future use of the room will result. *** _____ Initial

Type of Meeting: _____ Estimated Attendance: _____

Please Choose a Meeting Room

- Edna Clyne Conference Room @ \$22 per hour
- Dona Benicia Meeting Room (whole room) @ \$32 per hour
- Dona Benicia North Meeting Room @ \$22 per hour (fireplace)
- Dona Benicia South Meeting Room @ \$22 per hour (screen)

Room Rate Per Hour	
= \$ _____	= \$ _____

Mark Items Needed

	Add Cleaning/Damage Deposit (refundable after event and no damage) or indicate roll over (Roll over allowed for continuous meetings)	+ \$54.00
		Or \$0 if ROLL OVER \$ _____
	Public Address System - N/C	Fireplace Key- N/C
		Piano - + \$10 fee \$ _____
	* Refer to City Insurance options	* Provide Proof of Liability Insurance
Calculate Total & Sign Below	<p>No → *****</p> <p>Yes - REQUIRED: 1) Library Director permission 2) Letter signed by Police Chief, 3) ABC Permit, and 4) Insurance</p>	<p>proceed to Total Due box *****</p>
	Please make Checks payable to: Benicia Public Library	Total Due: \$ _____

I certify that I have read and will abide by the Meeting Roomrules 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.

(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 ALERT EVENT PARTICIPANTS NOT TO PARK IN THE STAFF PARKING AREA.**

I also understand that if the room is not cleaned and vacated with tables and chairs returned to storage area 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. MASKS ARE RECOMMENDED TO BE WORN IN MEETING ROOMS AND LIBRARY AT ALL TIMES.

I agree to accept responsibility on behalf of myself or my organization for any damage or theft sustained by the City or Library

Signature of person applying: _____ Date: _____

For Library Use Only

RENTAL FEES		DEPOSIT		
Amount Paid:	Method:	Method:	Date Received:	Date Deposit Returned:
Date Paid:	Staff initials:	INSURANCE	Personal	City of Benicia
				Rollover?