

Pioneer Memorial Hall - Facility Use Agreement

Facility Address: **315 B Street**

Property Manager: Smoky Davis
530-633-2463 or
530-301-0486
smoky95692@att.net

Mailing address:
c/o Grace Episcopal Church
610 3rd Street, Wheatland, CA 95692
gracechurchwheatland@gmail.com
Church phone: 530-483-7050

Applicant/Organization: _____

Type of Function: _____ Attendance: _____

Date of Use Requested: _____ Day of Week: _____ Time of use: _____

Will food be served? Yes No Will food be prepared? Yes No

Use of food warmer? Yes No Will beer or wine be served? Yes No

STATEMENT OF THE APPLICANT: The undersigned applicant is an authorized official of the group submitting this application and is the applicant named on the Certificate of Insurance provided with this application. It shall be strictly understood and agreed that subject applicant and the related parties making this application assume all risk for loss, damage, liability, injury, cost, or expense that may arise during or be caused in any way by such use of occupancy of the facility. The applicant further agrees that in consideration of using the facility, the applicant and/or organization will indemnify, defend, and hold harmless Grace Episcopal Church from any loss, claim, and/or liabilities or damages and/or injuries; to persons and property that in any way may be caused by the applicant's use or occupancy of Pioneer Memorial Hall. **Please initial the conditions detailed below.**

_____ The undersigned applicant understands that they must submit proof of \$1,000,000 liability insurance that names Grace Episcopal Church as an **additional insured**.

_____ The undersigned applicant will be responsible for the conduct, behavior, and actions of its guest and is responsible for compliance with local, State, and Federal laws and codes as well as the rules and regulations of use for the Pioneer Memorial Hall.

_____ The undersigned applicant understands that if Pioneer Memorial Hall and adjacent grounds are not left up to the standards outlined in the walk-through and on the Checklist, the deposit will be used to fulfill this obligation.

_____ The undersigned applicant will not remove or relocate the historical documents displayed in the Hall nor will they use thumbtacks, nails, scotch tape, or any substance that damages the walls, doors, ceiling, or fans.

_____ The undersigned applicant is aware that the serving or sale of alcohol other than beer or wine are not allowed in Pioneer Memorial Hall and that the attached Guidelines for Use of Alcoholic Beverages must be signed.

_____ The undersigned applicants understand that **smoking is not permitted in Pioneer Hall or on its grounds**. Failure to comply will result in the loss of the entire security deposit.

Applicant's Signature: _____ Date: _____

Applicant Address: _____

Applicant Phone and Email: _____

Admin Info

PMH Manager or Grace Church Representative: _____

Amount Due: _____

Pioneer Memorial Hall

Guidelines for the use of Beer & Wine

Those wishing to serve beer or wine at an event at the Pioneer Memorial Hall must be aware of the following guidelines. Failure to comply with these guidelines will void the Facility Use agreement, your use of Pioneer Hall will terminate immediately and no security deposit will be returned.

1. Beer and wine are the only alcoholic beverages permitted in the Pioneer Memorial Hall or anywhere on the premises. No hard alcohol or mixed drinks made with hard liquor are allowed.
2. All applicable federal, state, and local laws shall be obeyed including those governing the serving of alcoholic beverages to minors. Chemical usage other than alcohol is clearly controlled under such laws and, as such, is forbidden at any function at Pioneer Memorial Hall.
3. Alcohol shall not be publicized as an attraction to the event.
4. Whenever alcohol is served, non-alcoholic alternatives are to be offered with equal accessibility.
5. As the applicant, you assume responsibility for those persons who might become intoxicated and are responsible for arranging alternative transportation for anyone whose ability to drive may thus be impaired.

No alcohol will not be served at this event.

Applicant's Signature: _____ Date: _____

PMH Manager or Grace Church Representative: _____