

Application to Reserve Facilities

Event _____

Adams County Community Center

569 N. Cedar Street, Adams, WI 53910 (608) 339-4237

FAX: (608)339-4266 E-mail: pam.whitaker@co.adams.wi.us

PLEASE READ THE ADAMS COUNTY COMMUNITY CENTER FACILITY USE POLICY BEFORE COMPLETING

Name		Driver's License (Required)	
Address		Email Address	
City	State	Zip Code	
Home Phone	Day Phone	Cellular Number	
Company/Organization Name & Department			
Company Address/City/Zip		Company Phone Number	
Is your group/organization an official non-profit Yes ___ No ___ If yes, documentation must be provided Is your group/organization tax exempt? Yes ___ No ___ If yes, and you are paying a fee, you must provide a Wisconsin Sales and Use Tax Exemption Certificate (Form S-211).			

Event Date	Day of Week	Event Start Time (include set-up)	Event End Time (include lean-up)
Multiple Dates? (List dates, day of the week and times, attach additional page if necessary)			
What type of event are you having? ___ Meeting ___ Seminar ___ Private Party ___ Fund Raiser ___ Other; Explain in Detail: Select which Category applies to your event. ___ Government – Certificate of Insurance/Rider not required ___ Non-Profit/Private - Certificate of Insurance/Rider is required			
What is the maximum number of people you expect to attend?			
Will there be food/beverages at the event? Yes ___ No ___ Will it be catered? Yes ___ No ___ Will you need use of the kitchen? Yes ___ No ___ (There is a fee and an extra deposit for use of the kitchen)			

In the event that assistance is needed after hours i.e. circuit breaker tripped, contact the Adams County Sheriff's Department at 608-339-3304.

Permission for use of the facility is granted upon the condition that all rules governing use of Adams County Community Center facilities will be followed. Permission may be revoked at any time for failure to do so, and the group or individual will forfeit all fees paid.

Initial _____ In case of emergency or for reasons beyond the Community Center's control, the Community Center reserves the right to cancel the scheduled event prior to scheduled use without liability. Refunds will be made if cancellation by the Community Center is necessary.

Initial _____ I understand that use of the building is restricted to the room(s) assigned. Every effort will be made to provide the room requested, however, if necessary, Adams County Community Center reserves the right to move a meeting or session to a more suitable size room.

Initial _____ Deposits are refunded according to the condition of the room and after use and return of any Key Fob that Was issued. Tables should be wiped clean, any spills cleaned off the floor and all trash picked up, bagged and taken to the dumpster located outside.

Initial _____ I hereby attest that the forgoing information is true and correct, and that should any of the information be found to be false or should any conduct by myself, participants or guests not be as described in the application, or should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, said reservation will be deemed null and void and any activity associated with this reservation will immediately cease and the event will be cancelled.

Initial _____ The above-named organization or individual(s) agree to indemnify and hold harmless, the County of Adams from all liabilities, damages, demands, claims, causes of action or judgments and all reasonable expenses, including attorney's fees and costs, incurred in investigation or defending same, for injury to any person, loss of life, or damage to property arising from, or by the use and occupancy of, the facilities herein described by said organization or individual.

Initial _____ I understand that a Certificate of Insurance/Rider in the amount of \$1,000,000 general liability insurance covering personal injury and property damage together with Adams County as the additional insured on the policy/rider. Applicant is responsible for providing the Community Center with a copy of the Certificate of Insurance/Rider-stating the date(s), time(s) and coverage

Initial _____ I have received, read and agree to abide by the Adams County Community Center Facility Use Policy dated 11/13/23.

Signature of Applicant

Date

Staff Initials

Date

FOR OFFICE USE ONLY

Date of Application: _____

Received by- _____

Room(s) Assigned: _____

Key/Fob Given: _____

Room Use Fee: _____

Paid by: Cash Check No. _____

Sales Tax: _____

Deposit Fee: _____

Paid by: Cash Check No. _____

Receipt No. _____

Application Approved: _____

Deposit Returned: Y/N If No, provide explanation Date: _____

Application Not-Approved: _____

Date: _____