

RIVERVIEW RENTAL/LEASE CONTRACT

Date: _____

Organization: (if applicable) _____

Name of Lessee: _____

Telephone Number(s): _____ Email: _____

Street Address: _____ City/State/Zip: _____

Start Time: _____ Finish Time: _____

Date of Event: _____ # Of People: _____

Event Type:

Signature of Lessee (person booking event)

Date

(For recreation staff only)

Recreation Staff (Who Booked Event): _____

Amount of Rental: \$ _____

Deposit: \$ _____

River View Cafeteria
P.O. Box 186, Valley, Al 36854

Sunday – Saturday
Rental Times
7:00 am – 8:00 pm

Daily Rental
Rental Rates
\$225.00

Required Deposit
\$200.00 (Cash) ***Deposit is NOT included in rental fee***

Note: Time includes Set-Up

The entire rental fee is payable when the reservation is made, with NO exceptions. Please make your check payable to **City of Valley**. Reservations must be made a minimum of two (2) weeks in advance of the intended event. Requests for alcohol must be made one (1) month in advance. No reservation will be made until fees are paid. Cancellations must be made a minimum of one (1) week in advance to receive a refund. Please allow one (1) week for refunds to be returned. In the event of any damage to the property, you will be notified in writing and invoiced for the costs of repair. The City of Valley reserves the right to refuse rental to anyone at any time. Checks returned for any reason will be subject to collection and an additional fee of \$30.00.

SMOKING IS PROHIBITED
NO ALCOHOLIC BEVERAGES
NO CONTROLLED SUBSTANCES
NO LEWD BEHAVIOR OR LOUD NOISE WILL BE ALLOWED



River View School Cafeteria Rental Agreement

- **I understand that a copy of this agreement will be given to me at the time of the reservation. If, for some reason I do not get a copy, I understand that my initials below indicate that I have read and understand all the requirements for this rental.**

_____ *please initial*

Instructions for Use

- There is an alarm system that must be disarmed upon entering the building. Please push “Exit” button to arm the alarm when leaving for the last time.
- Key will be given the day of rental or at time agreed upon by Community Center employee. Please make sure you return the key after the event. The Community Center is open Monday thru Thursday 5:00 am – 8:30 pm; Saturday 7:00 am – 6:00 pm; and Sunday 1:00 pm – 5:00 pm. There is no drop off box.
- The facility should be left clean and in order. All food and waste must be removed from premises and disposed of in outside garbage containers provided. All lights and appliances should be turned off and all outside doors secured. All designated exit doors shall remain unlocked during the term of rental. All doors should be checked and made sure they are locked when leaving.
- There shall be no adhesive material placed on the walls of the building and no glitter to be used in or outside the building. Music, public address systems, amplifiers, and crowd noise must be kept to acceptable levels.
- The City of Valley will not be responsible for personal items left. Please make sure all items are removed before you leave.
- The City of Valley is not responsible for accidents occurring on site.
- Please ensure that outside gates are locked before leaving.

_____ *initial*

Cleaning Requirements

- The trash dumpster is located on the upper parking level in front of the school.
- All counter tops and tabletops must be free of trash or food crumbs.
- All tables must be left standing. Do NOT fold up the tables.
- All chairs must be returned to their original location in the cafeteria.
- All trash cans in the cafeteria must be emptied and trash removed and placed in the dumpster located on the upper parking level in front of the school.
- All refrigerator doors must be closed, and stoves must be turned off. Any and all appliances must be left in their original location in the cafeteria.
- Please return all items to their original cabinets.
- Cleaning materials will be provided for rental.

_____ *initial*

Business License and Permits

- Anyone that you are paying to provide a service for you at your event such as caterers, decorators, DJ's, bands, rental equipment, etc. must be listed on the attached sheet. If they do not have a business license, they must contact Valley City Hall at 334-756-5220 no less than one week prior to the event to obtain the necessary documents.

_____ ***please initial***

Alcohol Usage

- Renter will be allowed to serve beer and wine after meeting the following requirements:
 - The attached form must be filled out completely to obtain approval by the City of Valley Council at least one month prior to the event. The Council meets the 2nd and 4th Tuesday of each month apart from November and December. The renter will be notified whether they have been approved once it has gone before Council.
 - The approval will only be for beer and wine. No hard liquor will be allowed to be served.

_____ ***please initial***

Note: This property is owned by the City of Valley, Alabama and is subject to patrol and inspection by members of the Valley Police Department, Valley Recreation Department or City of Valley Administration at any time.

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In case of an emergency call 9-1-1
Physical address is 7755 School Street, Valley, AL
For administrative questions call 706-518-7213 or 334-756-5290.

REQUEST FOR ALCOHOL PERMIT

Please fill out the following form in its entirety in order for the request to be put before Valley City Council. Everyone who is responsible for the event should be listed. If the event is a wedding the Bride and Groom must be included.

Name: _____ Birthdate: _____

Address: _____

City/State: _____

Telephone Number: _____

Name: _____ Birthdate: _____

Address: _____

City/State: _____

Telephone Number: _____

Name: _____ Birthdate: _____

Address: _____

City/State: _____

Telephone Number: _____

Name: _____ Birthdate: _____

Address: _____

City/State: _____

Telephone Number: _____

OUTSIDE VENDORS

Event: _____ **Event Date:** _____

Please list all vendors you plan to use for your event.

Please make a copy of this sheet if needed

Name of Business: _____

Owner/Manager: _____

Address: _____

City/State/Zip: _____

Contact Phone Number: _____

Name of Business: _____

Owner/Manager: _____

Address: _____

City/State/Zip: _____

Contact Phone Number: _____

Name of Business: _____

Owner/Manager: _____

Address: _____

City/State/Zip: _____

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