



**CITRUS COUNTY HISTORICAL SOCIETY, INC.
THE OLD COURTHOUSE HERITAGE MUSEUM
RENTAL AGREEMENT**

ORGANIZATION: _____ DATE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

ADDRESS: _____
(Street) (City/State) (Zip)

TAX EXEMPT NUMBER: _____ (If lessee is tax-exempt, a copy of the tax-exempt certificate must be submitted)

THE USE OF YOUR FACILITY IS HEREBY REQUESTED AND THE FOLLOWING INFORMATION IS SUBMITTED:

IT IS UNDERSTOOD AND AGREED that the able organization/individual assumes all personal liability and responsibility for any damage and theft incurred to the Museum during the period of use. We further agree to pay the charges listed below, and the check(s) are submitted herewith:

DATE(S): _____ TIME: FROM _____ TO _____

NO. OF PARTICIPANTS: _____

PURPOSE: _____ SERVING ALCOHOLIC BEVERAGES: YES ___ NO ___

1. There will be no extension of time granted. Users will be charged for their setup and breakdown hours.
2. The User will provide a security deposit to the Manager or designee in the amount of \$100.00 at the signing of the agreement. This security deposit is **non-refundable** if the activity is cancelled. **(Initial)** _____. After conclusion of the event, the building will be inspected. The refund will be mailed to the lessee approximately one month after the event date. All damage charges will be itemized and subtracted from the deposit. The lessee is responsible for damage charges accrued in excess of the deposit.
3. The User will provide a cleanup fee of \$_____, five days prior to the activity. In the event the charge for cleaning by our janitorial contractor is less, **a refund will be issued along with the security deposit.**
4. The User and the Manager or designee will inspect the area on the day of the activity to insure the condition of the area to be used meets required standards.
5. All liability will be assumed by the renter or its insurer. The user, by signing this contract, accepts liability for the activity. If the event is held after normal hours of operation (9:00 a.m. to 5:00 p.m. Monday through Friday, and 10:00 a.m. to 2:00 p.m. Saturday), the renter shall provide liability insurance and provide proof of such insurance to the Old Courthouse Heritage Museum/CCHS, Inc., two weeks prior to the event. **(Initial)** _____.
6. Any damage to the building and/or inventory shortages will be assumed by the user. **(Initial)** _____

Rental Fee
per hour x **No. of hours** + **6% tax** = **Cost**
 _____ x _____ + _____ = _____

Additional fees _____ (30 days prior to event)

Total due _____

Security deposit - _____ Due at signing of Contract

Remainder due _____ Prior to or at time of event

Cleanup fee _____ (5 days prior to event)

The undersigned further agrees to indemnify and hold harmless the Board of County Commissioners, Citrus County, Florida, its officers, agents and employees from any and all claims, damages, costs or expenses arising out of, or incidental to, the above proposed use of The Old Courthouse Heritage Museum.

I/we understand and will abide by all the Policies and Procedures of the Citrus County Historical Society, Inc. and have been provided with a copy of same.

User's name (print) _____ Signed _____

Manager (signed) _____ Date _____

There is a \$25.00 returned check fee for each check that is returned to The Old Courthouse Heritage Museum/Citrus County Historical Society, Inc. for lack of sufficient funds.

Security deposit received: _____

Cleanup fee received: _____

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Additional Fees

Items	Number	x	Price	+	6% tax	=	Cost
Tables	_____	x	\$2.00 each	+	_____	=	_____
Chairs	_____	x	\$1.00 each	+	_____	=	_____
Staff time	_____	x	\$10.00/hr.	+	_____	=	_____
Misc.	_____	x	\$1.00 each	+	_____	=	_____
Total to transfer to page 3						=	_____

**Application for Alcoholic Beverage Waiver
Alcoholic Beverage Policy**

Type of function/activity: _____

Is there a fee or donation required to attend this event? Yes _____ No _____

Date(s) requested: _____

Event time: From _____ to _____ Average age of participants: _____

Estimated attendance: _____

A Certificate of Insurance with \$1,000,000 minimum liability insurance is required for all events serving alcohol. Citrus County Board of County Commissioners must be listed as an additional insured and host liquor liability insurance. The certificate must be submitted no later than ten (10) days prior to the event.

Contact person's name: _____

Address: _____
(Street) (City/State) (Zip)

Telephone: (Daytime) _____ (Evening) _____

Citrus County Alcoholic Beverages Policy:

The user of The Old Courthouse Heritage Museum must submit a written request to the Manager seeking permission to have alcoholic beverages. This request must include a description of the use of said alcoholic beverages (i.e., sales, distribution, consumption, etc.).

The Manager has the authority to require the user to furnish additional security personnel and pay for additional Historical Society personnel, as necessary and available, depending upon the attendance and type of event scheduled.

Alcohol sales, distribution and/or consumption requests have a mandatory liquor liability insurance requirement of a minimum \$1,000,000 limit on an occurrence or claims-made form; if coverage is provided on a claims-made form, the County will require that the Certificate of Insurance indicates a retroactive date which should coincide with event date, or earlier. The County will require that this coverage include an *Additional Insured Endorsement* and a *Hold Harmless Indemnification* in favor of the County.

At least ten (10) working days prior to the scheduled event, the user must provide the Manager an original Certificate of Insurance confirming applicable liquor liability (Sale: Liquor Liability; Distribution/Consumption: Host Liquor Liability) minimum limits of \$1,000,000 coverage.

The Manager has the right to reject any request when such events may put the County at risk.

I accept full responsibility for the actions of all participants attending the event and the results of said actions. I also understand all alcohol is to remain in designated locations and if these conditions are not met, these privileges will be revoked immediately with no refund.

Person responsible for group
(please print)

Signature

Date

Approved by: _____

Signature

Date