A close up of a logo

Description automatically generated with low confidence

1916 N. Lakewood Drive

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Rental Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| Name of person or organization: | | | | | | | | | | | | | | | | | | | | |
| Person responsible for payment: | | | | | | | | | | | | | | | | Phone: | | | | |
| Mailing address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | | | | | | ZIP Code: | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | |
| Have you rented our facility before? Yes / No (Please Circle) If yes, when? | | | | | | | | | | | | | | | | **Expected Head Count:** | | | | |
| How did you hear about us? | | | | | | | | | | | | | | | | | | | | |
| Are you a non-profit organization? Yes / No (Please Circle) | | | | | | | | | ST-101 Form required for proof | | | | | | | | | | | |
| Is the guest of honor a senior 60+? Yes / No (Please Circle) | | | | | | | | | Senior Name: | | | | | | | | | | Date of Birth: | |
| Event Information (All renters must pay for the entire length of time needing the building) | | | | | | | | | | | | | | | | | | | | |
| **Date requested:** Month: Day: Year: Day of the week: | | | | | | | | | | | | | | Does this event reoccur? Yes / No | | | | | | |
| Type of event (Place an “x” in appropriate box) | | | | | | Wedding Ceremony: \_\_\_ | | | | | | | Wedding Reception: \_\_\_ | | | | | Rehearsal Dinner: \_\_\_ | | |
| Retirement party: \_\_\_ | | Company holiday party: \_\_\_ | | | | | | | | | Anniversary: \_\_\_ | | | | | | | Fundraiser: \_\_\_ | | |
| Meeting: \_\_\_ (no food involved) | | | Concert: \_\_\_ | | | | | | | | | Dance: \_\_\_ | | | | | | Club banquet: \_\_\_ | | |
| Other: \_\_\_\_ What type of event: | | | | | | | | **Do you want us to supply linen cloths for tables?** | | | | | | | | | | | | Yes / No |
| **Time Requested:** | Setup time: | | | | | | | | | Event Time: | | | | | | | Exit Time: | | | |
| Your requested times will be taken into consideration, but until a final contract is laid out, they are tentative. Any vendors must setup and | | | | | | | | | | | | | | | | | | | | |
| Breakdown within the time rented. | | | | **Audio/Video? Circle** | | | | | | Projector / Microphone / Amp w/RCA / TV / DVD / Google Chromecast | | | | | | | | | | |
| Food and Beverage | | | | | | | | | | | | | | | | | | | | |
| Will there be food? Yes / No (Please Circle) **\***Note: **Kitchen NOT available for rent or use.** | | | | | | | | | | | | | | | | | | | | |
| Is a catering service going to cater your event: Yes / No (Please circle) | | | | | | | | | | | | | | | | | | | | |
| Please provide name of caterer: | | | | | | | | | | | | | | | Phone: | | | | | |
| Will this be potluck? Yes / No (Please Circle) | | | | | | | Outside food waiver must be signed and name of caterer must be posted at event. | | | | | | | | | | | | | |
| Alcohol | | | | | | | | | | | | | | | | | | | | |
| Name of alcohol caterer: | | | | | | | | | | | | | | | | Phone: | | | | |
| Insurance carrier: | | | | | | | | | | | | | | | | Phone: | | | | |
| Bartender name: | | | | | | | | | | | | | | | | Phone: | | | | |
| We need a recommendation for an alcohol caterer: Yes / No (Please Circle)  ZIP Code: | | | | | | | | | | | | | | | | | | | | |
| We may recommend [www.eventhelper.com](http://www.eventhelper.com) for insurance coverage to host beer, wine, champagne on our premises | | | | | | | | | | | | | | | | | | | | |
| We need a recommendation for a bartender: Yes / No (Please Circle) | | | | | | | | | | | | | | | | | | | | |
| Room requested to rent (Pricing is available on a separate price list) | | | | | | | | | | | | | | | | | | | | |
| Please check the appropriate box. Note: Once tables and chairs and dance floors are added to your headcount, the capacity goes down. | | | | | | | | | | | | | | | | | | | | |
| Banquet room (capacity max 200): | | | | | Meeting room (capacity 40 max): | | | | | | | | | | | Library/Art room (capacity 45 max) | | | | |
| References: Have you rented any other facilities? Not required but recommended | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Address: | | | | | | | | | | | | Phone: | |
|  | | | | | | |  | | | | | | | | | | | |  | |
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| I authorize that all the information provided on this application is true to the best of my knowledge and authorize LCC to verify the information. | | | | | | | | | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | | | | | | | | | | Date: | |

This application does not guarantee the date I requested is saved for me. LCC will contact me for approval. A booking deposit is required to guarantee my date. A formal contract will be required with the event details once booking deposit is made. FORM: RA022018