



City of Hoyt Lakes  
206 Kennedy Memorial Dr.  
Hoyt Lakes, MN 55750  
218-225-2344

## **Community Building Rental Application**

### **Rental Information**

Dates Requested: \_\_\_\_\_ Event Hours: \_\_\_\_\_

- Resident – Community Building Upper ☐ \$100 per day, \$100 deposit  
Non-Resident – Community Building Upper ☐ \$125 per day, \$100 deposit  
Resident - Community Building Lower ☐ \$50 per day, \$100 deposit  
Non-Resident - Community Building Lower ☐ \$75 per day, \$100 deposit  
Midway Picnic Shelter ☐ \$30 per day, \$100 deposit

### **Applicant Information**

First Name	Last Name
Address	City, State, Zip
Phone Number	Email Address

### **Organization/Company Information (if applicable)**

Organization	
Contact Person (if different from above)	
Address	City, State, Zip
Phone Number	Email Address

### **Event Information**

Describe the event and activities, including any entertainment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated attendance: \_\_\_\_\_

Will the kitchen be utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*applicant must comply with all alcohol licensing requirements\*\*

If yes, by who? \_\_\_\_\_  
Liquor License Transfers must be approved by the City Council prior to the event.

A security deposit must accompany this application. The security deposit must be paid by check, made out to the "City of Hoyt Lakes."

I understand the use of the Community Building is voluntary and that I am using it for my benefit only. I agree my use of the Community Building is taken at my own risk and the City of Hoyt Lakes will not be liable for any claims, injuries, damages of what ever nature incurred by me or members of my organization due to the negligence of the members of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City, it's agents, and it's employees from any such claims, injuries, or damages. I also agree to defend, indemnify, and hold harmless from the City any claims, injuries, or damages of what ever nature arising out of or connected with my use of the Community Building. I also agree to reimburse the City for any damage, breakage, maintenance, or theft of equipment beyond the damage deposit figure if so warranted.

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Signature of Applicant

Date

Office Use Only

Security Deposit Rec'd: \_\_\_\_\_

Security Deposit Returned: \$ \_\_\_\_\_

Date Returned: \_\_\_\_\_

If alcohol served, copy to ERPD: \_\_\_\_\_

Application Approved:      Yes      No

Entertainment Approved:      Yes      No

Insurance Required:      Yes      No