

# City of Cedar Key Library and Community Center Use and Event Form

Permit # \_\_\_\_\_

Event Applicant: (Print Name) \_\_\_\_\_

The applicant is to be the sole contact person for the City, the person responsible for providing the City with all necessary information regarding the event and for ensuring that all participants comply with City guidelines for the event. If a special event involves more than one applicant (e.g., two or more organizations), the applicants shall agree to designate one individual to act as coordinator for all applicants.

Event Date(s) \_\_\_\_\_ Event Time: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contacts Involved with the Event:

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Duty: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Duty: \_\_\_\_\_

Event Name: \_\_\_\_\_

Facility/Location (s) Requested: \_\_\_\_\_

Event Code Recommendation (4 digits): \_\_\_\_\_

Type of Event: \_\_\_\_\_

Estimated Number of Guests: \_\_\_\_\_ Vehicles: \_\_\_\_\_

Will you be using sound amplifiers or significant noise generators? \_\_\_\_\_

If your special event will take place at the park, marina, beach, or any other area that requires reserving a particular space, please remember to make arrangements to mark off the area in advance. The City of Cedar Key is not responsible for reserving any public area for private events. If security, extra restroom facilities (portalets) or clean-up help is necessary, please make those necessary arrangements ahead of time. The Public Works Department may require additional information for some events such as festivals, parades, fishing tournaments, etc. The Public Works Department is not responsible for the set up/ breakdown of the event and is available only for emergencies during the event. Portable bathrooms are required for most street events and organized through the permit holder. Public Works department will determine quantity and locations.

A Police officer may be required for your event due to its expected crowd size or nature based on adequately handling the normal compliment of officers assigned to routine patrol duties. Officers are not assigned to special events in plainclothes or in an "undercover" capacity. The contract amount is \$25 per hour with a four (4) hour minimum per officer. Law enforcement personnel are considered on-duty while working special events and therefore are required to handle any police-related incident which they observe or become aware of whether or not the incident is related to the special event.

Deposits and event fees must be paid in full at the time of booking. Deposit returns will be issued to the name and address on the check and may take up to 30 days after the event. Credit card payment convenience fees additional if applicable.

I have read and understood the City of Cedar Key guidelines for this event and I understand that I am responsible for ensuring compliance with those guidelines by the participants at this event.

Discount for Community-Based Status: ANY event must meet ALL of the following requirements: (i) organizations/ groups qualified as not for profit organizations based in the City of Cedar Key; (ii) the event must be open to the public with no restrictions on attendance. Any groups dealing with political parties or causes, elections or religious activities are not eligible for community-based status. A full deposit will be required for all events.

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

# City of Cedar Key

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ALL FEES ARE DUE IN FULL AT THE TIME OF APPLICATION

Library 460 Second St.

Community Center 809 6th St.

\_\_\_\_\_ \$125.00 Deposit

\_\_\_\_\_ \$150.00 deposit

\_\_\_\_\_ \$53.50 Half Day (4 hours max)

\_\_\_\_\_ \$214.00 Private or Community- Based Fundraiser

\_\_\_\_\_ \$107.00 Full Day (over 4 hours)

\_\_\_\_\_ \$50 Community-Based Status (Non- Fundraising)

\_\_\_\_\_ Free for Community Based-Status  
(less than 4 hours)

\_\_\_\_\_ Funeral Reception \$25.00 per hr. Hours: \_\_\_\_\_

Sub-Total \_\_\_\_\_ x \_\_\_\_\_ # of days = Total Due \$ \_\_\_\_\_

Paid \_\_\_\_\_  Cash  Check # \_\_\_\_\_

### Cancellation Policy

Event must be cancelled in writing (US Mail by postmark date to PO Box 339 Cedar Key, FL 32625 or via e-mail to [cityhall@cedarkeyfl.us](mailto:cityhall@cedarkeyfl.us)) by the person who originally signed the rental contract.

Cancellation of an event due to an officially declared state of emergency will receive a full refund of fees and deposit. (Resolution 383)

More than 3 weeks' notice: All Rental Fees will be returned & 75% of Security Deposit

2-3 Weeks' Notice: All Rental Fees will be returned & 50% of Security Deposit

1-2 Weeks' Notice: All Rental Fees will be returned & 25% of Security Deposit

Less than 1 Weeks' Notice: All Rental Fees will be returned & 0% of Security Deposit

Signature of Renter \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

#### Office Use Only

• Return Deposit in Full • Return Partial Deposit: Amount of Refund \_\_\_\_\_ • NO Refund

Explanation: \_\_\_\_\_

Staff Inspector: \_\_\_\_\_ DATE: \_\_\_\_\_

### Facility Check List- Please Initial

- \_\_\_\_\_  No Damage to building, grounds or vehicles on property.
- \_\_\_\_\_  No music or noticeable noise after 11 pm (community center) or outside of building (library)
- \_\_\_\_\_  Trash cans clean and empty with new liners.
- \_\_\_\_\_  All bagged trash placed in cans next to road along with any recyclables.
- \_\_\_\_\_  Floor shall be clean (swept and mopped) and litter free.
- \_\_\_\_\_  No damage to chairs, tables, ceiling tiles, windows, doors or walls.
- \_\_\_\_\_  Tables and chairs shall be taken down and stacked back in the storage area.
- \_\_\_\_\_  Bathrooms shall be left clean.
- \_\_\_\_\_  No damage to audio system.
- \_\_\_\_\_  Kitchen shall be left clean.
- \_\_\_\_\_  No food left in kitchen and all appliances shall be left in working order.
- \_\_\_\_\_  All doors must be locked and secured after event.
- \_\_\_\_\_  Thermostat should be left as indicated by note next to thermostat.

# City of Cedar Key

## Library and Community Center Use and Event Form

### Community Center/ Library Inspection Checklist

Name \_\_\_\_\_

Event # \_\_\_\_\_

Check List	Before Event By Renter	After Event By Renter	After Event Staff Inspection
Trash & Recycle Separated at Curb			
Clean Cans with Liners Inside			
No Litter			
Windows Clean			
Doors Clean			
Ceiling Tiles Clean			
Walls Clean			
Tables/ Chairs Cleaned and Put Away			
Floor Swept and Mopped			
Thermostat: Off Summer/ 68 F Winter			
Bar Area Clear and Clean			
Bathrooms Clean and Operational			
Refrigerators Clean and Empty			
Appliances Working Audio System in Working Order			
<b>CODE FOR EVENT DAY ONLY (4 digit)</b>			

By signing below I, \_\_\_\_\_, take full responsibility for the access code given to me by the City of Cedar Key. I agree that I am responsible for any damage or loss of property resulting from my access code being used. I agree to initial and complete the checklist for the event venue that I am renting. I agree that the City of Cedar Key has the right to keep my deposit for any reason not completed on the checklist and that the City of Cedar Key has final authority to decide if the item was completed in a satisfactory manner. I agree not to share the access code with any other individual or group and agree to notify the City of Cedar Key immediately if I know or suspect that my access code has been compromised. Dawn dish soap will be available for the floors but other cleaning supplies will be provided by renter. Hall closet has brooms, mops, and mop bucket.

I agree, for myself and on behalf of the organization named above, to indemnify, defend and hold harmless the City of Cedar Key for, from and against all claims for loss, injury or damage to any person or property, which claims may arise from the proposed event or use of facilities.

Signature of Renter \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Office Use Only**

• Return Deposit in Full • Return Partial Deposit: Amount of Refund \_\_\_\_\_ • NO Refund

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Inspector: \_\_\_\_\_ DATE: \_\_\_\_\_