

CITY OF WEST MIAMI RECREATION CENTER
 1700 S.W. 62nd AVENUE
 WEST MIAMI, FL 33155
 TEL 305-261-5566



APPLICATION FOR
THE REBECA SOSA MULTIPURPOSE FACILITY
 1700 S.W. 62ND AVENUE, WEST MIAMI, FL 33155

Application date: _____

Date Requested: _____

| OFFICIAL USE ONLY | | INITIALS |
|-------------------|--|----------|
| Rental Fee: | | |
| Deposit: | | |
| Police Officer: | | |
| Stage: | | |
| Extra Hours: | | |
| Setup Fee: | | |
| TOTAL: | | |

Renter Information

| | | |
|------------|--------|-----------------------------|
| Applicant: | | |
| Address: | | Resident: Nonresident: |
| Phone: | Email: | Cell Phone: |

Rental Information

| | | |
|--|----------------|--------------------------------------|
| Time for Setup: | Time of Event: | Estimated Attendance (Max 180 Guest) |
| Type of event to be held (i.e. baby shower, wedding, etc.) | | |

Will you be **BRINGING** any special arrangements such as caterers, P.A. systems, performers, entertainment, etc.
 If so, please describe functions:

Stage Desired: (Set up by City employee only. Additional fee applies) Yes: _____ No: _____

Will you require a special set up of tables and chairs? Yes: _____ No: _____

(Ten round tables and 100 chairs are standard. Additional \$100.00 fee applies for removal or addition of chairs & tables)

Alcoholic beverage vendor license permit and insurance: Yes: _____ No: _____

PLEASE INITIAL THE FOLLOWING:

In submitting this application, I certify that I have read and understand the regulations attached (a copy of which has been given to me) and further certify that the intended use as detailed above, in compliance with said regulations, subject to advance payment of all permit fees and approved by the City Manager’s designated representative.

_____INITIALS

This is a smoke free facility. No Smoking is allowed per City Resolution No. 93-18

_____INITIALS

Note: Please be advised that the person renting the Facility must produce Identification before the Facility is opened for your event. Please make sure that you have a valid picture I.D. (i.e., Florida Driver’s License/Florida I.D. Card) to show as proof of rental. **Failure to comply with this policy will result in the loss of your deposit.**

_____INITIALS

Note: If a City of West Miami Resident rents the Facility for someone who is not a resident of the City of West Miami, the deposit shall be forfeited. **NO EXCEPTIONS WILL BE MADE.**

_____INITIALS

Important: All applications will be reviewed by the Office of the Police Chief.

Off Duty Police Service shall be paid by check or money order payable to “Officer” in advance of the event when application is submitted, and number of officer(s) will depend on event and estimated attendance. A rate of **\$54.00** per hour (**minimum of 4 hours shall apply and will be NON-REFUNDABLE even if the number of attendees change, or the event lasts less than 4 hours**).

If the event lasts longer than the time stipulated on page # 1, the officer will be required to terminate the event.

Check Received by Police Department Signature: _____ Date: _____

Check Received from Event Planner Signature: _____ Date: _____

*****All events are contracted for a total of 6 hours. (Extra hours are available at a separate cost.) In the event of exceeding the contracted time period, the renter’s deposit will be forfeited. For night parties ending at midnight, the facility must be empty and ready for inspection by 1am.*****

Signature: _____

Date: _____



CITY OF WEST MIAMI
GUIDELINES FOR RENTING THE REBECA SOSA MULTIPURPOSE FACILITY

Please read and initial each rule listed below:

_____ Your security deposit will be will be refunded upon inspection provided that the hall has been left in good conditions, and must be paid at the time of renting the Hall.

_____ Any parties/events with at least 50 guests and/or where alcohol is served, consumed, sold or dispensed shall require the service of a West Miami Off-Duty Police Officer at \$54.00 an hour throughout the duration of the party/event (**a minimum of 4 hours is charged at the renter's expense**).

_____ The renter **MUST** provide a copy of the license and insurance of the catering/alcohol vendor to the City of West Miami.

_____ **NO** cooking on premises.

_____ **NO** hammering, **NO** thumbtacks or taping are to be used on the walls, **NO** glitter or graffiti is allowed. **NO** hanging of decorations from the ceiling. **NO** confetti, flower petals, rice or any small bits for throwing allowed.

_____ Closing and inspection of the Hall to be done by an employee of the city.

_____ **Deposit will be forfeited if there is any damage to the lamps, kitchen or bathrooms.**

_____ **If the Hall is utilized for an activity other than the intended rental, then the deposit will be forfeited.**

_____ **Deposit will be forfeited due to cancellation.**

_____ The deposit will be returned in person in the form of the original payment. Deposits will be ready 2-3 business days after your event. Please call prior to visiting the office to confirm the status of your deposit.

_____ All events are contracted for a total of 6 hours. (Extra hours are available at a separate cost.) In the event of exceeding the contracted time period, the renter's deposit will be forfeited. For night parties ending at midnight, the facility must be empty and ready for inspection by 1am.

_____ No outdoor music allowed.

_____ Ten round tables, 100 chairs and 3 Rectangular tables are included in the rental of the facility. Any change in table and chairs require an additional setup fee of **\$100.00. Setups need to be arranged in advance, not the day of event.**

_____ Applicant on this contract **must** be the person whose name appears on form of payment such as check, credit/debit card, money order.

_____ I confirm that all details of my party are accurate and there will be no significant changes. If there are any significant differences, then your deposit may be forfeited.

I have read and understand all the rules and regulations:

Signed: _____ **Date:** _____