

# ***THE CITY OF LAKE BRONSON***

PO BOX 70  
LAKE BRONSON, MINNESOTA-56734  
(218) 754-2710

## **APPLICATION FOR USE OF RENTAL BUILDINGS**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FUNCTION: \_\_\_\_\_

\_\_\_\_\_ DATE/TIME: \_\_\_\_\_

BUILDING: \_\_\_\_\_ # OF PARTICIPANTS: \_\_\_\_\_

PROOF OF LIABILITY INSURANCE (IF APPLICABLE)  
CERTIFIED LAW ENFORCEMENT OFFICER (IF APPLICABLE)

**\*\*\*ALL CITY BUILDINGS SHALL BE VACATED BY 12:00 A.M.\*\*\***

**FEE SCHEDULE FOR RENTAL BUILDINGS:**

COMMUNITY CENTER	\$25.00 + \$50.00 DEPOSIT TOTAL:	\$75.00
COMMUNITY CENTER + KITCHEN	\$25.00 + \$25.00 + \$50.00 DEPOSIT	TOTAL: \$100.00
VILLAGE SQUARE	\$25.00 + \$50.00 DEPOSIT TOTAL:	\$75.00
SCHOOL GYM	\$25.00 + \$50.00 DEPOSIT TOTAL:	\$75.00

**\*\*\*YOUR DEPOSIT IS REFUNDABLE IF BUILDING IS CLEANED PROPERLY AND THERE ARE NO DAMAGES!\*\*\***

I understand that my use of the Community Center, Village Square, and/or School Gym is voluntary and that I am using it for my benefit only. I agree that my use if the Community Center, Village Square, and/or School Gym facilities are undertaken at my own risk and that the City of Lake Bronson will not be liable for any claims, injuries, damages or whatever nature incurred by me or members of my organization due to the negligence of members of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City, its agents or employees, from any such claims, injuries or damages. I also agree to defend, indemnify and hold harmless the City from any claims, injuries or damages of whatever nature arising out of or connected with my use of the Community Center, Village Square and/or School Gym. I also agree to reimburse the City for any damage, breakage, maintenance or theft of equipment beyond the damage deposit figure if so warranted.

USER REPRESENTATIVE: \_\_\_\_\_  
DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ (CITY CLERK)  
DATE: \_\_\_\_\_

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:  
CITY CLERK  
P.O. BOX 70  
LAKE BRONSON, MN 56734  
Equal Opportunity Provider

