

Pine River Township Hall 1495 W Monroe Rd St. Louis, Michigan 48880

www.pinerivermi.gov

Phone: (989) 681-5523 Fax: (989) 681-4188

HALL RENTAL CONTRACT

| Name: | | Home: | |
|---|---|----------------------------|---------------------|
| Address: | | Mobile: | |
| City, State, Zip | | Date of Event: | |
| Michigan Driver's License I | Number: | - | |
| Include event on sign: Yes | s No | (3 rows max w/ 18 ch | aracters per row) |
| If yes, what type of event? . Wording for sign: | • | wer,Graduation/sc | hool?) |
| | | | _ |
| THIS LEASE AGREEMEN between the Township o "Lessor," and | f Pine River, a munio | cipal corporation, here | |
| WITNESSETH: In consideration of the cove and between the parties he | | ereinafter contained, it i | s hereby agreed by |
| The Lessor hereby lessor hall on (Date): | ets and leases unto the L , 20 | essee, the assembly ro | oom at the township |
| Said premises may purpose, without the | be used for meetings written consent of the L | • | s and for no other |

3. The Lessee shall pay, at least 30 days in advance, the full cost of rent to help offset

the cost of maintenance, utilities, and upkeep of said premises.

4. The Lessee shall not assign, transfer, or sublet this lease on said premises, or any part thereof, without the written consent of the township.

The Lessee shall be liable and responsible for returning the assembly room to a satisfactory condition, including:

- 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
- The premises have not been physically damaged. It is expected that the Lessee will restore the premises to an equal or better condition than prior thereto immediately following such activity.
- 5. The Lessee agrees to conduct its activities upon the premises so as not to endanger any person lawfully thereon and to indemnify and save harmless the lessor against any and all claims for injury to person or property arising out of the activities contracted by the lessee, its agents, members or guests, or invitees.
 - Alcoholic Beverages are Prohibited and shall not be allowed on the premises
 - Smoking is Prohibited in the Township Hall.
 - Nails, tape, or tacks are **not** permitted to be used on the walls.
 - Tables, chairs, and/or equipment shall **not** be removed from the premises.
 - Available rental time including decorating and set-up is 8:00 am 10:00 pm.
 - Hall capacity is 96 people.
 - Pets are not allowed. A dog or miniature horse trained to do work or perform tasks that are directly related to and mitigate the handler's disability are always welcome.

I acknowledge that I have received and understand the above agreement and I further assume responsibility for the rental of said hall. Furthermore, I 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.

| Lessee (Renter) | Township Representative | |
|-----------------|-------------------------|--|
| | | |
| Date | Date | |

OFFICE USE ONLY:

| Rental Date:/ | |
|--|---|
| Contact Name:Con | tact Phone #: |
| Number of people attending: | |
| Number of tables needed: | |
| Number of chairs needed: | |
| Special set up instructions: | |
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| | |
| Receipt Number: | |
| Receipt Number: Date of Deposit: | |
| | Check #: |
| Date of Deposit: | Check #: Check #: |
| Date of Deposit: Date of Rental Payment: | Check #: Check #: |
| Date of Deposit: Date of Rental Payment: Issued Key #: | Check #: Check #: Twp Rep Initials: |
| Date of Deposit: Date of Rental Payment: Issued Key #: Key Returned? Yes No | Check #: Check #: Twp Rep Initials: By: |