



THE SWICK HOUSE
APPLICATION/ROOM
RENTAL AGREEMENT

15010 NW 142ND TER.
ALACHUA, FL 32615

APPLICANT INFORMATION:

Person/Organization: _____ Date: _____

Authorized Representative (Name): _____

Address: _____
City State Zip

Phone: _____ Cell Phone: _____

Email Address: _____

Is Applicant a Not-For-Profit? Yes No If Yes, IRC 501(c)() Tax #: _____

Contact person on site or available by phone on day of event: _____

EVENT INFORMATION:

Type of Event:

- | | | |
|---|---|--|
| <input type="checkbox"/> Business Meeting | <input type="checkbox"/> BBQ | <input type="checkbox"/> Educational/Seminar |
| <input type="checkbox"/> Wedding | <input type="checkbox"/> Spiritual Retreat | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Gathering (birthday, reunions, etc.) | <input type="checkbox"/> Other: _____ |

Facility Requested:

- | | |
|--|--|
| <input type="checkbox"/> Swick House Complete Facility | <input type="checkbox"/> Main Reception Room |
| <input type="checkbox"/> Conference Room #1 | <input type="checkbox"/> Conference Room #2 |
| <input type="checkbox"/> Cypress Room | <input type="checkbox"/> Kitchen |

Event Description: _____

Event Dates: _____ to _____ Event Hours: _____ a.m./p.m. to _____ a.m./p.m.

Approximate Attendance: _____

Will food be served at the event? Yes No

Additional tables and chairs requested? Yes No If Yes: _____ tables _____ chairs
Extra Duty Police Services Requested? Yes No If Yes, you must contact Alachua
Police Department and complete "Sponsor Application for Extra Duty Officer Detail"

RENTAL INFORMATION:

Facility Use	Daily*
Application Charge (Non Refundable)	\$25.00
Security Deposit	Half Daily Rental Rate
Swick House Complete Facility (3 Rooms, Kitchen (no stove) Covered Porch & Patio)	\$600
Swick House Auditorium	\$300.00
Swick House Meeting Room #1 (Bridal Suite)	\$100.00
Swick House Meeting Room #2	\$150.00
Swick House (Cypress Room) (Groomsmen Suite)	\$150.00
Swick House Kitchen	\$50.00

PAYMENT INFORMATION AND SUMMARY

Submit completed Application and **\$25.00 Application Charge** to the City of Alachua, P.O. Box 9, Alachua, FL 32616. You will be contacted by the City of Alachua regarding application approval, at which time, if approved, you will be required to remit all rental fees and deposits payable to City of Alachua.

Payments made less than ten (10) business days prior to an event must be paid by cash, money order or cashier's check. If by cash, hand deliver to City Hall 15100 NW 142nd Ter.

Application Fee: \$25.00

Deposit: \$ _____

Facility Rental Fee: \$ _____

Amount Paid: \$ _____

Total Amount Due (10 days prior to rental): \$ _____

APPLICANT ACKNOWLEDGEMENTS

1. Applicant acknowledges receipt of applicable Facility Rental Regulations and agrees to comply with them.
2. Completion and submission of this Application does not guarantee approval. The City of Alachua will notify Organization regarding approval within fourteen (14) business days after receipt of Application.
3. Applicant shall not use said premises for illegal purposes nor deviate from the Facility Rental Regulations.
4. The City shall have the right to access the premises at any time during the event.
5. The applicant may be required to contract additional security provided by the City of Alachua's Extra Duty Officer Detail services. If required, the applicant shall meet this requirement prior to approval of Application.

The undersigned hereby makes application to the City of Alachua for use of the rental facility described herein and certifies that the information given in this Application is correct and complete. The undersigned further states that he/she agrees to observe the laws/rules and policies/procedures set forth in the Facility Rental Regulations and by the City of Alachua and the State of Florida. The applicant agrees to reimburse the City for any costs incurred by the City in repairing damage to City property. Moreover, the applicant shall defend, indemnify and hold harmless the City of Alachua, its elected officials, appointed officers, employees and agents from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the use of City premises or from any activity, work or thing done, permitted or suffered by the applicant, its agents, employees, members or invitees in or about the premises.

Signature of Authorized Representative

Date

For City Use:

Deposit Received \$ _____ Date _____

Rental Received \$ _____ Date _____

Pmt. Method: Cash _____ Check# _____

Deposit Returned Date: _____ Amount: \$ _____

Signature of Event Coordinator