

CITY OF JOHNSONVILLE
COMMUNITY MEETING HOUSE AGREEMENT

I/We hereby request the use of the Johnsonville Community Meeting House located at 304 S. Hampton Avenue in Johnsonville, S.C. and supply the following information:

NAME OF RESPONSIBLE PERSON: _____

TELEPHONE NUMBER: _____

DATE(S) OF USE: _____ TIME OF USE: _____

PURPOSE OF USE: _____

It is agreed that I will be responsible for the cost to repair any damage which may occur to this facility as a direct result of the above described activity, during the hours of the event, and the behavior of my guests

I further agree that the building will be closed and secured properly at the end of the activity.
(Close windows, turn off stove, turn off heat and air, turn off lights and water, lock doors)

I also agree to clean all parts of the facility per the attached checklist at the conclusion of described activity. Garbage is to be removed from the facility and placed in the provided container at the rear of the building. Leaving any area of the building, including the exterior grounds, unclean at the conclusion of the event will warrant forfeiture of my deposit.

I also agree that nothing may be attached to the floor, walls or ceilings. No screws, nails, tape or other fixtures may be used to affix materials. Scotch tape, thumb tacks and push pins are prohibited for any purpose on the floor, walls or ceilings. **There are no exceptions.**

It is understood, that ABSOLUTELY no alcoholic beverages of any kind may be possessed or consumed on the premises, and smoking is not allowed inside the building.

It is understood that the City does not provide paper products or utensils.

I agree to keep entrances to the building clear at all times in case of emergency.

I understand that the City will furnish a key to the responsible person named on this form. The key should be returned the first business day following the use of the facility.

I understand that I may cancel this agreement at any time up to seven (7) days before the event date for a full refund of any monies paid. I understand that if I cancel between six (6) and four (4) days before the event date, I will only receive a refund of 50 percent. If cancellation is made less than four (4) days prior to the event, I will not receive a refund.

I agree to indemnify, defend and save harmless, the City of Johnsonville, its Mayor, City Council, agents, and employees from and against any and all loss, cost (including attorneys' fees), damage, expense and liability (including statutory liability and liability under workers' compensation laws) in connection with claims, judgements, damage, penalties, fines, liabilities, losses, suits or administrative proceedings arising out of any act of neglect by the City of Johnsonville, its Mayor, City Council, agents, employees, contractors, lessees, invitees or representatives in, on or about the facility. This indemnity shall survive the termination of this Agreement. Lessee hereby releases lessor from any and all liability or responsibility to Lessee or anyone claiming through or under Lessee by way of subrogation or otherwise for any loss or damage to equipment or property of Lessee covered by any insurance then in force.

This agreement shall be governed by and construed in accordance with the laws of the State of South Carolina. Any legal actions, claims or demands shall be handled in a court of competent jurisdiction with the State of South Carolina.

VIOLATIONS OF ANY SECTION OF THE ABOVE AGREEMENT WILL RESULT IN A SERVICE CHARGE TO THE RESPONSIBLE PERSON LISTED.

Fee for Use: _____ Total Paid: _____ Date Paid: _____

Deposit \$50.00 (deposit returned when key is returned to City Hall and building is inspected)

Signature: _____ Signature: _____
Applicant *City of Johnsonville*

***Note: There is no telephone available at the Community Meeting House.*

Key Picked up on: _____ Returned: _____

Office Use Only:

Building inspected by: _____ Time: _____

Building cleaned to requirements? YES NO (circle one)

**CITY OF JOHNSONVILLE
COMMUNITY MEETING HOUSE
INSPECTION FORM**

DATE INSPECTED _____

TIME INSPECTED _____

INSPECTED BY: _____

CLEANED UP YES OR NO

- 1. _____ BATHROOMS (TOILET PAPER)
- 2. _____ CEILING
- 3. _____ FLOORS
- 4. _____ WALLS
- 5. _____ COUNTER TOPS
- 6. _____ TRASH
- 7. _____ OUTSIDE BUILDING
- 8. _____ SWEEP, MOP
- 9. _____ NO DIRTY DISHTOWELS
- 10. _____ LIGHTS OUT, DOORS LOCKED

11. _____ *A/C off*