



CITY OF WEST MIAMI
 901 S.W. 62 AVENUE
 WEST MIAMI, FL 33144
 TEL 305-266-1122 F A X 305-266-6574

Reservation # _____
SETUP TIME ON:
 FRIDAY 6:00PM
 SATURDAY & SUNDAY 9:00AM

APPLICATION FOR
THE REBECA SOSA MULTIPURPOSE FACILITY
 AT THE WEST MIAMI RECREATION CENTER
 1700 S.W 62 Avenue, West Miami, FL 33155

Application Date: _____

Date Requested: _____

OFFICIAL USE ONLY		INITIALS
Rental Fee:	\$	
Deposit:	\$	
Police Officer	\$	
Stage:	\$	
Setup Fee:	\$	
TOTAL:	\$	

RENTER INFORMATION		
<i>Applicant:</i>		
<i>Address:</i>		<i>Resident:</i>
<i>Phone:</i>		<i>Non-Resident:</i>
<i>Cell Phone:</i>	<i>Email Address:</i>	
RENTAL INFORMATION		
<i>Time for Setup:</i>	<i>Time for Event:</i> _____to_____	<i>Type of event to be held (i.e. baby shower, wedding, anniversary, etc.)</i>

Estimated Attendance (Maximum 220 Guests/ 300 Theatre Seating):

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: _____
 Amount Due: _____

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 of or additional chairs & tables) Amount _____

Due: 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 **\$43.00** 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_



THE REBECA SOSA MULTIPURPOSE FACILITY
RENTAL RULES & GUIDELINES

Please read and initial each rule listed below:

_____ Your security deposit 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 50 or more guests or where alcohol is served, consumed, sold or dispensed shall require the service of a West Miami Off-Duty Police Officer at \$43.00 an hour throughout the duration of the party/event (**a minimum of 4 hours will be 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 Children's parties allowed.**

_____ **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 the City.

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

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

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

_____ The deposit will be returned through the mailed in the form of a check within the first two (2) weeks of the following month. The deposit will be returned provided that, if paid by check, the bank has cleared it, and premises have been left in good condition.

_____ All parties are to conclude at 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.**

_____ Rental of Stage **Must** be set up by a City Employee **only**.

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

I have read and understand all the rules and regulations:

Signed: _____ **Date:** _____