



THE SWICK HOUSE

APPLICATION & RENTAL AGREEMENT

APPLICANT INFORMATION:

Renter/Renting Organization: _____

Authorized Representative (Name): _____

Address: _____
City State Zip

Contact Phone: _____ Email: _____

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: _____ Cell Phone: _____

EVENT INFORMATION:

Event Dates: _____ to _____ Event Hours: _____ am/pm to _____ am/pm

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"/> Auditorium |
| <input type="checkbox"/> Conference Room #1 | <input type="checkbox"/> Cypress Room |
| <input type="checkbox"/> Conference Room #2 | <input type="checkbox"/> Kitchen |

Event Description: _____

Approximate Attendance: _____ Requested: 60in Round Tables _____ 6' Rectangular Tables _____

Seminar Tables _____ Chairs _____ Will food be served at the event? Yes No

Extra Duty Police Services Requested? Yes No If Yes, you must contact Alachua Police Department and complete "Sponsor Application for Extra Duty Officer Detail"

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 deposit payable to City of Alachua to hold date.

Rental payments made less than fourteen (14) 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. Deposits will be forfeited if the lessee fails to notify the City of Alachua at least thirty (30) days in advance of the event.

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:

Application Fee \$ _____ **Date** _____

Deposit Fee \$ _____ **Date** _____

Rental Fee \$ _____ **Date** _____

Pmt. Method: **Cash** _____ **Check#** _____

Signature of Event Coordinator: _____