

CITY OF YANKTON
DEPARTMENT OF PARKS AND RECREATION

**DAKOTA TERRITORY CAPITOL BUILDING
RENTAL FORM**

Organization Making Request: _____

Application By: _____ **Louise Anderson** _____

Dates & Hours Requested: _____ **Sunday, May 10, 2009 9:30am-2:30pm** _____

Type of Activity: _____ **Mother's Day get together** _____

Requested Date: _____

ADDITIONAL TERMS

The Renter Agrees To:

1. Abide by all rules and regulations set by the city of Yankton for use of the capitol.
2. Be held responsible for damages involving city-owned equipment and facilities being used.
3. Pay full rental fees prior to date(s) capitol is to be used. **Reservation fees are not refundable.** A \$100 deposit may be required for certain types of rentals. **Payment must be received with this rental form within ten (10) working days from requested date of original notification or rental contract will be voided.**
4. Leave floor clean, swept, and free of trash. Areas of sticky spills must be mopped.
5. Replace existing locks and keys if an issued key is lost.
6. Permission for consumption of alcoholic beverages on premises must be obtained from the Board of City Commissioners.
7. As established by City Resolution No. 94-47, no smoking is permitted in City facilities.

It is understood that consideration of this application is contingent upon the facility not being used for city-sponsored activities. The City of Yankton does not insure these or similar events, any risks taken will be the renters. It is further understood that the City of Yankton and/or any of its employees will be held harmless from any and all claims for damages, injuries or losses arising out of or in any way related to the use of the facility during the time the premises are occupied by the renter.

Please return this signed form and rental fee to the Department of Parks and Recreations, P.O. Box 176, Yankton, SD 57078 before scheduled date of use.

Applicant's Signature: _____ *Date:* _____

Applicant's Address: _____ 1109 Douglas Yankton, SD 57078 _____

Telephone Number: _____ 665-4480 _____ (Home) _____ (Cell)

E-Mail Address: _____

Applicant's
Rental Fee: _____ \$50.00 _____

Rec. #: _____ Date: _____

Request permission to serve alcohol during the time of our rental: Yes X No _____

Remarks: _____

ADDITIONAL INFORMATION FOR USE OF CAPITOL BUILDING

1. Light switches are located on the wall below the staircase and in the restrooms and kitchen. Please turn all lights off when leaving.
2. Thermostat is located on west wall. If it is necessary to adjust it for your use, please return it to the setting it was on.
3. Please close and lock any windows opened during your use of the facility and also be sure both outside doors are locked when leaving the facility.
4. Do not remove tables from the 2nd floor and return wooden chairs, if used, to 2nd floor.
5. A fire extinguisher is located in the utility room.
6. The key for the Capitol Building may be picked up at the Summit Activities Center during open hours at 1801 Summit, prior to the scheduled rental. You may call the Summit at 668-5234 to receive the open hours schedule. A **\$10.00 deposit is required in separate cash or check prior to key being released and will be returned once key has been returned to the Summit.**