Candlewood Shores Community Room

Rental Policy

As an additional public service to the residents of Candlewood Shores Tax District (CSTD), the Tax District makes available it's Community Room for social, cultural, educational, civil service, and governmental meetings by residents provided a CSTD resident is a member.

CSTD residents are invited to use the Community Room subject to the following conditions:

1. The hours of use of the Room will not extend past 11:00 p.m.

2. **GUESTS ARE NOT ALLOWED TO BLOCK MAILBOXES OR BLOCK RESIDENT'S DRIVEWAYS-RESIDENTS SHOULD HAVE EASY ACCESS ENTERING OR EXITING THEIR DRIVEWAYS.**

3. **GUESTS ARE REQUIRED TO STAY IN THE COMMUNITY ROOM WITH THE DOOR CLOSED AND KEEP THE NOISE TO A MINIMUM.**

4. The maximum seating capacity of the Community Room is sixty-seven (67) persons.

5. Smoking is prohibited inside the building. This includes the Community Room, Office, Kitchen, Hallways, and Restrooms. A smokers' outpost is located outside the Community Room. Please be sure all cigarette butts are put in the outpost and **NOT** on the ground.

6. Barbequing is not allowed on the premises at 55 Longview Drive.

7. All applications for the Community Room use are subject to the approval of CSTD Management. Written application for use of the facilities (using the Application Form) should be filed with the office as far as possible in advance of the requested date. Should more than one resident request the same date, scheduling of the facilities will be handled in the order in which the applications were received. The programs and activities of CSTD take precedence over any residents request for use of the Room.

    Please Note: The Board and Property Management reserve the right to approve or reject any application for use of the Community Room.

8. As of 07/01/17 there is a charge of fifty dollars ($50.00) for the use of the Community Room to help defray expenses. This fee is non-refundable.

9. In addition, a security deposit of two hundred dollars ($200.00) will be required for use of the Room. All deposits must be paid when application form is submitted. Receipt of the form along with the security deposit and use fee will constitute a firm reservation of the requested date (subject to Board approval, if necessary). The deposit will be refunded after the key and checklist (see attached page 4) have been returned, and after the Room has been inspected for cleanliness and damage.

10. It is the Sponsor's responsibility to contact the CSTD office a few days prior to using the Room to make arrangements to get a key. <u>If the key is not returned on the day the room is used (dropped in door slot) the deposit will be forfeited.</u>

11. It is understood that the sponsor (a Candlewood Shores resident in good standing who is over the age of 21) will be present at all times during the function. **A resident in good standing is current on all taxes and fees.** If the function is sponsored on behalf of a group of minors, the Sponsor must be a parent of one of the group.

12. If children are in attendance, they must be supervised at all times.

13. **PARKING:** Please park in the parking lot of the Community Room or park responsibly on the side of the street. All cars are to be parked so that the normal flow of traffic is not impeded. Parking in the rear of the Community Room is prohibited as access for "CSTD" vehicles in rear lot **must** be kept clear at all time.

14. Groups will be expected to exercise care in the use of the facilities and equipment. It is understood that the Sponsor assumes full financial liability for any damage or loss to the building, equipment or grounds.

15. Whenever meetings/activities take place outside of regular business hours, the key to the Room must be signed out before hand by the Sponsor.

16. Some folding chairs and tables are available without charge to groups using the Room. Any special items needed such as additional chairs and tables, dishes, coffee pots, etc. are the sole responsibility of the Sponsor. See additional instructions on checklist page.
    - **Please Note:** It is the responsibility of each group using the Room to take out, set up, take down and CLEAN (as necessary), as well as any other equipment required for its own meeting/activity

17. The Sponsor may be requested to supply all stationary needs, including bathroom tissue, paper towels, and cleaning supplies.

18. The Sponsor is responsible for the removal of all decorations and tape. Taping is prohibited on any artwork. CSTD prohibits the use of nails and thumb tacks. Only non-stick tape is permitted.

19. The Tax District is not responsible for equipment, materials, supplies, etc. owned by a group or individual and used in the Community Room or stored there before or after a meeting/activity. Groups meeting at the Room are requested to remove from the premises any items specially brought in for such meetings/activities before leaving the day of the meeting/activity.

20. The cleaning of the Room, especially the kitchen and restroom, is the responsibility of the Sponsor. All trash is to be collected and put in bags and placed in the dumpster behind the office building. The floors are to be vacuumed and mopped. The kitchen counters, cabinet doors, sink, refrigerator, microwave and oven are to be left clean. The Sponsor must have the Room cleaned before leaving the day of the meeting/activity.

Should this not be done, the Sponsor will forfeit his deposit. CSTD Management shall inspect the premises and determine if cleaning services are required; if so, the Sponsor will be billed for these services.

21. All removable items (i.e. kitchen utensils, paper products, cleaning solutions, etc.) should be left as found. Inventory will be taken after each rental and renter's deposit will be reduced to cover any missing items.

22. Noise is to be kept at a minimum. If a verified police report is received for excessive noise, the Sponsor shall forfeit his $200.00 deposit.

23. The Sponsor will be required to complete and sign a "Community Room Closing Procedure Checklist" (copy attached page 4) following each use of the Room. The completion of this checklist is required of all groups, including those meeting during office hours. Residents found to be in violation of this checklist will be subject to possible cancellation of future Community Room privileges and loss of their deposit. The Sponsor should return the completed and signed Closing Procedure Checklist to the CSTD office.

24. **PLEASE TAKE NOTE: DO NOT STAND ON TABLES AND CHAIRS, THERE IS A STEP LADDER IN THE CLOSET AVAILABLE FOR USE "AT YOUR OWN RISK."**

The CSTD Board and/or Management reserve the right to suspend or cancel Community Room privileges for any resident failing to comply with the above conditions. It is understood clearly that granting permission for a resident to use the Community Room and related facilities does not in any way constitute an endorsement by CSTD of that group's beliefs or policies.

<u>Closing Procedures Checklist Policy</u>

In an effort to reduce overhead expenses and to provide neat, clean meeting facilities for every resident, the Candlewood Shores Tax District requires that the Sponsor complete and sign this Closing Procedures Checklist following his or her use of the Room. The completion of this checklist is required of all groups including those which meet during office hours. Residents found to be in violation of this checklist will be subject to forfeiture of their deposit and/or cancellation of future Community Room privileges. Check each procedure as completed. Mark non-applicable items "N/A"

1. **In Community Room**
   _____Folding chairs wiped clean and stored back on the rack
   _____Tables wiped cleaned, folded, and placed against the wall
   _____Turn off ceiling fans
   _____Floor Vacuumed/Swept (including Hallway) and mopped
   _____Heat and/or Air Conditioner turned off (If left on deposit will be forfeited)
   _____Exterior door locked
   _____All windows are closed and locked

2. **In Kitchen**
   _____Refrigerator emptied and wiped clean (of items brought in only please)
   _____Countertops and sink cleaned
   _____Microwave and oven are cleaned
   _____Floor swept and mopped

3. **In Bathroom**
   _____Toilets cleaned and flushed
   _____Faucets off
   _____Countertop and faucets cleaned off
   _____Floors swept and mopped
   _____Trash cans emptied

4. **Lights Out**
   _____In Community Room
   _____In Kitchen
   _____In Restrooms
   _____In hallway
   _____Outside

5. _____Trash bagged and placed **IN (NOT ON TOP OF)** dumpster behind office building
   _____Trash bags put in garbage cans

6. Drop **KEY** and completed **CHECKLIST** through mail slot on the front office door on the day of Room use. If no violations are found, deposit will be returned to the Sponsor.

Date Used: _____

Sponsor's Name: _____

Sponsor's Phone Number / Email Address: _____

Candlewood Shores Community Room

Application Form

Date: _____

Sponsor's Name: _____

Address: _____

Phone Number: (home): _____ (cell / work): _____

Email Address: _____

Name of Organization: _____

Nature of Activity: _____

Date Requested: _____ Hours of Use: _____

Estimated Attendance: _____ 67 Maximum_____ Initial

       I have read and understand the rules and regulations which are made a part of this application form and agree to abide by them. I assume full responsibility for any fees incurred or damages sustained.

       By Signing below, the Sponsor will be responsible and strictly liable for, and hereby releases and holds harmless against, and will indemnify and defend the District and its officers, directors, managers, and agents against, all property damage, legal violations, personal injury, death, and any other loss of any kind caused by or to the District and any person which occurs at or relates to the event, its attendees, the service of alcohol, and all other acts and omissions concerning it, including but not limited to damages, judgments, settlements, fines, attorney's fees, consequential damages, costs, expenses, and otherwise.

PLEASE TAKE NOTE: DO NOT STAND ON TABLES AND CHAIRS, THERE IS A STEP LADDER IN THE BATHROOM AVAILABLE FOR USE "AT YOUR OWN RISK"

_____   _____
            Signature of Sponsor   Date

_____   _____
          Signature of CSTD Personnel   Date

$50 fee received by: _____Check #: _____
$200.00 Security Deposit received by: _____Check#: _____
        Refunded: _____via _____