

STORY CITY COMMUNITY CENTER

dba Story City Senior Citizens, Inc. (SCSC, Inc.)

This Rental Agreement made and entered into on _____, 20____, between Story City Community Center as Lessor and _____ as Lessee who agrees to rent the property at 503 Elm Avenue, Story City, Iowa for the following Date: _____ Time: _____ Type of Event: _____ Phone: _____ Email: _____

FEES: Two (2) separate checks are to be submitted for the rental fee and the cleaning. The rental fee will be immediately deposited upon receipt. Once the premises have been inspected and been found to be in good condition, as outlined, and the key has been returned, the cleaning deposit will be shredded (or returned if requested). *Note: If the post-event cleaning is not completed (list located on refrigerator in kitchen), all or a portion of the deposit will be retained for cleaning. Lessee will also be held financially liable for any repairs due to any damage, or other expenses in excess of the agreement.*

Lessee may cancel their reservation 30 days or more in advance and receive their rental fee in full. The rental fee will be forfeited if canceled less than 30 days in advance without reasonable cause.

If the Lessee requests to set up the preceding day of the event, the Lessee can reserve the premises for an additional fee of \$50, provided it is available.

The Lessee understands that an all-day rental is until 12:00 midnight of that day. The Lessee will personally ensure that all individuals have vacated the premises by the time allotted by the agreement and that the premises are securely locked.

Rent: \$ _____ *in advance* to secure date. **Deposit:** \$ _____ upon receipt of the key.

KEY: The Lessee may pick up the key to the premises no more than two (2) days prior to the rental date, unless otherwise arranged. The key is to be returned one (1) day after the rental use, either during office hours or via drop slot, unless otherwise arranged. **BUILDING KEYS ARE THE PROPERTY OF THE STORY CITY COMMUNITY CENTER, AND AS SUCH, SHALL NOT BE DUPLICATED.**

CONTACT & HOURS: Central Iowa RSVP is the contact agency for the Community Center. Phone number is (515) 733-4917. Office hours are 8:30 am - 4:30 pm Monday through Friday. Central Iowa RSVP is closed holidays or as posted.

CLEANING:

1. Remove all foodstuff and trash from the kitchen area. Haul garbage to the outside dumpster.
2. Clean the kitchen and wipe off counters and cupboards. Unplug the coffee maker.
3. Wipe the tables and chairs and return them to their original locations. Sweep and mop the floors.
4. *Broom, dustpan, mop bucket, wet mop, and cleaning supplies will be available.*
5. *The deadline for clean-up is no later than 7:00 am following the leased day.*

RULES:

1. **The use of adhesives, nails, and thumb tacks, or staples for hanging decorations or other items on any surface of the building is prohibited.**
2. Do not mark on or decorate the windows. Do not sit or stand on any windowsills.
3. STATE LAW: No smoking allowed in or around the perimeter of the building.
4. Kitchen utensils and other items belonging to the premises are not to be removed from the building, except for dishcloths and cloth towels, which are to be laundered and returned.
5. Lessee is responsible for moving tables and chairs. The tables and chairs are to be returned to the area where they were found. DO NOT lean tables or chairs against the walls of the main room.
6. Tables and chairs are not to be taken outside of the building.
7. Lessee agrees to be personally responsible for adjusting the heat/cooling to pre-rental setting, turning off all lights, and securely locking the doors.
8. Residents, organizations, and businesses within the corporate limits of Story City may have liquor on the premises, provided the waiver below is signed releasing Lessor from all liability.

I hereby sign below that I have read, understood, and received a copy of the Rental Agreement with the rules and regulations that I, as Lessee, agree to follow.

Lessee

Lessor Representative

Date

Date

WAIVER

The undersigned Lessee hereby agrees to indemnify Story City Senior Citizens, Inc. and the City of Story City, Iowa, defend them, and save them harmless from and against any and all liabilities, losses, damages, judgments, costs, charges, counsel fees, and other expenses for any damage, accident, or injury of any kind or nature whatsoever arising out of the operation or existence of the Lease, whether caused by or suffered by the undersigned as Lessee or caused or suffered by any other person or persons.

Lessee

Lessor Representative

Date

Date

For Office Use Only:

<p style="text-align: center;">RENT</p> <p>Date Paid: _____ Check # _____</p> <p>Issued By: _____</p> <p>Received By: _____</p>	<p style="text-align: center;">DEPOSIT</p> <p>Date Paid: _____ Check # _____</p> <p>Issued By: _____</p> <p>Received By: _____</p>
<p style="text-align: center;">KEY</p> <p>Key #: _____ Date Given: _____</p> <p>Given to: _____</p> <p>Returned: _____ via: <input type="checkbox"/> letter slot <input type="checkbox"/> walk-in</p>	<p style="text-align: center;">CLEANING</p> <p>Inspected: _____ Satisfactory <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Shredded: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____</p> <p>Inspected By: _____</p>