

Lenox Community Center
200 S. Main
Lenox, Iowa 50851
Ph. 641 333 2228

This rental agreement is between:

1. **The City of Lenox (City)** and
2. **The Renter** of the facilities located at 210 E. Dallas Street, Lenox, IA 50851:

Name: _____

Address: _____

Phone: _____ **Cell** _____

E-Mail _____

Renter must be 18 years of age and agrees to abide by the charges, conditions and requirements set forth in the information and rate fees. Renter understands that any deposits are forfeited if the renter does not cancel reservation within 30 days of date rented or if damages or cleanup is not conducted as per conditions described. Renter further understands that any damages in excess of the damage deposit fee, is the Renter's responsibility.

Event Information:

Type of Event _____

Date and Time of Event/Rental:

Beginning Date: _____ **Time** _____ **a.m./p.m.**
Ending Date: _____ **Time** _____ **a.m./p.m.**

Space Reserved: _____ **Entire Facility** _____ **Small Meeting Room (Only available Monday through Friday)**

If booking Friday after 12 Pm through Sunday, you must book the entire facility. Small room only booking is not available during these hours.

Alcohol Served _____ **Yes** _____ **No**

NOTE: If alcohol is made available on the premises without the serving area open, the full deposit will be forfeited.

Deposit:

A deposit is due at the time of booking. A cancellation of the reservation by the Renter must be made a minimum of 30 days in advance of the date of the reservation in order to receive refund of deposit. Any reservation cancelled after the 30 days will forfeit the entire deposit amount. Deposits will be returned within two (2) weeks after the event if the facilities are left in at least as good condition as the renter found them and the key has been returned.

Deposit Paid \$ _____ **Date** _____

Note: This deposit is collected in addition to the rental fees listed below. The Renter will provide two separate checks. One check will be for the deposit due at booking and one check for rent due before event.

Clean Up Requirements:

1. Tables, chairs, and equipment must be cleared, wiped clean, and returned to the original location
2. Anything used in the kitchen must be cleaned and returned to its storage place. Towels and dish cloths are not provided.
3. All decorations must be removed
4. Bathrooms must be cleaned including sinks, stools and floors. Stools should be cleaned with bowl cleaner and brush that are provided
5. Floors must be swept and scrubbed as needed to leave the facility in the same or better condition
6. Trash cans (including restrooms) emptied and trash must be taken to the dumpster- new liners should be placed in each trash can
7. All lights must be turned off when you leave.
8. Key must be returned to City Hall.

Total rent paid to the city \$ _____
Make checks payable to City of Lenox

Renter's Signature _____ **Date** _____

City's Signature _____ **Date** _____

City use only

Inspected & Key returned _____

Deposit refunded: _____ Date _____

Comments: