



Town of Melbourne Beach

APPLICATION FOR FACILITY RENTAL

Town of Melbourne Beach
507 Ocean Ave. Melbourne Beach, FL 32951
Phone: (321) 724-5860

Email: Office@melbournebeachfl.org

Complete this form and return to Town Hall via email or walk-in.

Incomplete or illegible applications will not be considered for approval.

Application Date: _____ Type Event: _____

Event Date: _____ Event Time: _____ to _____ *(Event time includes set up & clean up)*

Facility (check one): _____ Community Center _____ Pavilion Number attending? _____
Catering? _____

Applicant Name: _____ Phone # _____

Email _____

Address: _____ City: _____

State: _____ Zip: _____

Facility Rental Rates

COMMUNITY CENTER		RATES
Monday-Friday	Resident	\$65/hr. plus 7% sales tax
	Non-Resident	\$100/hr. plus 7% sales tax
Saturday, Sunday, Holidays		
	Resident	\$390.00 up to 6 hours plus 7% sales tax
	Non-Resident	\$600.00 up to 6 hours plus 7% sales tax

RYCKMAN PARK PAVILION	RATES
Resident	\$30/hr. plus 7% sales tax
Non-Resident	\$45/hr. plus 7% sales tax

Cancellation Refund Policy

31+ days prior = 100% refund
16-30 days prior = 75% refund
8-15 days prior = 50% refund

TERMS OF RENTAL AGREEMENT.

Please read and initial all applicable fields indicating agreement.

_____ **Damage/Clean up Deposit** is due at the time of reservation to secure the date. **Community Center is a \$350.00 deposit. Ryckman Park Pavilion is a \$250.00 deposit.**

_____ **\$100.00 Key Deposit** is required for Community Center and Pavilion rentals if the restrooms are needed after 6pm.

_____ **Liability Insurance must be purchased if 50+ persons are involved and/or alcohol will be served.**
We require a \$1,000,000.00 PUBLIC LIABILITY COVERAGE. **The Town of Melbourne Beach must be listed as additional insured.**

_____ **Proof of coverage is due no later than 30 days prior to the event.**

_____ **Events are not allowed to utilize the property to generate private gain.**

_____ I must supply my own cleaning supplies. Garbage will be disposed of at the dumpster behind the municipal complex.

_____ I accept responsibility for cleaning of the facility directly after the event.

_____ Any additional cleaning by Town Staff or any damages will to facility rental will result in the forfeiture of my entire deposit. Any damage that is considered not to be covered by deposit will be charged to the applicant.

_____ **No smoking** is allowed inside any of The Town of Melbourne Beach's facilities.

_____ **No vehicles** are allowed to drive in the park grounds.

_____ **Key(s) to facility** must be obtained at Town Hall the day before event and returned at the earliest business day after event.

_____ I understand The Town of Melbourne Beach absolutely discourages uses of single serving plastics and/or Styrofoam. **We respect our beaches and lagoon. We expect the same from you.**

_____ Tacks, nails, staples, and candles are not permitted in **The Community Center**.

_____ No amplified music/sound is allowed in **The Community Center** after 9pm.

_____ No tents, jumping equipment, water slides, agility courses, animals, vehicles, or amplified music/sound are allowed in **the park or pavilion area**.

_____ **If alcohol will be present, I understand that I must apply for a Town of Melbourne Beach Alcoholic Beverage Permit.**

_____ **I UNDERSTAND THAT ALL TOWN OF MELBOURNE BEACH FACILITIES ARE PAY TO PARK FOR \$2.50/HR. NO EXCEPTIONS. PAY STATIONS ARE LOCATED NEARBY PARKING SPOTS OR VIA THE "PARKSMARTER" APP ON YOUR SMARTPHONE. FAILURE TO PAY FOR PARKING WILL RESULT IN A \$50.00 CITATION.**

Applicant signature and agreement to terms

Date of signature

FOR TOWN USE ONLY

APPROVAL OR DENIAL

COMMENTS

Date

Town Manager

Date

Chief of Police

Date

Fire Chief

FACILITY RENTAL WORKSHEET	COMMUNITY CENTER	PAVILION
# OF HOURS		
# OF HOURS X RENTAL RATE		
7% TAX		
DAMAGE DEPOSIT (refundable)	\$350.00	\$250.00
KEY DEPOSIT (refundable)	\$100.00	\$100.00*
ALCOHOL DEPOSIT (refundable)	\$200.00	\$200.00
TOTAL OWED		

*Restroom key. If necessary.

TOTAL OWED _____

AMOUNT PAID _____

BALANCED PAID _____

DUE DATE _____

Town Representative

Date