

**COMMUNITY USE OF St. Paul's United Church**  
**29 Park St. W, Dundas L9H 1X3**  
**Office Phone 905-628-6396**  
**Fax 905-628-6397**

**CONTRACT APPLICATION FORM**

Application form must be received 3 weeks prior to the requested start date. Please complete all sections of the form and return by fax or mail or scan & email to [office@stpaulsdundas.com](mailto:office@stpaulsdundas.com)

<b>Organization Information</b>					
<b>Organization Name:</b>			<b>Main Contact:</b>		
<b>Organization Address:</b>		Street # and Name		City & Province	
		Postal code			
Phone			Email		
<b>Applicant's Contact Information</b>					
<b>First Name:</b>		<b>Last Name:</b>		<input type="checkbox"/> I am over 18	
<b>Contact Address:</b>		Street # and Name		City & Province	
<input type="checkbox"/> check if same as above		Postal Code			
Phone		<input type="checkbox"/> Home <input type="checkbox"/> Work		Phone (Mobile)	
				Email	
<b>Application Details</b>					
<b>Details:</b>		Purpose and Comments			Est. Attendance
<b>Schedule of Event(s)</b>					
<b>Recurrence:</b>		Day(s) of the Week:		Start Date: _____ / _____ / _____ Month Day Year	
<input type="checkbox"/> Single <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Start Time: _____ a.m. / p.m. End Time: _____ a.m. / p.m.		End Date: _____ / _____ / _____ Month Day Year	
				Set up Time: _____ Take Down Time: _____	
<b>Spaces Required for Event</b>					
<b>Spaces:</b>		<input type="radio"/> Parlour <input type="radio"/> Parlour Kitchen <input type="radio"/> Margaret Keagey / Library <input type="radio"/> Nursery <input type="radio"/> YCC Room <input type="radio"/> Moss-David- Hill		<input type="radio"/> Lower Kitchen <input type="radio"/> Dining Hall <input type="radio"/> Gym <input type="radio"/> Scout Den	
		<input type="radio"/> Sanctuary <input type="radio"/> 4th floor rooms # _____ <input type="radio"/> Other: _____		<b>Equipment:</b> <input type="checkbox"/> Chairs _____ <input type="checkbox"/> Tables _____ <input type="checkbox"/> Sound equipment <input type="checkbox"/> Kitchen Equip't <input type="checkbox"/> Table Settings	
<b>Category of Event:</b> Choose the categories which best describe the primary type of activity:		<input type="checkbox"/> Educational <input type="checkbox"/> Parenting Support <input type="checkbox"/> Sports & Recreation <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Child Care Programs		<input type="checkbox"/> Social/ Neighbourhood Action <input type="checkbox"/> Community Services (e.g. employment aid) <input type="checkbox"/> Club/Group Meetings <input type="checkbox"/> Social Awareness Program <input type="checkbox"/> Arts & Cultural Other	
<b>User Type</b>					

- ☐ **St. Paul's Congregational Activity**  
☐ **Non-Denominational Group Activity**  
**(Not-for-profit)**

Registered Non-Profit Organization?

Reg. # \_\_\_\_\_

- ☐ **St Paul's Sponsored Activity**  
☐ **Business Activity**  
**(For profit)**

Reg. License # \_\_\_\_\_

Insurer and Policy # \_\_\_\_\_

#### Rules and Conditions (available at [www.stpaulsunited.ca](http://www.stpaulsunited.ca))

All individuals, groups, renters, committees, and organizations of any kind shall be herein after referred to as the "user." St Paul's United Church, 29 Park St. W, Dundas, Ont. L9H 1X3 will herein after be referred to as the "owner."

A. If it is the User's intent to serve alcohol at the function or event it is the responsibility of the user to adhere to St. Paul's Alcohol Policy. A *private function* meets the following conditions: location must be INDOORS; there is no sale of alcohol; the premises are not available to the public; the event is for INVITED guests only; alcohol must be served in conjunction with a reception, meal or similar event; and the Organizers assume the RESPONSIBILITY for their guests. All other events require a *Special Occasion Permit* from the LCBO, as well as an added liability insurance rider (in the amount of \$5,000,000.00) from the insurance company of the User's choice. Copies of both documents must be presented to the church office seven business days prior to the event itself. All guidelines set out by the Church Board, LCBO, Local and Federal laws with respect to the consumption of alcohol must be adhered to. The Owner claims no responsibility and none is implied, for including but not isolated to the actions, incidents, or damages resulting from individuals or groups as a result of alcohol consumption.

B. Gambling of any kind is not permitted on church property.

C. The User will be responsible for the setup and breakdown of the space and equipment / furnishings used. If the User requires setup assistance, with adequate notice, this service can be provided for an additional fee to the Owner. Premises are to be left in the condition in which they are found and items which are property of the Owner must be returned where found. Refuse, recycling, and compost bins are available throughout the building and proper disposal of items in their respective containers is expected.

D. Damage and key deposits are required for all rentals in the amount of 50 % of the agreed rental fee. Damages caused by the user will be the responsibility of said user. The Owner will, with the User, inspect the area to be occupied, prior to the event and, inspect within twenty-four hours of the event's completion and report on the condition of the space, equipment and or furnishings. Damages to the space used, including, but not limited to, tables, chairs, walls, and church property, will be repaired or replaced in a timely manner by the User. The Owner reserves the right to refuse replacement items it deems substandard as well as repairs, contractors, etc, the Owner feels are not qualified. Repairs to the premises must meet Ontario Building Code.

E. The owner's fire and safety codes and procedures which are posted and included with the rental package must be adhered to.

F. Parking is on a first come first serve basis. Weddings and funerals, however, are priority events.

G. Full payment in the form of cash, cheque or money order is to be made five business days prior to event.

#### Agreement and Authorization

- ☐ **I have read and understand the terms and conditions and accept responsibility on behalf of the organization for any violations.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Witnessed by Owner Representative: \_\_\_\_\_

#### Office Use Only:

##### Fees

##### Rental:

##### Damage and Key Deposit:

##### Equipment Set-up/Take down:

Payment may be made by cheque, money order or cash.

Method: \_\_\_\_\_

Permit fees to be paid in full prior to permit use.

Date of Payment - \_\_\_\_\_

- ☐ **TOTAL:**