

City of Independence

Independence Civic Center • 555 So. Main St., Independence, OR 97351 • Ph (503) 837-0783 • indepevents@gmail.com

EVENT CENTER USE APPLICATION

Organization Name (Organizer Name) _____

Type of Event _____

Date(s) of Event _____ Estimated Group Size _____

Initial Access Time _____ A.M. P.M. Final Exit Time _____ A.M. P.M.
(First entrance to the building to set up.) (The time final cleanup and exit occurs.)

Event Start Time _____ A.M. P.M. Event End Time _____ A.M. P.M.

Responsible Person _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

Food Service: Yes / No Caterer _____

Will you use the Catering Kitchen? Yes / No (See Section A5 for deposit fee)

Alcohol Service: Yes / No (If yes, see Section C3) Alcohol Caterer _____

If Yes to Alcohol Service you **must list security information** below.

Will you have Security Officers? (See Section C2) Yes / No Company Name: _____

Are you charging attendees a fee, admission, or reimbursement charge of any kind? Yes / No

Table and chair needs: 60" Rounds _____ 6' Banquets _____ 6' Training _____ Chairs _____

(Provide layout on attached template)

Comments _____

How did you learn about the Independence Event Center? _____

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I have read, understand and signed the attached Event Center Use Agreement document. I agree to indemnify and hold the City of Independence harmless from any and all liability for injury to persons or property as a result of the use of the Event Center pursuant to the terms of the attached Agreement. I will make restitution for any damage incurred during room use. I am of legal age and have the authority to sign this Application and the attached Agreement on behalf of the organization, if any, intending to use the facility. I understand the City of Independence as a public entity is subject to Oregon Public Records Law and this Application and attached Agreement is a public record and subject to disclosure upon request. Facility Use Fee deposit and all other deposits are due at the time of application.

Signature of Responsible Person _____ Date _____

****PLEASE NOTE** THE RESERVATION IS NOT SECURED UNTIL ALL REQUIREMENTS, INCLUDING PAYMENT, HAVE BEEN MET, AND THE APPLICATION AND AGREEMENT HAVE BEEN APPROVED BY THE CITY MANAGER OR HIS DESIGNEE. Please make checks payable to: City of Independence**