



**Town of Wendell
Parks & Recreation
Facility Rental Application**

Applicant Information

Applicant Name: _____

Organization (if applicable): _____

Applicant Address: _____

Home Telephone # _____ Street/Route _____ City _____ State _____ Zip _____
Business Telephone # _____

Cell Phone # _____ Fax # _____

Email Address: _____

Event Information

Name of Event: _____

Purpose of Event: _____

| | |
|---------------------|--|
| Event Date: | |
| Set-up Time Begins | |
| Time Event Begins: | |
| Time Event Ends: | |
| Clean-up Time Ends: | |

Estimated Attendance: _____

Check the area(s) of the facility requested for rental:

| | |
|--------------------------|---------|
| <input type="checkbox"/> | Room A |
| <input type="checkbox"/> | Room B |
| <input type="checkbox"/> | Kitchen |

| | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Gym |
| <input type="checkbox"/> | Stage |
| <input type="checkbox"/> | Entire Facility |

Applicant Responsibilities

- Space is reserved when an application and deposit are received.
- Requests must be in writing for each occasion and are not automatically renewed.
- If alcohol will be served, applicant must abide by the rules for the Wendell Community Center; **and** have all applicable Alcohol Beverage Control (ABC) permits.
 - o Use of alcohol: No: Yes:
- If food trucks will be on site, all commercial food vendors must be approved by Wake County Environmental Services.
 - o Food trucks: No: Yes:

Town of Wendell Staff Use Only

| | |
|--|--------------|
| Date application received: | Received by: |
| Valid Picture ID: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | Hours | Amount | Cost | Account Code |
|---|-------|----------|------|--------------|
| Amount due for additional setup: | | \$ 20.00 | \$ - | |
| Amount due for breakdown: | | \$ 20.00 | \$ - | |
| Amount due for actual event - first four hours | | | \$ - | |
| Amount due for actual event - each hour after initial four hours | | | \$ - | |
| Amount due for entire facility AND serving alcohol [3 p.m. to 12 a.m.] | | | \$ - | |
| SUBTOTAL -Total Amount due for Rental of Facility: | | | \$ - | 10-365-0200 |
| Amount due for police officer | | | \$ - | 10-208-0000 |
| Amount due for dumpster | | | \$ - | |
| Amount due for clean-up | | | \$ - | 10-620-4600 |
| Amount due for insurance | | | \$ - | 10-620-5400 |
| SUBTOTAL - Total Amount for other services for rental: | | | \$ - | |
| TOTAL DUE FOR EVENT: | | | \$ - | |

Space is not reserved until deposit is received.

Non-Refundable Deposit Due:

\$ -

Signer understands and agrees to non-refundable deposit.
 Deposit submitted by: _____

| Balance Due | Amount Paid | Date Received | Received By |
|-------------|-------------|---------------|-------------|
| \$ - | \$ - | | |
| \$ - | | | |
| \$ - | | | |
| \$ - | | | |

Applicant's Affidavit

I understand the space is reserved when the non-refundable deposit is received in full by the Town of Wendell. I also understand that as the event coordinator, I am responsible for any accidents or damages to persons or property resulting from the issuance of this permit.

 Name of the Event Coordinator

 Signature of the Event Coordinator

 Date