



MAYOR MARIE GALLO

**RECREATION DEPARTMENT
MADISON BACCI, DIRECTOR**

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Recreation Department Community Rooms

ROOM RENTED: _____ DATE OF EVENT: _____ TYPE OF EVENT: _____

EVENT START TIME: _____ EVENT END TIME: _____ ATTENDANCE: _____
(Must be out of the building by 10 pm- Holiday rentals not allowed)

ENTRANCE TIME: _____ EXIT TIME: _____ *If your party has not left by the exit time indicated your deposit will be forfeited

ALCOHOL: YES NO OFF-DUTY OFFICER FEE \$ _____
(Police Officer must stay for the duration of the event \$35-50/HR)

RENTER'S NAME (Must be 21 yrs. Or older): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Room Rental Agreement

1. An appointment must be arranged by the renter with the Recreation Department from 10:00 a.m. to 3:00 p.m. Monday through Friday to discuss your event and arrangements.
2. Rental of the facility affords the renter the use of the kitchen which includes a counter area, refrigerator, sink, and microwave. Any and all damage or theft of property becomes the sole responsibility of the renter and the renter agrees to reimburse the City of Parma Heights for the repayment and/or replacement of the property.
3. The following must be supplied by the renter and removed from the premises on the day of the rental: Dinnerware, Serving Utensils, Silverware, Pitchers, Glasses, Dish Towels, Pot Holders, Table Coverings, and Decorations.

4. Restrictions include: No balloons, no confetti, or glitter decorations; No alcoholic beverages are to be served or sold on-premises. The City may, at its sole discretion, provide written permission for the serving of alcohol. No Gambling of any kind.
5. If alcohol is being served, a Parma Heights Police Officer is required to be on duty beginning thirty (30) minutes prior to the start of the event until thirty (30) minutes following the close of the event. Alcoholic beverages must be kept inside the rented space during the event.
The renter will contact, make arrangements and pay for a Police Officer to be in attendance during the time of the scheduled event. The rate is \$35-\$50/HR.

The rooms will not be held and the rental will not be confirmed until both the deposit and signed rental agreement are approved by the Recreation Department. If full payment is not made two weeks out from the date on the room rental agreement the event will be canceled.

Renters Initials _____

The renter shall pay a rental fee of \$_____, with a two (2) hour minimum charge. In addition to the rental fee, a security deposit of \$_____ is required. YOUR SECURITY DEPOSIT WILL BE FORFEITED IF A 72-HOUR NOTICE OF CANCELLATION IS NOT RECEIVED. The security deposit shall be returned or destroyed within two weeks after the rental date if the following conditions have been met:

1. The premises were vacated thirty (30) minutes after the scheduled end time of the event.
2. The Kitchen and rental rooms are left in the same condition as found by the renter.
3. Renter must make arrangements with the recreation department to pick up the deposit check within two weeks or it will be destroyed.

Proof of Residency is required for all rentals. The resident must be present for the duration of the event or the non-resident price will be charged.

Renters Initials _____

THE RENTER AGREES TO THE INDEMNIFY, HOLD HARMLESS AND DEFEND THE CITY OF PARMA HEIGHTS, ITS OFFICERS, AGENTS AND ASSIGNS FROM ANY AND ALL LIABILITY, LOSS, DAMAGE, OR EXPENSE ARISING OUT OF THE USE OF THE PREMISES BY THE RENTER.

ALL CHECKS ARE TO BE MADE PAYABLE TO THE CITY OF PARMA HEIGHTS.

(Print Renter's Full Name)

(Signature)

I am requesting to have alcohol (no sale) at my event:

Renter Name: _____ Date: _____

Safety Director: _____ Date: _____

Officer Assigned: _____

Comments: _____

TO BE COMPLETED BY THE CITY OF PARMA HEIGHTS

Full Payment Due Date: _____

Security Deposit Amount Due: \$ _____ Date Paid: _____ Check No.: _____

Rental Fee Amount Due: \$ _____ Date Paid: _____ Receipt No.: _____

Circle: Check / Card / Cash

Police Officer Amount Due: \$ _____ *Paid directly to officer

OK to Return Deposit: _____ If NO, Reason Why: _____

Employee working: _____