



ELMWOOD RECREATION CENTER
6200 ELMWOOD, INDEPENDENCE, OHIO

INFORMATION ABOUT APPLICATION

Name of applicant: _____

Address: _____ Phone # _____

Name of officers or responsible officials:

- 1. _____ Title: _____ Phone #: _____
- 2. _____ Title: _____ Phone #: _____

Has a permit to use Independence City property been issued to the applicant in the past? _____
If "yes" what was the date of the last permit? _____

INFORMATION ABOUT REQUESTED USE

- 1. Specific city property requested for use:
Gym: _____ \$75.00
Small Room: _____ \$50.00
Both Rooms: _____ \$125.00
Kitchen: _____ \$5.00

2. **Specific nature or type of intended use:** _____

3. Date: _____

4. **Time let into facility:** _____ to _____ p.m.

EQUIPMENT NEEDED:

Number of Tables: _____ **Number of Chairs:** _____

5. Maximum number of persons using facility: _____

6. Name of person in charge during period of use: _____

7. If nature of intended use is fund raising: N/A

a. What form will the fund raising take? _____

b. Describe the educational, charitable, and/or civic purpose and other operations of applicant _____

c. For what specific purpose (s) will the solicited funds be used? _____

8. NO WEDDINGS WILL BE ALLOWED.

9. NO ALCOHOLIC BEVERAGES ARE ALLOWED IN OR ON CITY PROPERTY.

10. NO SIGNS ARE PERMITTED ON CITY PROPERTY.

11. APPLICANT IS RESPONSIBLE FOR ALL DAMAGES TO CITY PROPERTY.

12. NO CONFETTI OR GLITTER ALLOWED IN GYM OR SMALL ROOM.

13. FEES: \$50.00 FOR SMALL ROOM
\$75.00 FOR GYM
\$125.00 FOR BOTH ROOMS
\$ 5.00 FOR KITCHEN

14. ALL PARTIES ARE RESPONSIBLE FOR SETTING UP, BREAKING DOWN TABLES AND CHAIRS AND CLEANING UP THE ROOM BEING USED.

REPRESENTATION AND AGREEMENTS: (PLEASE READ CAREFULLY)

The undersigned hereby represents that he/she is the applicant or officer or other authorized agent of the applicant named herein and that he/she is over 21 years of age and is a **RESIDENT** of the City of Independence. The applicant agrees to hold the City of Independence harmless from and against any and all claims for property damage, costs and/or other expenses, arising from or in anyway connected with the use of city-owned property by the applicant of his or her agents, members, partners, associates, etc.

The undersigned declares that the factual information furnished by him/her in this application is true, accurate and completes to the best of his/her knowledge and belief.

Date: _____

Applicant: _____

Address: _____

Phone #: _____

Rental fee must be paid when making reservation. No refunds will be made for cancellation unless notified one month prior to the rental date. Please make check payable to the "City of Independence"

Return check & form to: Independence Civic Center
6363 Selig Drive
Independence, Ohio 44131
Attention: Recreation Department

For Office Use Only:

Date received complete form: _____