



City of Hoyt Lakes  
 206 Kennedy Memorial Dr.  
 218-225-2344

## Community Building Rental Application

### Rental Information

Date(s) Requested: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Community Building - Upper	\$125 per day, \$100 Deposit
Community Building - Lower	\$75 per day, \$100 Deposit
Midway Picnic Shelter	No fee

### Applicant Information

\_\_\_\_\_  
 First Last

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Phone Number Email Address

### Organization/Company Information

\_\_\_\_\_  
 Organization

\_\_\_\_\_  
 Contact Person (if different from above)

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Phone Number Email Address

### Event Information

Describe the event and activities, including any entertainment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Estimated attendance: \_\_\_\_\_

Will kitchen be utilized?    Yes        No  
 Will alcohol be served?    Yes        No

Will food be served?        Yes        No  
 Will alcohol be sold?        Yes        No

\*\*applicant must comply with all alcohol licensing requirements \*\*

If yes, who? \_\_\_\_\_  
 Liquor License transfers must be approved by City Council prior to event.

A security deposit must accompany this application. The security deposit must be paid by check, made out to the "City of Hoyt Lakes."

I understand the use of the Community Building is voluntary and that I am using it for my benefit only. I agree my use of the Community Building is taken at my own risk and the City of Hoyt Lakes will not be liable for any claims, injuries, damages of what ever nature incurred by me or members of my organization due to the negligence of the 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, it's agents, and it's employees from any such claims, injuries, or damages. I also agree to defend, indemnify, and hold harmless from the City any claims, injuries, or damages of what ever nature arising out of or connected with my use of the Community Building. I also agree to reimburse the City for any damage, breakage, maintenance, or theft of equipment beyond the damage deposit figure if so warranted.

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Signature of Applicant

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Date

**Office Use Only**

Security Deposit Rec'd: _____	Application Approved:	Yes	No
Security Deposit Returned: \$ _____	Entertainment Approved:	Yes	No
Date Returned: _____	Insurance Required:	Yes	No
If alcohol served, copy to ERPD. _____			