

City of Drain  
 431 Payton Ave.  
 PO Box 158  
 Drain, OR 97435



**CIVIC CENTER APPLICATION  
 AND USE AGREEMENT**

(541) 836-2417  
 Fax: (541) 836-7330  
 www.cityofdrain.org

<u>FOR OFFICE USE ONLY</u>	
<b>Rental of:</b>	
Community Hall	\$ _____
Meeting Room	\$ _____
Dinnerware/Silverware	\$ _____
Key Deposit \$50	\$ _____
Cleaning Deposit \$40/120	\$ _____
Projector \$25	\$ _____

**Date of Application:** \_\_\_\_\_

**Name of Lessee / Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Describe Use and All Activities:** \_\_\_\_\_

\_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_

**Date(s) of Use:** \_\_\_\_\_

Area	Time of Use Including Set-up & Clean-Up	
	From:	To:
Community Hall	From:	To:
Meeting Room	From:	To:
Kitchen	From:	To:

**Extra Items Needed:** \_\_\_Pavilion \_\_\_Microphone \_\_\_ Sound System (key required)  
 \*\* Tables and chairs are NOT to be taken outside of the building.

**ALL RESERVATIONS WILL BE PLACED ON THE DRAIN CALENDAR LOCATED AT [cityofdrain.org](http://cityofdrain.org).  
 PLEASE INDICATE BELOW HOW YOU WOULD LIKE THIS TO BE SHOWN ON THE CALENDAR.**

(Example: You are reserving the meeting room from 8 am to 12 pm to allow for set up and clean up, but your meeting is from 10 to 11. You might want the calendar to show "NAME OF THE MEETING" 10 am to 11 am, so community members do not show up early.)

**Please read carefully: All fees are due at the time of scheduling.** If the event is canceled, 50% of the rental fee is non-refundable. Both deposits will be refunded in full if the event is cancelled. The **key(s)** to the facility **must be picked up from City Hall during regular business hours**. If the event is scheduled for a Saturday, Sunday, or an observed holiday, the key(s) needs to be picked up the business day prior to the event. Please do not use any tape on the floor or glitter anywhere in the facility as this will likely result in a loss of your cleaning deposits.

INSURANCE

If alcohol IS NOT being served:

**Insurance:** A certificate of insurance for a minimum of \$2,000,000 must be filed with the City of Drain five working days prior to an event. The certificate must show the applicant has in full force and effect a policy or policies of insurance issued by an insurer and approved by the City of Drain. The certificate or proof of insurance must list the City of Drain and the address of 205 W. "A" Ave., Drain, OR 97435 as "Additional Insured."

If alcohol IS being served:

**Insurance:** A certificate of insurance for a minimum of \$3,000,000 as well as an alcohol rider must be filed with the City of Drain five working days prior to the event. The certificate must show the applicant has in full force and effect a policy or policies of insurance issued by an insurer and approved by the City of Drain. The certificate or proof of insurance must list the City of Drain and the address of 205 W. "A" Ave., Drain, OR 97435 as "Additional Insured." **You are required to have an OLCC licensed server at your event. Alcohol must only be provided by the licensed server—all other attendees are prohibited from providing alcohol.**

Insurance for your event may be obtained through your personal insurance agent, a local agent or through the EVENT HELPER program. The City of Drain reserves the right to require a copy of the applicant's insurance policy. Please attach a copy of the policy to the application. To get a free quote from EVENT HELPER, visit: <https://www.theeventhelper.com>.

I certify that I am the authorized representative of the above sponsor(s), and that the above statements are true to the best of my knowledge, and that myself and the organization I represent, agree to be bound by the policies regarding use of the Drain Civic Center. I understand that violation of any of these policies may jeopardize further use of the facility and/or result in termination of use. I and the organization I represent agree to indemnify, defend and hold harmless the City of Drain, its agents, officials and employees from and against any and all claims, damages, losses and expenses, including attorney fees and costs arising in and from the use of the premises by the lessee or conduct of the lessees therein. I and the organization I represent understand the event liability insurance must be obtained and a certificate of insurance must be filed with the City. Without such insurance, the event may be canceled. Also, we may be held personally responsible for payment of claims resulting from property damage or bodily injury. I and the organization I represent specifically agree to make all required royalty payments and to indemnify, defend and hold harmless the City of Drain, its agents, officials and employees from and against any and all damages resulting from violation of all copyright laws. I and the organization I represent further agree to assume responsibility for any physical damage to the facility, which is incurred as a result of activity or attendance at an event sponsored by lessee.

*I and the organization I represent understand that it is our responsibility to leave the facility in good order (per checklist provided). We also understand that it is our responsibility to lock all doors before leaving the facility. **Failure to do so will forfeit deposits.***

\_\_\_\_\_  
Name of Organization (if applicable)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mail deposit refunds to:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Application Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Key Deposit Paid: \$ \_\_\_\_\_

Cleaning Deposit Paid: \$ \_\_\_\_\_

Amount Refunded: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_

Date Refund Issued: \_\_\_\_\_