



Tri County Community Network, Inc.

Committed to providing programs and services that enhance and impact the quality of life in the Intermountain Area

Intermountain Community Center

37477 Main Street – Burney, CA 96013

www.burneytccn.org

530-335-4600 | tccn@windjammercable.net | 530-335-4608 (fax)

Rental Rules, Regulations and Agreement

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Date of Rental: _____

Hours of Rental: _____

Event Start Time: _____

Event End Time: _____

Renting (CHECK ALL THAT APPLY):

DINING ROOM ONLY (Up to 12 hours)	\$175
DINING ROOM ONLY (Less than 6 hours)	\$125
KITCHEN ONLY (Up to 12 hours)	\$150
KITCHEN ONLY (Less than 6 hours)	\$100
DINING ROOM + KITCHEN (Up to 12 hours)	\$300
DINING ROOM + KITCHEN (Less than 6 hours)	\$200
PLAYGROUND	\$75
DUMPSTER OR HAUL OFF YOUR TRASH	\$70
CLEANING SERVICES	\$100
DEPOSIT REQUIRED*	\$100

TOTAL DUE: _____

**Deposit is to confirm date, time and services required.*

*Deposit can be in cash or check form and will be refunded ONLY AFTER the use and cleaning of the facility. **To qualify for a full deposit refund, the "Leaving the Facility" checklist provided must be completed in full.** If you are paying for cleaning services- only complete the tasks needed on said checklist.*

INITIAL: _____

Paid on date: _____

BALANCE DUE PRIOR TO DAY OF EVENT: _____

Renter is **required** to provide event insurance with Limits of Liability \$1,000,000/\$2,000,000 through K and K Event Insurance (<https://www.kandkinsurance.com>) naming Tri County Community Network as an "Additional Insured". Proof of insurance certificate will be provided prior to event: _____ (INITIAL)

ADDITIONAL LIQUOR LIABILITY WILL BE FILED AND PROVIDED FOR USE OF ALCOHOLIC BEVERAGES** (Circle one)	
YES	NO

** Additional Liquor Liability will be K and K Event Insurance (<https://www.kandkinsurance.com>). Proof of Liquor Liability insurance certificate will be provided prior to event: _____ (INITIAL)

If an Additional Liquor Liability is being provided, please review the following:

1. Events permitting alcohol will not be held Monday-Friday before 6pm
2. No alcohol will be sold on premises at any time
3. Renter will abide by all Liquor Liability rules and regulations
4. All consumers of alcohol must be 21 years of age in the state of California

I have read and agree to these alcohol terms: _____ (INITIAL)

General Facility Regulations:

1. Smoking inside the facility is prohibited. Please use the designated ash trays on the outside of the building to dispose cigarette butts.
2. Alcohol outside the facility is prohibited.
3. Using nails, tacks or staples on the walls is prohibited.
4. Using tape on the floors is prohibited.
5. Command hooks and clear scotch tape are allowed on the walls but must be removed before leaving the facility.
6. Please do not stand on the tables to hang decorations- a ladder is located inside the kitchen for your convenience.
7. Entrance into the Children’s Program side of the building is prohibited.
8. Tables, chairs and other facility supplies are not to leave the facility.
9. The office area in dining room can be used to store decorations or supplies- but must be removed before leaving the facility.
10. If any damage happens to premises, equipment or furnishings, renter is responsible for repairing and/or replacing
11. If “Leaving the Facility” checklist is completed and facility is put back to original condition, the deposit can be picked up at Tri County Community Network after event.

I have read and agree to these General Facility Regulations: _____ (INITIAL)

All facility reservations and rental agreements must go through Tri County Community Network’s Executive Director.

When Event Insurance certificate + optional Liquor Liability insurance certificate are provided and the deposit is paid, the Executive Director will provide a code to the outdoor lock box- located by the front dining room door- prior to your event. If you have additional questions, please call 530-335-4600.

I have read, understand and received a copy of the Rental Rules, Regulations and Agreements. I understand that we must comply with these regulations, Event Insurance regulations and Liquor Liability regulations- as well as county, state and federal statutes.

RENTERS SIGNATURE:

DATE:

TCCN REPRESENTATIVE SIGNATURE:

DATE:

OFFICE USE ONLY:

Deposit received: (date) _____ (amount) _____

Key given (date) _____ Returned (date) _____

Rental fee paid: (date) _____ (amount) _____

Cleaning deposit returned: (date) _____ (amount) _____

Condition of facility _____



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