

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) | \$ _____ | _____ | _____ |
| Total Fees: | \$ _____ | _____ | _____ |