



CITY OF RIGGINS FACILITY RENTAL AGREEMENT

NAME: _____ EVENT DATE(S): _____
ADDRESS: _____ HOURS: _____ to _____

PHONE: (____)____ - _____
PURPOSE: _____ E-MAIL: _____

ESTIMATED ATTENDANCE: _____ ALCOHOL: __Provided __Catered(Liquor Catering Permit Required)

FACILITY RENTALS/FEES

Riggins Community Center

- _____ Elevator/Lift (no charge; however, a key must be checked out to operate)
- _____ Upper Level..... \$100
- _____ Lower Level (Kitchen Only)..... \$25
- _____ Lower Level with Kitchen..... \$75
- _____ Lower Level without Kitchen..... \$50
- _____ Cleaning Deposit..... \$100
- _____ Alcohol Deposit..... \$100
- _____ Sound System (per day) \$40
- _____ Sound System Deposit \$400
- _____ Off-Site Equipment Rental Deposit..... \$100
- _____ Off-Site Rental - Table (each)..... \$5
- _____ Off-Site Rental - Chair (each)..... \$1

Heritage Center

- _____ Work Day (8-5) Fee..... \$10
- _____ After Hours and Weekend Fee..... \$20
- _____ Cleaning Deposit..... \$100
- _____ Alcohol Deposit..... \$100

City Council Chambers

- _____ Per Hour Fee..... \$2
- _____ Cleaning Deposit..... \$25

OFFICE USE ONLY

ALCOHOL: Host Liquor Liability Insurance Coverage (Minimum Limit of \$1,000,000) is required for user's providing or permitting the use of alcohol at their event. *[Refer to Policy for information]*

CATERING: If food or meals are being provided by a Commercial Caterer, provide following info:

Caterer Name: _____ Phone: _____

_____ I acknowledge that I have read and received a copy of the

City of Riggins Facility Rental Policies and agree to its conditions.

This agreement may only be modified by written agreement signed by all parties.

_____ I agree to indemnify and hold harmless, the City of Riggins, its employees and agents for all liability claims arising out of the event.

Facility User Signature: _____ Date: _____

CITY OF RIGGINS, PO BOX 249, RIGGINS ID 83549

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