

STOUGHTON PUBLIC LIBRARY

Carnegie Room For Profit Use Application 4-20-16

If you are a **for profit individual, group, or organization** then use this form

Applicant: _____

Daytime telephone: _____

Evening telephone: _____

Fax number: _____

Email address: _____

Applicant's postal mail address: _____

(Inquiries from the library or public will be directed to the applicant at the contact information supplied above.)

Name of Organization: _____

Purpose of meeting: _____

Organization's postal mail address: _____

Date and Time Requested: _____

For Profit Use Charges: The Carnegie Room may be reserved by for-profit organizations, groups, or individuals at the rate of **\$20 per hour** fee, and with an additional custodial fee of **\$25 if food is to be served**. (No fee for beverages only, but no alcoholic beverages are allowed in City buildings.)

The Library will not provide personnel to set up the meeting rooms or operate audiovisual equipment. Please include set up time and clean up time in your application.

Amount of fee due: _____ Is custodial fee for food due? _____

Full payment must be included with this application.

Request is For Use of: Carnegie Meeting Room Only Meeting Room & Kitchenette

If you plan to serve food/beverages, please describe what you will be serving:

Place a check mark in front of the equipment you are requesting to use:

Screen LCD Projector Whiteboard Lectern

- I have read and agree to follow the Stoughton Public Library Carnegie Room Policy.
- I understand that I am responsible for set up, use and care of the room and set up and operation of audiovisual equipment for the duration of the event.
- I will leave the room clean, **record the number of people using the room**, and notify staff when use of the room is complete.
- I will notify the library at least 24 hours in advance if a cancellation is necessary.
- I understand that failure to comply with the Library's policies may result in loss of future use of Library meeting rooms.
- I understand that this request becomes a reservation only after the Library has confirmed it.

Signature of Applicant: _____ **Date:** _____

Staff Use Only

Form Received & Fully Completed:	Equipment Requested:
Room Use: Approved / Not Approved	Date:
Time IN: Time OUT:	Room Condition Checked: Number of Participants: