

**CITY OF LUDINGTON
MUNICIPAL OFFICE COMPLEX - COMMUNITY ROOM
400 S. Harrison Street
Ludington, MI 49431
(PHONE 231-845-6237 FAX 231-845-1146)**

Fees, Rules & Regulations

1. **NO ALCOHOL / NO SMOKING**

<u>RENTAL FEES</u>	<u>Half-Day</u> (4 Hrs. AM or PM)	<u>Full-Day</u>	<u>Evenings</u> <u>Beginning at 6 PM</u>
Resident	\$ 75	\$ 150	\$ 150 \$ 75 (Meetings)
Non-Resident	\$ 125	\$ 200	\$ 200 \$125 (Meetings)

3. **\$200 DEPOSIT - REFUNDABLE**

4. **NON-PROFIT GROUP FEES**

The Fee may be waived with approval from the City Manager and the Chairman of the Building & Licenses Committee. (If the Non-Profit Group is holding a meeting or activity that is "Open to the Public" or is a "Public Service", the fee will be waived.)

Private Function being held by Non-Profit Group (By Invite Only)

\$ 25 Fee - Use of Meeting Room Only

\$ 50 Fee - Use of Meeting Room & Kitchen Facilities.

\$100 Deposit may be required based upon activity!

DECORATING - Use only masking tape to attach items to the walls. When leaving be sure all decorations are completely removed.

KITCHEN - Please use a cutting board if you are going to chop, slice or cut. Do not cut directly on the counter. Sink, stove and counters are to be wiped down. Kitchen floor should be swept and mopped. Refrigerator is to be emptied of all personal items. Be sure everything is turned off when you leave. Be sure all garbage is bagged and left in kitchen. Place dirty dish towels and rags in the sink. (Garbage bags and towels are available in the cupboards.) Broom and mop are also available in the storage closet.

RESTROOMS & LOBBY - The restrooms will be supplied with the necessary paper products and soap. If needed, additional supplies are located in the kitchen cupboards. The restrooms are to be picked up of all paper products, etc. The City's janitor will appropriately clean the toilets and sinks. The floor should be swept and if necessary mopped. The lobby should be picked up of all debris and mopped if necessary.

TABLES & CHAIRS - Tables are to be wiped down and chairs wiped down if necessary. Additional table and chairs are located in the storage room at the back of the room. If you use additional tables and chairs, they are to be placed back in the storage room. Community Room is to be vacuumed. (Vacuum located in the storage room.)

Community Room – Rules & Regulations

TELEPHONE - A telephone is available in the community room and lobby area. It is programmed to allow local and credit card calls only.

FRONT DOOR KEY - Rental Fee and deposit must be paid prior to picking up keys. The Community Room is accessible by using the front door and then using either the stairway to the right or the elevator to access the basement. Remember to lock the front door when you leave.

LEAVING THE FACILITY - Double Check to be sure

- *All decorations are completely removed.
- *The kitchen is clean, refrigerator empty. All burners and the oven are OFF!
- *All trash has been bagged. PLEASE LEAVE GARBAGE IN THE KITCHEN !
- *Dirty towels and dish rags are placed in the sink.
- *If you have used any of the serving appliances or other items, they are washed and placed back into the cupboards.
- *Community Room has been vacuumed.
- *Kitchen floor, restrooms floor and lobby floor have been swept and mopped if needed.
- *Tables and chairs are returned to the storage area.
- *All City property is properly stored in the building and all personal property has been removed.
- *The facility is clean - the same as when you arrived.
- *All lights are OFF.
- *The Front Door is locked.

LOCKING THE FRONT DOUBLE DOORS. (The person picking up the keys will be shown how the doors are locked.)

Deposit will be refunded after inspection of premises are left in a clean, neat and orderly condition with no loss or damage. Failure to comply with these rules may result in the forfeiture of all or part of your deposit.

APPROXIMATE SIZE OF THE ROOM, EXCLUDING KITCHEN AREA; 34' Wide X 60' Long
AVAILABLE ITEMS FOR USE WITH COMMUNITY ROOM

- 18 - 8' FOLDING TABLES
 - 5 - 6' FOLDING TABLES (3 are in the Kitchen – 2 In Storage Area)
 - 90 - STACKABLE CHAIRS
- (If more chairs are needed, please make note on the request form as an additional 60 chairs are available but will need to be brought in from another meeting room.)

2 Coffee Pots (100 Cup and 30 Cup)

Stove, Microwave, Refrigerator/Freezer w/ ice maker, Coffee Servers, Pitchers, Crafts, Serving Spoons, Platters, Bowls, Cutting Boards, Knives, Minimal Cookware, trash containers, wheeled cart, etc.

NO Paper Products such as plates, cups or napkins. NO actual dinner dishes, plates, cups, bowls or silverware.

Other items available; Podium, Easel, Dry Erase Board & Markers and Pull Down Projector Screen.

COMMUNITY ROOM REQUEST / PERMIT

NAME/ORGANIZATION NAME: _____

PROFIT OR NON-PROFIT (CIRCLE ONE PLEASE) Non-Profit groups may be asked to provide documentation of Non-Profit Status.)

ADDRESS: _____

CONTACT PERSON: _____

DAYTIME TELEPHONE NUMBER: _____

EVENT DATE: _____

EVENT TIME: _____

USE OF ROOM ONLY: YES _____ NO _____

NATURE OF EVENT: _____

IS THIS EVENT OPEN TO THE GENERAL PUBLIC? YES / NO

ESTIMATED NUMBER OF PERSONS ATTENDING: _____

COMMENTS: _____

INDEMNIFICATION AGREEMENT

(The / I) _____ agree to defend, indemnify and hold harmless the City of Ludington from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from the parties named above holding any event/function/activity being held at the Municipal Complex Community Room Facilities by reason or any damage to property, personal injury, including death sustained by any person whosoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract (Request), and regardless of which claim, demand, damage, loss, cost of expense is caused in whole in or in part by the negligence of the above name party, or by third parties of by the agents, servants, employees or factors of any of them.

SIGNATURE _____ DATE _____

WITNESS _____

FEE \$ _____ DEPOSIT \$ _____

APPROVED _____ DISAPPROVED _____

SIGNATURE: _____

City Manager or Designated City Official

(SET UP)

DATE OF ACTIVITY / EVENT: _____

TIME: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NATURE OF ACTIVITY / EVENT (Brief Description): _____

(Pull Down Screen)

Door

Door

LOBBY

COMMENTS: _____
