

# LIBRARY MEETING SPACE APPLICATION FOR USE

This form may be printed out / filled in / and mailed or emailed to the Library  
(P.O. Box 391, Kennebunkport, ME 04046 or ml@graves.lib.me.us)

Name of Organization: \_\_\_\_\_

Name of Person Making Reservation/Responsible: \_\_\_\_\_

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

Working Phone Number: ( \_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Group (Please Check One):

\_\_\_\_ Non-Profit \_\_\_\_ Civic \_\_\_\_ Business \_\_\_\_ Govt. \_\_\_\_ School \_\_\_\_ Personal

Type of Function: \_\_\_\_\_

Date Needed: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ o'clock  
(Including setting up and breaking down)

Number of People Expected: \_\_\_\_\_ (Cannot exceed 100)

Equipment Needed: \_\_\_\_\_

(Kitchen, Easels, Chairs, Tables, Apple TV, Cables)

***I have read the Community Rooms Usage – Policy, Procedures and Fees and hereby assume responsibility for compliance with the policy's rules.***

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



## LIBRARY REPRESENTATIVE CHECKLIST

	Amount	Date	Received
Quote Given to Above Renter	\$ _____	_____	_____
Security Deposit	\$ _____	_____	_____
Certificate of Insurance	\$ _____	_____	_____
Vendor/Caterer Liquor and Bartender's License		_____	_____
Vendor/Caterer Certificate of Liability		_____	_____
Rental Fee	\$ _____	_____	_____
Cleaning Fee	\$ _____	_____	_____
Oversight Fee (Staff)	\$ _____	_____	_____
Donation (Civic and NProf)	\$ _____	_____	_____
<b>Total Fees:</b>	<b>\$ _____</b>	_____	_____