



Indian Trail Improvement District Hamlin House Community Center Permit Application

(561) 793-0874, 13476 61ST Street North, West Palm Beach, Florida 33412

Office Only:

Date Received: _____ Initials: _____

Approved: Yes No By: _____ Date: _____

Application/Permit - Have this permit available for inspection during your event. Failure to disclose any information related to your event may result in cancellation of the permit.

User Information:

Organization:		
Responsible Person Attending Event (must be over 18) :		
Phone (H):	Phone (W):	Phone (C):
Address:		
City:	State:	Zip:
Email:		
Additional Responsible Person:		
Phone (H):	Phone (W):	Phone (C):
Address:		
City:	State:	Zip:
Email:		

Function Information:

Date(s):	Day:	Setup time:	Number of Tables / Chairs Needed:
		Event time:	<input type="checkbox"/> Tables
		Clean Up by:	<input type="checkbox"/> Chairs
Event Purpose:			Layout Setup (additional fee)
Number of Attendees :			

Please Read and Initial Agreement to the Following Conditions:

	I understand that Consumption or sale of alcoholic beverages is prohibited unless such criteria as outlined in Section IV, (Permits and Insurance) of the Parks Policy is met.
	I understand that the use of candles or open flames are not permitted in any area of the facility.
	I understand that I cannot nail, staple, tape, glue or otherwise attach or alter any item to any portion of the building without prior written authorization by the Executive Director or his/her designee.
	I understand that I am responsible for the cleaning of the premises including trash disposal at the end of my event, including disposal of confetti, glitter and piñata residue. A broom is available at the facility for clean up purposes. Decorations placed on the designated cork board areas are to be removed at the end of the event.
	I understand that pets, animals, or livestock of any kind are not allowed in the building except for seeing-eye dogs or other animals in accordance to ADA
	I understand that use of the kitchenette is included in the rental, but excludes the use of District supplies, including but not limited to coffee, cups, plates, forks, spoons, napkins, or items placed in the refrigerator, etc.
	I understand that storage cabinets or closets within the building are for District use only.
	I understand that I must give 7 days' notice of cancellation to receive a refund of the rental fee.
	I understand that children must be supervised by a responsible adult the entire time that they are in the building or on premises.
	I understand that the Hamlin House is a non-smoking facility. Those persons wishing to smoke must do so outside the premises.
	I have read, understand, and agree to abide by the cancellation and deposit policy below.

I, the undersigned, in consideration of accepting this permit, agree to indemnify, defend & save harmless the Indian Trail Improvement District, its staff, Board of Supervisors from any & all injuries (including death), property damage & other claims, liabilities, losses & causes of action arising out of any negligent act or omission by me of any person associated with my group during the permitted period & use of district facilities. By my signature, my group & I will comply with all district rules & regulations in addition to those listed on this permit, local/state/federal laws & ordinances in regard to this permit. I understand that I, as applicant, am responsible for the actions of those associated with my group & non-compliance in any way may result in loss of security deposit, additional fines & subsequent permits.

Signature of Applicant: _____ **Date:** _____



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Cancellation:

- Fees other than deposits will not be returned if the permit holder cancels less than 7 days prior to the event. The permit holder will be given the opportunity to re-schedule to an available date within the next 90 days.
- Events canceled by the District will receive a complete refund.
- The District reserves the right to cancel any permit for safety, maintenance or weather-related reasons.
- The District reserves the right to cancel any permit for failure to meet permit process guidelines, failure to disclose information, and/or for events that will have a negative impact on the District.

Permit Deposits:

- Application submittal deadline is five (5) business days prior to event. The Security Deposit is due at time of Application submittal.
- Security Deposit will be held for the duration of the agreement.
- Failure to comply with all of the exit requirements (including cleaning and trash disposal) will result in a loss of the deposit. Work performed by District staff or District contractors to the park as a result of the group's use will be billed at prevailing costs. Should costs exceed the deposit amount; a bill will be presented to the permit holder for payment.
- Deposits will be accepted in the form of a check or money order only. No cash payments are accepted.
- If a full deposit refund is due to the permit holder, the deposit check will be returned by the Accounting office. If a partial deposit refund is due to the permit holder, a check will be issued after the deposit check has been deposited.
- 4-6 weeks must be allowed for the process of issuing District checks.
In accordance with the American Disabilities Act, this document may be reprinted in alternate formats.

Contact ITID Admin Office @ 561-793-0874 or ITID Hamlin House Community Center @ 561-469-7868 for assistance.

Fee Schedule:

Groups of less than 30 people:

**Rental Fee: Resident -\$30.00/hr- 2 hour minimum
Non Resident- \$40.00/hr – 2 hour minimum
Security Deposit: \$200**

Groups of more than 30 people:

**Rental Fee: Resident - \$60.00 /hr – 2 hr minimum w/possible Staff fee's to be set by ITID
Non Resident - \$80/hr – 2 hr minimum w/possible Staff fee's to be set by ITID
Security Deposit: \$ 350.00**

Separate Checks must be written for fees, deposits and each permit. Fees are due when reservation is made.

Do not write below this line - office only

Event Duration:	_____ hrs (2 hrs minimum)	Rate per hour	
Number of Attendees		Additional fees	
Total Rental Fee Paid:		Check:	
Total Deposit Paid:		Check	
Accepted By:		Date:	
Deposit Returned By:		Date:	

COPY PAYMENT HERE:



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