

Kingsville Public Library

Library Space Use Agreement

The attached form is to be completely filled out and signed by the person assuming responsibility for the group requesting use of the meeting room before a key will be issued. The Check-out Procedure Form is to be completed by the same person when the key is returned to the library. (The term "meeting room" in this policy refers to any room or space under the jurisdiction of the library.)

Library Space Policy (as prescribed by Library Board)

1. One person from the group will assume responsibility for filling out this form, obtaining the key from staff during library open hours (Monday-Thursday 9am-7pm, Friday 9am-6pm & Saturday 9am-4pm), and taking responsibility for the use of the meeting room, its furnishings and contents, and for securing the room and returning the key and comment form at the conclusion of the meeting. **All fees and deposits must be paid at the time of reservation.**
2. Any form of gambling or any illegal activity is strictly prohibited.
3. Children under 18 years of age must be accompanied by adult and supervised at all times. Hallways, restrooms, kitchen areas, and storage areas may not be used as play areas by children.
4. Library materials, furnishing and the library building shall not be damaged in any way. Any costs for damages shall be incurred by the person of responsibility.
5. Equipment and items stored in storage areas shall not be used or damaged in any way. Kingsville Public Library staff members reserve the right to visit the Welcome Center at any time, including during the rental period.
6. Items on the check-out procedure form must be completed and form signed when returning the key. Unclean facilities shall result in a loss of the refundable deposit. **Initials _____ Date _____**
7. Trash shall be placed in the proper waste containers and all furniture shall be left in the original places. **All trash generated by the group shall be removed from library property.** Trash left by groups shall result in a loss of the refundable deposit. **Initials _____ Date _____**
8. **Smoking is not permitted in the building at any time or on porches, walkways, or any grounds owned by the library.** A receptacle for cigarette butts is located in front of the building.
9. The use of any form of alcohol or drugs is strictly prohibited on library property.
10. The outside doors to the Simak Welcome Center must remain closed except during unloading and loading materials.
11. There shall be a low noise level and consideration for library patrons, employees, and library neighbors at all times.
12. **A \$25 refundable deposit and usage fee shall be collected at the time of reservation.** This deposit shall be refunded by mail within 30 days after an inspection of the room and grounds by the Director or designee affirms that the building use policies have not been violated. The refund shall be voided if the library incurs any costs due to violations of the Use Agreement. Loss of refund shall not absolve the responsible party for any damages or costs exceeding the amount of the deposit. **Initials _____ Date _____**
13. A minimum cancellation notice of 72 hours is required to receive a full refund of the usage fee and d Cont. on back → deposit will be retained with less than 72 hours notice of cancellation.

14. Fees shall be as follows:

Library Patrons:

Use of the Simak Welcome Center	Less than four hours: \$50 Greater than four hours: \$100
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1 hour before & after reservation time is allotted for set-up and cleanup

Use of Simak Welcome Center kitchen facility	\$25
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Use of Simak Welcome Center roaster, coffee urn	\$10 per item
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Use of Library Meeting room	no charge
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Non Patrons:

Use of the Simak Welcome Center	Less than four hours: \$75 Greater than four hours: \$125
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1 hour before & after reservation time is allotted for set-up and cleanup

Use of Simak Welcome Center kitchen facility	\$25
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Use of Simak Welcome Center roaster, coffee urn	\$10 per item
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Use of Library Meeting room	no charge
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Checks are cashed at the time of the reservation.

Fees may be reduced or waived at the discretion of the Library Board of Directors. An example of a waiver might include the use of a meeting room by a charitable or non-profit organization. In such cases, the organization is encouraged to make a financial donation to assist in the building expenses.

14. All groups using meeting rooms shall abide by all local, state and federal laws. No group shall have a meeting which exceeds the capacity of the building as specified by local fire code. No group shall move furniture or otherwise make arrangements which result in blocking of fire exits, or which would endanger any person utilizing the building. Groups utilizing the library facilities shall not park vehicles on grass areas in the area, disturb neighboring property, block driveways, or otherwise restrict the normal flow of traffic.

15. Reservations will be accepted one year in advance from the date of the event on a first come first serve basis.

I have read and fully understand the Library Space Use Agreement. I am aware that I am responsible for ensuring that all group attendees abide by the policies set forth in this agreement by the Kingsville Public Library.

Signature

Date

_____ Month/Day/Year	_____ Day of Week
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Simak Welcome Center Reservation Form

(to be filled out by the responsible party prior to use)

Responsible Party _____

Name of Organization (if applicable) _____

Is your organization a recognized non-profit organization? Yes or No (circle)

Date of meeting _____ Day of Week _____ Times: From _____ am/pm to _____ am/pm

Purpose of meeting _____

Additional Requests (kitchen facility and appliances):

Usage Fee _____ \$ _____ Use of Roaster: _____ \$ _____

Usage of Kitchen _____ \$ _____ Use of Coffee Urn 30 cup or 60cup : _____ \$ _____

Total Usage Fee Amount _____

*I have read the Simak Welcome Center Use Agreement and shall inform the individual group members of these rules. I am aware that I am responsible for ensuring that all group attendees abide by the policies that I have reviewed. I have been instructed in the method of unlocking and locking doors. I will inspect the facility after the event is concluded to ensure that all items on the check list provided are completed **including removal of all trash from library property**. I will ensure that the facility is locked and the check-out list and key is returned according to the directives provided. I understand all checks are cashed at the time of the reservation.*

Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Today's Date _____

FOR STAFF USE ONLY

Usage Fee \$ _____ plus \$25.00 (refundable) Deposit = Total Amount Collected: _____		
Date Collected _____	<input type="checkbox"/> Check # _____	Amount _____
Staff Initials _____	<input type="checkbox"/> Cash	Amount _____

Deposit Refund Date _____	Refund Amount _____	Staff Initials _____
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Kingsville Public Library
Simak Welcome Center Check-Out Procedure Form

This check-out list shall be turned in with the key at the conclusion of your event. Be sure to check and mark each item applicable to ensure that all items have been completed prior to returning the key. Check-out procedure must be filled out completely and the key returned before deposit will be refunded.

***Cleaning supplies on staircase on landing by front doors.**

_____ all trash (inside/outside of building) is bagged and removed from the Simak Welcome Center & Library property

_____ all rooms are clean and floors swept of debris

_____ all furniture is placed in the same location as prior to the event

_____ tables and chairs wiped down

_____ all tape removed from walls, woodwork and tables

_____ all thermostats set to the lowest position/or air conditioner turned off using the remote control

_____ restrooms are clean, women's restroom heater turned off

_____ toilets have been flushed clean, no water is running (please double check toilets!)

_____ all lights are shut off

Applicable for Kitchen Usage:

_____ refrigerator is wiped clean

_____ stove and oven are off

_____ all water faucets are off, sink is clean of food debris

_____ kitchen area is wiped clean of any food debris and floors swept

_____ all electrical appliances are cleaned, unplugged and/or turned off

****REQUIRED****

_____ Signature	_____ Date	_____ Time of Departure	_____ Phone Number
_____ # OF ADULTS	/ _____ # OF CHILDREN ATTENDING EVENT	_____ Name of Organization (if applicable)	

Comments (any problems/damage to be reported):

Please return this checklist with the key to the library