

VILLAGE OF HAWTHORN WOODS FACILITIES RENTAL APPLICATION



2 Lagoon Drive, Hawthorn Woods, IL 60047
Phone: (847) 847-3505

APPLICANT INFORMATION

The applicant is responsible for the rental space and any charges and/or fees associated with the rental.

Applicant Name:		Date of Application:
Organization (if applicable):		
Applicant Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email address:		

FACILITY/AREA TO BE RENTED

<u>Indoor Rental Areas:</u> <input type="checkbox"/> The Barn at Village Hall <input type="checkbox"/> The Community Room at Aquatic Center	<u>Outdoor Rental Areas:</u> <input type="checkbox"/> Community Park Gazebo <input type="checkbox"/> Heritage Oaks Park Gazebo <input type="checkbox"/> Heritage Oaks Park Baseball Pavilion <input type="checkbox"/> Heritage Oaks Park Soccer Pavilion
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RENTAL INFORMATION

Note: Beginning and ending time must include time for setup and takedown.

Date of Function:	Type of Function:
Beginning Rental Time:	Ending Rental Time:
Anticipated Attendance:	Average Age of Attendees:
Music at your function: <i>(The Village of Hawthorn Woods does not provide any sound equipment with rentals)</i>	<input type="checkbox"/> NONE <input type="checkbox"/> DJ <input type="checkbox"/> LIVE <input type="checkbox"/> RECORDED
Number of Tables & Chairs Requested:	
Will liquor be served or sold at your function?	<input type="checkbox"/> NO <input type="checkbox"/> YES – SERVED <i>(see page 2)</i> <input type="checkbox"/> YES – SOLD <i>(see page 2)</i>
Will an entrance or admission fee be charged for persons attending your rental?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will any items or services be sold during your rental?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will fundraising be conducted during your rental?	<input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE USE ONLY

Rcvd. By: _____
 Deposit Paid
 Fee Paid
 Permit Entered (# _____)
 Approval: _____

Payment Information

Fees:

<input type="checkbox"/> Deposit: \$ _____	<input type="checkbox"/> Other Fee: \$ _____
<input type="checkbox"/> Rental Fees: \$ _____	<input type="checkbox"/> Other Fee: \$ _____
<input type="checkbox"/> Supervisor Fee: \$ _____	<input type="checkbox"/> Other Fee: \$ _____

Total Payment: \$ _____

Form of Payment:

Cash

Check (# _____)

Visa

MasterCard

Discover

AmEx

Credit Card Information:

Account: _____

Exp. Date: _____

Security Code: _____

Cardholder Name: _____

Signature: _____

LIQUOR

If you will be SERVING alcoholic beverages at your function:

Certificate of Insurance naming Village as additional insured must be provided

If you will be SELLING alcoholic beverages at your function:

Proof of Dram Shop Insurance must be provided

Liquor License must be purchased from the Village

Certificate of Insurance naming Village as additional insured must be provided

HANDICAP ACCESSIBILITY

Will you or your guests need access to the handicap accessible lift to enter the barn area?

YES
 NO

Are there other reasonable accessibility accommodation requests?

YES – Please list below
 NO

APPLICANT STATEMENT OF UNDERSTANDING

I, the applicant, understand that this application is a request and does not guarantee permission for use of municipal property until approved by the Village of Hawthorn Woods. I agree to pay all fees associated with the rental of facilities requested in this application and for any damages associated with the use of space requested in this rental. I also understand that incomplete, incorrect or false information on this application will be cause for denial of use. I agree to respect municipal property at all times.

Applicant Signature

Date

VILLAGE OF HAWTHORN WOODS POLICIES, RULES AND REGULATIONS AGREEMENT

I HAVE READ AND UNDERSTAND THE POLICIES, RULES, REGULATIONS AND FEES SET FORTH BY THE VILLAGE OF HAWTHORN WOODS FOR FACILITY RENTAL USE. THE UNDERSIGNED GUARANTEES REPAIR OR REPLACEMENT OF ANY VILLAGE PROPERTY DAMAGED BY ANY PERSON PARTICIPATING IN AND/OR ATTENDING THE FUNCTION. FURTHERMORE, THE UNDERSIGNED AGREES THAT ANY FEES ASSOCIATED WITH OVERAGES OF RENTAL TIME WILL BE DEDUCTED FROM THE SECURITY DEPOSIT.

Date: _____

Applicant Printed Name: _____

Applicant Signature: _____



VILLAGE OF HAWTHORN WOODS LETTER OF INDEMNIFICATION

This Letter of Indemnification gives permission for _____
(Printed Name of Applicant)

to use the municipal facilities of the Village of Hawthorn Woods, either outside areas or inside Village buildings. One of the conditions of the use of these properties is that the applicant shall furnish liability insurance and shall also indemnify and hold harmless The Village of Hawthorn Woods from any claim by any person for an occurrence at a function of _____
(Type of Function)

conducted on Village property located at _____,
(Rental Location Address)

Hawthorn Woods, Illinois 60047 on _____.
(Date of Function)

In consideration of the permission to use the Village property as stated above, the above-named applicant agrees to indemnify the said Village and hold harmless from any and all claims and costs that may arise for injury, death, loss, or damage as a result of said applicant's use of property on above date.

Applicant or its organization will indemnify and hold the Village harmless of and from all and any loss, cost, damage, or expense, including its reasonable attorney's fees, in any action arising out of or in the course of the, use of said facility.

The Village of Hawthorn Woods may, in its sole discretion, terminate this agreement at any time and for any reason whatsoever.

Applicant Printed Name

Applicant Signature

Date

