

Today's Date _____

Bloomfield Cultural Complex

Physical Address: 333 South 1st Street
Reservations: 915 N. First Street
Bloomfield, New Mexico 87413
Phone 505-632-2840
Fax: 505-632-6353

Contract Changes (day/hours)

Catherine (505) 419-6238

Rental Contract Request Form

Event Date _____

Contact Person _____ Phone Number _____

Event or Organization _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Set-up Time: _____ Start Time _____ End Time _____

Last-minute changes to dates and times of this approved contract are prohibited.

Rent is for an 8-hour block of time that includes set-up, the event, take-down & clean-up.

Number of People _____ Tables & Chairs to accommodate 150 people
(30-6 ft & 3-8 ft tables)

Please circle if applicable: Oven/Commercial Kitchen use **Yes No** (no grease down sinks)

Alcohol: **Yes No** Hours of Consumption _____ D.J. or Band: **Yes No**

✓ Please check the room you will need for your event; **all rentals require a \$250.00 refundable damage/cleaning deposit**

Rates

Days & Times Available

Additional Time

___ Main Room 8 hrs. for \$250.00 (Capacity 150 guests; tables & chairs included)	Saturday	9:00 a.m. to 10:00 p.m.	\$45/hr.
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___ Main Room 8 hrs. for \$200.00 (Capacity 150 guests; tables & chairs included)	Mon & Wed Tue & Thu	9:00 a.m. to 8:30 p.m. 9:00 a.m. to 6:00 p.m.	\$45/hr.
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___ 1/2 Main Room 8 hrs. for \$150.00 (Capacity 75 guests; tables & chairs included)	Mon & Wed Tue & Thu	9:00 a.m. to 8:30 p.m. 9:00 a.m. to 6:00 p.m.	\$45/hr.
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___ 1/4 Main Room 8 hrs. for \$100.00 (Capacity 37 guests; tables & chairs include)	Mon & Wed Tue & Thu	9:00 a.m. to 8:30 p.m. 9:00 a.m. to 6:00 p.m.	\$45/hr.
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___ Conference Room \$25.00/hr. (Capacity 12; table & chairs included)	Mon & Wed Tue & Thu	9:00 a.m. to 8:30 p.m. 9:00 a.m. to 6:00 p.m.	
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___ Kitchen \$60 or \$15.00/hr.	Mon & Wed Tue & Thu	9:00 a.m. to 8:30 p.m. 9:00 a.m. to 6:00 p.m.	
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___ (Non-Profit) non-fundraising \$0	Mon - Thu	9:00 a.m. to 4:30 p.m. (normal business hours)	
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***Free usage is limited to normal business hours. Outside of normal business hours, a minimum of \$90 per day will be charged and is dependent on the availability of staffing.** Chartered and non-profit organizations are allowed one meeting per month at *no charge. **A refundable damage deposit of \$250 is required.**

Terms and Conditions

1. The person/organization and/or the person authorized by/for said organization, by signing this contract hereby agrees to indemnify and hold harmless the City of Bloomfield and any of the City's employees and/or agents acting on behalf of the City. **Renters Initial** _____
2. To reserve the date requested, 50% of the rental fee is required upfront. **The balance is due 7 business days prior to the rental; the City has the right to cancel events if the balance isn't paid in full.** **Renters Initial** _____
3. A refundable \$250 damage/cleaning deposit is required (in addition to the rental fee). The deposit will be refunded within **7 business days** after the event, if the facility is clean, no damage has occurred, and no contract violations were made. **Renters Initial** _____
4. Last-minute changes to dates and times of this approved contract are prohibited. **Renters Initial** _____
5. Violation of any terms of this contract will result in your damage deposit of \$250 being retained by the City. **Renters Initial** _____
6. Maximum occupancy is 150 people. More than 150 is a violation of fire code and this contract. **Renters Initial** _____
7. No alcoholic beverages of any kind are allowed in the Cultural Complex or on the premises unless **you have made special provisions with the City Manager and operate under an appropriate state liquor permit and city code.** If alcohol is to be consumed, the renter must make arrangements for (2) security officers with the Bloomfield Police Department at an additional cost of \$80 an hour. Proof of payment for security must be provided. **Security must be secured from the start of alcohol consumption until the event is over and the premises vacated. Consumption of alcohol is limited in-door only, not outside the facility.** **Renters Initial** _____
8. The individual who executes this application will be responsible for the activity and conduct of the organization's members and their guests. **Children must be supervised by an adult at all times, even during set-up and take-down; the City is not responsible for unattended children.** In the event of damage or destruction of any property or of any part of the premises, the applicant agrees to be financially responsible for the conduct and activities of their guests causing such damage. **Renters Initial** _____
9. The individual who executes this contract will be responsible for normal and reasonable cleaning following the usage which may include:
 - Main Room, Lobby, and Bathroom floors swept and mopped
 - Trash emptied, tables and chairs cleaned and placed back in the storage room. Tables and chairs **MUST** be wiped down.
 - Trash, bottles, etc. removed from restrooms, parking lot and all city property. **Renters Initial** _____
10. Chartered and non-profit organizations are allowed one meeting per month at no charge. **Free usage is limited to Monday through Thursday, 9:00 am until 4:30 pm.** The kitchen is not included in free usage. Kitchen fee is \$60.00. The kitchen at the Senior Citizens' Center is not to be used for any function and will be locked during functions. **(Fund raisers are not included under the free policy).** Fund raisers will be charged 10% of the gross sales plus the normal rate.
11. Smoking and candles are **NOT** permitted; it is a violation of fire code. **Renters Initial** _____
12. The exterior doors are **NEVER** to be propped open; it is in violation of the Fire Codes. **Renters Initial** _____
13. Staffing is **NOT** included in the rental of the facilities. **Renters Initial** _____
14. Telephone service is **NOT** included in the rental. **Renters Initial** _____
15. The City of Bloomfield will **NOT** be responsible for articles or property lost or stolen. **Renters Initial** _____
16. The **renter is responsible** for setup, take down and clean up; this includes setting up your own table & chairs. An event check-in/check-out sheet must be initialed by the renter prior to and after the event. **There is a 15-minute inspection that will be completed at the end of the event** to ensure all cleaning is properly done. The individual who executes this contract **MUST** be present. **Renters Initial** _____
17. The facility must be cleaned and vacated by 10:00 pm; there are no exceptions. The facility must be cleaned **NO LATER THAN 9:45PM** to ensure there is sufficient time for the 15-minute inspection. If the cleaning, inspection, and building are not completed and vacated by 10:00pm, The City of Bloomfield will deduct an automatic \$45.00 from the deposit and \$45.00 for every half hour extended beyond that time. **Renters Initial** _____

*****Should an applicant cancel the rental prior to the scheduled date, the amount of the deposit refunded by the Bloomfield Cultural Center to the applicant will be as follows:.....**

Canceling of Event

Amount of Deposit Refunded

0 to 14 days prior	0
14 to 30 days prior	50%
30 to 60 days prior	75%
Over 60 days prior	90%

I have read this contract and it's terms and conditions governing the use of the Bloomfield Cultural Complex and Special Events Rooms as herein stated and agree to abide by them.

Signed _____ Date _____ Staffs Initial _____
Applicant's Signature


RENTAL FEE (a minimum of \$125 is required to reserve the room)

Rental Fee/deposit \$ _____ Cash or Check # _____ or CC _____ Date _____ Initial _____

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Rental Fee/deposit \$ _____ Cash or Check # _____ or CC _____ Date _____ Initial _____

 **Remaining balance of rental deposit due on, or before:** _____ Initial _____

DAMAGE DEPOSIT - Required damage deposit is **\$250.00**. The deposit will be refunded within 7 days after the event, if the facility is clean and no damage has occurred. The City reserves the right to deduct repairs or cleaning fees from the damage deposit.

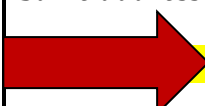
Damage deposit \$ _____ Cash or Check # _____ or CC _____ Date _____ Initial _____

Damage deposit \$ _____ Cash or Check # _____ or CC _____ Date _____ Initial _____

Damage deposit \$ _____ Cash or Check # _____ or CC _____ Date _____ Initial _____

Please let us know if you would like your refund, mailed or picked up by: _____

Same address on contract Different address _____

 **Remaining balance of damage deposit due on, or before:** _____ Initial _____

Damage Deposit Refund:

Date deposit refunded: _____ Signature of Recipient: _____ Staff: _____
Initials