

**PINE RIVER TOWNSHIP
HALL RENTAL CONTRACT**

This agreement is entered into between Pine River Township (Lessee) and:

Name: _____ (Lessor)
Address: _____
City, State, Zip _____
Phone (mornings) _____
Phone (weekends) _____
Date of event: _____
(call 681-5523 to check on availability of hall)

for the rental of the Township Hall located at 1495 W. Monroe Road, St. Louis, MI 48880.

The Lessor agrees and acknowledges that he/she/they have read this agreement in full and understand the terms as set forth.

1. Lessor agrees to pay to lessee a sum of Two Hundred Dollars (\$200) for use of the rental property as well as a Fifty Dollar (\$50) **refundable deposit**. This deposit shall not be the limits of any liability. A refund check will be issued when the Township, through its representative, has determined that the property has been surrendered in satisfactory condition.
2. A satisfactory condition is defined as: All tables and chairs have been returned to designated locations, all debris, food and decorations, including waste and trash, have been removed from the property and the premises have not been physically damaged.
3. **NO ALCOHOLIC BEVERAGES** of any type shall be allowed on the premises and **NO SMOKING** is permitted in the Township Hall.
4. Hall capacity is 100 people.
5. No tables, chairs, equipment, or other fixtures that are the property of the Township shall be removed from the premises.
6. **Nails, tape, or tacks are NOT permitted to be used on the walls.**
7. Rental time (including decorating and set-up) is 8:00 am - 10:00 pm.

I (We) acknowledge that I (We) have received and understand the above agreement and I (We) further assume responsibility for the rental of said hall. Furthermore, I (We) shall indemnify and defend Pine River Township and shall hold it harmless for any claims, actions, damages, liability or expenses arising from our use of the premises, or any part of the premises, as a result of our invitees, licensees, or agents.

Renter

Township Representative

RENTAL INFORMATION

PRT OFFICE USE ONLY:

Rental Date: _____ Event: _____

Contact Name: _____

Contact Phone Number: _____

Number of person attending: _____

Number of tables needed: _____

Number of chairs needed: _____

Special set up instructions:

Receipt Number: _____

Date of Deposit: _____ Check # _____

Date of rental payment: _____ Check # _____

Issued key #: _____ Township Representative: _____

Key Returned: Yes No

Deposit returned - Date: _____ Check # _____

By: _____

(Township Representative)

Explanation if deposit was not returned: _____
