

VILLAGE OF CLIFTON

P O Box 472
350 East 4th Avenue
Clifton, IL 60927
Phone 815-694-2273 Fax 815-694-2203
villageclifton@yahoo.com
www.cliftonillinois.com

COMMUNITY BUILDING RENTAL AGREEMENT

LICENSEE _____ PHONE _____

ADDRESS _____ DATE OF FUNCTION _____

RENTAL FEES:	Large Room	\$100.00	Pavilion	\$ 25.00
	Small Room	\$ 15.00	Large Room & Kitchen	\$125.00
	Kitchen	\$ 25.00		

Terms and Conditions of Agreement:

1. A deposit of \$75.00 is required upon signature of agreement, refundable, in whole or in part, upon inspection of the building with the return of the key.
2. Reimbursement is required for any damage to the Community Building or its contents.
3. The Village of Clifton will not be responsible or liable for any lost or stolen articles or any injuries incurred.
4. The Licensee is responsible for all clean-up inside and outside the building. This includes sweeping, mopping up spills, bagging trash and placing trash in the dumpster located in the parking lot in front of the building, cleaning the tables and countertops, and placing chairs on the tables.
 - a. Please inform the Village of any problems with the building; poor housekeeping, conflicts with others using the facilities.
5. All functions where alcoholic beverages will be present will require proof of Dramshop Insurance before use of the Community Building is allowed.
6. The Licensee will not knowingly allow any unlawful activity to be carried out on the premises, and shall also not knowingly allow any activity that might be detrimental to the condition of the premises or to the safety of any persons present.
7. The Licensee agrees to indemnify and hold harmless the Village of Clifton against any loss which the Village may sustain by reason of the use of said premises by the Licensee pursuant to this agreement.
8. The Village of Clifton reserves right to terminate any event where the above regulations are violated and/or the behavior of the people is becoming disruptive, destructive or disrespectful.

This Agreement is executed by: (Please sign and return)

Licensee _____ Date _____

Village of Clifton – Authorized Representative _____ Date _____

PLEASE INDICATE BELOW IF A DATE WILL BE NEEDED FOR RENTAL DURING THE NEXT YEAR AND THE PHONE NUMBER OF THE INDIVIDUAL TO WHICH WE SHOULD CONTACT REGARDING THIS RENTAL:

DATE: _____ (YEAR) _____ ROOM: _____

NAME OF CONTACT PERSON: _____ PHONE NO. _____