



CITY OF WEST MIAMI
 901 S.W 62 AVENUE
 WEST MIAMI, FL 33144
 TEL 305-266-1122 FAX 305-266-6574

Reservation # _____
SETUP TIME ON:
 FRIDAY 4:30PM
 SATURDAY & SUNDAY 9:00AM

APPLICATION FOR
COMMUNITY CENTER
 901 S.W 62 Avenue, West Miami, FL 33144

Application Date: _____

Date Requested: _____

OFFICIAL USE ONLY		INITIALS
Rental Fee:	\$	
Deposit:	\$	
Police Officer	\$	
Cleanup Fee:	\$	
Setup Fee:	\$	
TOTAL:	\$	

RENTER INFORMATION

Applicant: _____

Address: _____ *Resident:* _____ *Non-Resident:* _____

Phone: _____ *Cell Phone:* _____ *Email Address:* _____

RENTAL INFORMATION

Time for Setup: _____ *Time for Event:* _____ to _____ *Type of event to be held (i.e. baby shower, wedding, anniversary, etc.)* _____

Estimated Attendance(Maximum 150 Guests): _____

Will you be **BRINGING** any special arrangements such as caterers, P.A. systems, performers, entertainment, etc. if so, please describe functions:

Will you require a special set up of tables and chairs?
14 round tables and 112 chairs, 3 rectangular tables are standard.
Additional \$75.00 fee applies for removal of or additional chairs & tables (max 15 round tables & 150 chairs).

Yes: _____ No: _____

Amount Due: _____

Alcoholic beverage vendor license permit and insurance:

Yes: _____ No: _____

PLEASE INITIAL THE FOLLOWING:

In submitting this application, I certify that I have read and understand the regulations attached (a copy of which has been given to me) and further certify that the intended use as detailed above, in compliance with said regulations, subject to advance payment of all permit fees and approved by the City Manager's designated representative.

_____INITIALS

This is a smoke free facility. No Smoking is allowed per City Resolution No. 93-18

_____INITIALS

Note: Please be advised that the person renting the Facility must produce Identification and the contract before the Facility is opened for your event. Please make sure that you have a valid picture I.D. (i.e., Florida Driver's License/Florida I.D. Card) and the application to show as proof of rental. **Only one other person** is allowed to be named as an alternate to obtain the key, and such person must be named on the original application. The applicant's Driver's License and/or alternate will be retained until the key is returned.

Failure to comply with this policy will result in the loss of your deposit.

_____INITIALS

Note: If a City of West Miami Resident rents the Facility for someone who is not a resident of the City of West Miami, the deposit shall be forfeited. **NO EXCEPTIONS WILL BE MADE.**

_____INITIALS

Important: All applications will be reviewed by the Office of the Police Chief.

Off Duty Police Service shall be paid by check or money order payable to "Officer" in advance of the event when application is submitted, and number of officer(s) will depend on event and estimated attendance. A rate of **\$43.00** per hour (**minimum of 4 hours shall apply and will be NON-REFUNDABLE even if the number of attendees change, or the event lasts less than 4 hours**).

If the event lasts longer than the time stipulated on page # 1, the officer will be required to terminate the event.

Check Received by Police Department Signature: _____ Date _____

Check Received from Event Planner Signature: _____ Date _____



CITY OF WEST MIAMI

GUIDELINES FOR RENTING THE COMMUNITY CENTER

Please read and initial each rule listed below:

- ____ Your security deposit will be will be refunded upon inspection provided that the hall has been left in good conditions, and must be paid at the time of renting the Hall.
- ____ Any parties/events with 50 or more guests or where alcohol is served, consumed, sold or dispensed shall require the service of a West Miami Off-Duty Police Officer at \$43.00 an hour throughout the duration of the party/event (**a minimum of 4 hours is charged at the renters expense**).
- ____ The renter **MUST** provide a copy of the license and insurance of the catering/alcohol vendor to the City of West Miami.
- ____ **NO** Children's parties allowed.
- ____ Reservations made 30 days prior to the reserved day shall be paid in cash or money order.
- ____ **NO** cooking on premises.
- ____ **NO** hammering, **NO** thumbtacks or taping are to be used on the walls, **NO** glitter or graffiti is allowed. **NO** hanging of decorations from the ceiling. **NO** confetti, flower petals, rice or any small bits for throwing allowed.
- ____ Closing and inspection of the Hall to be done by the City.
- ____ **Deposit will be forfeited if there is any damage to the lamps, kitchen and bathrooms.**
- ____ **If the Hall is utilized for an activity other than the rented for, the deposit will be forfeited.**
- ____ **Deposit will be forfeited due to cancellation.**
- ____ The deposit will be returned through the mailed in the form of a check within the first two (2) weeks of the following month. The deposit will be returned provided that, if paid by check, the bank has cleared it, and premises have been left in good condition.
- ____ All parties are to conclude at 1am.
- ____ **No** outdoor music allowed.
- ____ 14 round tables, 112 chairs and 3 Rectangular tables are included in the rental of the facility. Any change in table and chairs require an additional setup fee of **\$75.00**. (Setups need to be arranged in advance, not the day of event). Max 15 round tables & 150 chairs.
- ____ Applicant on this contract **must** be the person whose name appears on form of payment such as check, credit/debit card, money order.

I have read and understand all the rules and regulations:

Signed: _____ **Date:** _____