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. The group shall furnish their own refreshments and containers unless prior arrangements have been made. Cooking is not permitted except in designated areas.
- 6. Items on 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.
- 7. Trash shall be placed in the proper waste containers and all furniture shall be left in the original places. <u>All trash</u> generated by the group shall be removed from library property unless prior arrangements have been made. Trash left by groups shall result in a loss of the refundable deposit.
- 8. <u>Smoking is not permitted in the building at any time or on porches, walkways, or any grounds owned by the library.</u> 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. There shall be a low noise level and consideration for library patrons, employees, and library neighbors at all times.
- 11. 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.
- 12. A minimum cancellation notice of 72 hours is required to receive a full refund of the usage fee and deposit. The \$25 deposit will be retained with less than 72 hours notice of cancellation.

Cont. on back \rightarrow

13. Fees shall be as follows:

Library Patrons:

Use of the Simak Welcome Center Less than four hours: \$50

Greater than four hours: \$100

1 hour before & after reservation time is allotted for set-up and cleanup

Use of Simak Welcome Center kitchen facility \$25

Use of Simak Welcome Center roaster, coffee urn \$10 per item

Use of Library Meeting room no charge

Non Patrons:

Use of the Simak Welcome Center Less than four hours: \$75

Greater than four hours: \$125

1 hour before & after reservation time is allotted for set-up and cleanup

Use of Simak Welcome Center kitchen facility \$25

Use of Simak Welcome Center roaster, coffee urn \$10 per item

Use of Library Meeting room no charge

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.

Updated 4/18/17

| Month/Day/Year | Day of Week | |
|----------------|-------------|--|

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 rec | cognized non-profit organiza | ation? Yes or No | o (circle) | | |
| Date of meeting | Day of Week | Ti | mes: From | am/pm to | am/pm |
| Purpose of meeting | | | | | |
| Additional Requests (kitc | then facility and appliances): | : | | | |
| Usage Fee | \$ | Use of Roaster: | | \$ | - |
| Usage of Kitchen | \$ | Use of Coffee Ur | rn 30 cup or 60d | cup: \$ | - |
| | Total Usage Fee ! | Amount | | | |
| out list and key is returned of SignaturePrinted Name | luding removal of all trash from | vided. I understand all d | checks are cashed | d at the time of the res | servation. |
| | | | | Zip | |
| | | | | | |
| Email | | | | | |
| | FO | R STAFF USE ONLY | | | |
| Usage Fee \$ | plus \$25.00 (refundabl | e) Deposit = | Total Amount (| Collected: | _ |
| Date Collected | Check # _ | | Amount | t | |
| Staff Initials | Cash | | Amoun | t | |
| Deposit Refund Date | F | Refund Amount | | Staff Initials | |

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.

| leaning supplies on stairca | se on landing by front doors. | | | | | | | | | | | | | |
|--|--|--------------------------------------|-----------------------|--|--|--|--|---|--|--|--|--|--|--|
| all trash (inside/outsid | e of building) is bagged and removed | from the Simak Welcome Ce | nter & Library proper | | | | | | | | | | | |
| all rooms are clean an | d floors swept of debris | | | | | | | | | | | | | |
| all furniture is placed | n the same location as prior to the e | vent | | | | | | | | | | | | |
| tables and chairs wipe | d down | | | | | | | | | | | | | |
| all tape removed from walls, woodwork and tablesall thermostats set to the lowest position/or air conditioner turned off using the remote controlrestrooms 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 | | | | | | |
| plicable for Kitchen Usage: | | | | | | | | | | | | | | |
| refrigerator is wiped o | lean | | | | | | | | | | | | | |
| stove and oven are of | F | | | | | | | | | | | | | |
| all water faucets are o | ff, sink is clean of food debris | | | | | | | | | | | | | |
| kitchen area is wiped | clean of any food debris and floors sv | wept | | | | | | | | | | | | |
| all electrical appliance | s are cleaned, unplugged and/or turi | ned off | | | | | | | | | | | | |
| REQUIRED** | | | | | | | | | | | | | | |
| nature | Date | Time of Departure | Phone Number | | | | | | | | | | | |
| # OF CHILDREN ATTENDING EVENT | | Name of Organization (if applicable) | | | | | | | | | | | | |
| mments (any problems/da | mage to be reported): | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |