

**CITY OF AKELEY MEETING HALL FACILITY**

**FEE SCHEDULE/DEPOSIT**

<u>Rental of Hall w/o Kitchen</u> \$25.00 (Deposit of 50.00)	<u>Non Profit Organizations</u> \$10.00 (no Kitchen) No deposit required	<u>Rental of Hall w/ Kitchen</u> \$60.00 (Deposit of 75.00)
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**Two (2) separate checks must be written to the City of Akeley; one check for the building rental per the fee schedule, one for the required deposit, which will be held by the City and returned uncashed upon satisfactory inspection of the premises.**

**The deposit covers any physical, structural, or other related damages to the facility itself. It does not cover theft of equipment (i.e. tables, chairs, kitchen inventory, memorabilia, etc.). The City of Akeley retains the right to file a claim beyond the deposit in order to recover or replace these items.**

**All rental fees and deposits must be paid during regular business hours, or by mail, to the City of Akeley, PO Box 67, Akeley, MN 56433. Payment must be made prior to the event.**

**All paid members of the Akeley Senior Center may use the Akeley Meeting Hall Facility at no charge based on availability.**

**Name of person or organization** \_\_\_\_\_

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

**Contact Person** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date(s) of use** \_\_\_\_\_

**Purpose of Rental** \_\_\_\_\_

**Rental Fee** \_\_\_\_\_ **Date Rc'd** \_\_\_\_\_ **Ch**  
**#** \_\_\_\_\_

**Deposit Fee** \_\_\_\_\_ **Date Rc'd** \_\_\_\_\_ **Ch#** \_\_\_\_\_

**Date Key Received** \_\_\_\_\_ **Date Key**  
**Returned** \_\_\_\_\_

**I hereby agree to the conditions for rental and signify that all information supplied by me is true and correct.**

**I assume all liability for the conduct of my guests and for damages incurred while hall is**

**rented in my name.**

**Signature of Renter** \_\_\_\_\_

**Date** \_\_\_\_\_