

Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

As of 07/11/23, Full payment of the deposit is required to reserve ALL facilities. Reservation is made on a first come, first serve basis. All Permit Terms and Conditions apply. Only completed applications will be accepted with (rental fee, special events insurance, and security).

RENTAL FEES:					
	Events	Resident Fee	Non-resident Fee	Deposit	Application fee Nonrefundable
	Cafeteria w/out Ticket sales	\$350.00	\$400.00	\$250.00	\$25.00
	Senior Room (MOU/ILA – Only)	Special Arrangements			\$25.00
	Commissioners Park*	\$300.00	\$350.00	\$150.00	\$25.00
	Commissioner Park Concession Stand	\$200.00	\$250.00	\$150.00	\$25.00***
	MLK Park*	\$275.00	\$325.00	\$150.00	\$25.00
	MLK Park Concession stand	\$150.00	\$200.00	\$150.00	\$25.00***
	Marina Park North End Pavilion	\$100.00	\$125.00	\$150.00	\$25.00
	Marina Conference Room	\$350.00	\$400.00	\$250.00	\$25.00
	Eddie Rhodes Gym*	\$700.00	\$800.00	\$250.00	\$125.00

***Plus 10% of door with ticket sales for the following location (Commissioner Park, MLK Park and Eddie Rhodes Gym)**

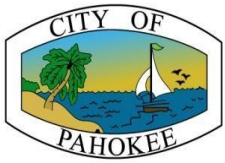
Security Deposit: \$250.00 (No alcohol permitted) **
 There will be an additional charge of \$25.00 for each half hour beyond the first (4) hours. These amounts and times include any set-up & clean-up time required for the event.

****DEPOSIT WILL BE REFUNDED PENDING POST INSPECTION IS SATISFACTORY****
*****Application fee is applied for each individual event*****

CITY SPONSERED EVENTS: NO FEE OR DEPOSIT REQUIRED. MUST BE APPROVED BY CITY COMMISSION AND/OR CITY MANAGER RENTAL PERMIT/AGREEMENT APPLIES.

INSPECTIONS, KEYS, SECURITY AND DEPOSIT REFUNDS

Pre-event and Post-Event inspections will be scheduled by the event coordinator. All terms/conditions of the permit/agreement apply. The Event Coordinator will schedule a time with the event holder to perform a pre-event inspection, **NO KEYS** will be given to the Event Holder. The post-event will be performed on the morning following the event. You must make sure that all personal equipment and supplies are removed immediately after your event and that the facility and surrounding area is properly cleaned. If you have any questions regarding The rental of this facility please call (561) 924-2976, Monday-Friday 9:00am-7:00pm.

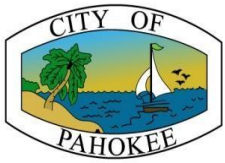


*Pahokee Facility
Rental Application*

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

APPLICATIONS FOR THE HIRING OF SHERIFF OFFICERS CAN BE OBTAINED AT PALM BEACH COUNTY SHERIFF'S OFFICE. YOU *MUST APPLY* AT LEAST (2) WEEKS IN ADVANCE. FEES WILL BE BASED ON EVENT INFORMATION. ONLY MONEY ORDERS WILL BE ACCEPTED FOR PAYMENT.



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

RENTAL PERMIT/AGREEMENT

Event Holder: _____

Phone #: _____ Cell Phone: _____

Address/City/State/Zip: _____

Event Date: _____ Event Type: _____

Adult or Teen Party: _____ Admission Fee? Yes or No (circle one)

Number of participants/ guests: _____ (all indoor event maximum capacity is reduced by 50% for covid -19 policies)

Event Time beginning and end: _____

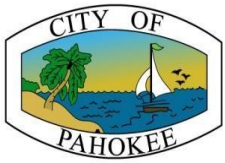
Circle One: DJ / Live Band / None

If DJ / Live Band, time to perform: _____ to _____

What Security will be provided? _____

You are hereby being granted use of the Pahokee Community Center (Cafeteria) in consideration of and subject to the following Terms and Conditions/ Rules and Regulations:

1. The Palm Beach County Sheriff Department has the authority to call off an event and clear out the facility if any of the terms or conditions of the permit is violated or for other probable cause.
2. The completed application and all payments must be paid and submitted at least (10) business days prior to the scheduled event.
3. All events must be over by 11:00 Pm.
4. **SECURITY IS REQUIRED FOR ALL EVENTS (only City Manager may waives fees)**
5. Event must be over by the designated time and the facility must be cleaned and vacated no later than, one complete hour after the event. **ON SUNDAYS ALL EVENTS MUST BE OVER BY 9:00PM**
6. No KEYS are allowed to Event Holders; A City staff will open and close the facility for all events.
7. The facility and surrounding areas are to be left in a clean and sanitary condition with all debris and garbage placed in the dumpster located outside. Cleaning items can be found in the supply closet and must be put back after use. All utilities and appliances must be turned off and the entrance doors securely locked. Should it be determined in the post-event inspection that the building was left in an unsanitary or unsatisfactory condition, the deposit will be retained and applied to cover the expense of the rectifying the issue/problem.



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

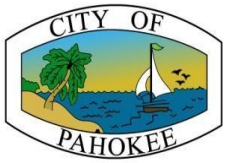
8. No staples, tape (of any kind), or hot glue are allowed on any wall in the facility. Any marks or stains found on the walls will be considered as damages and charged to the Event Holder. Decorations may be hung from the ceiling only if **NO** damage will be caused by the decorations or the decorating process. The Event Holder will be responsible for any damages to the ceiling tiles.
9. The Event Holder is responsible for **ALL** damages to the premises and all liability resulting from the event. Damages to the facility will be repaired immediately by City and the cost of such repair will be taken from the Deposit. Should repair costs exceed the deposit amount, an invoice will be sent to the Event Holder and must be paid within ten (10) days from its date. If not paid, the Event Holder will be suspended from use of the facility until such invoice has been paid in full.
10. Event Holder must provide the City with Special Event Insurance in the amount \$ 1,000,000 and the City must be named as an additional insured party.
11. The sale of alcoholic beverages is **NOT** permitted by anyone at any time.
12. Alcoholic beverages or Drugs are **NOT** permitted inside or outside the facility or Parks
13. **NO GLASS BOTTLES OR CONTAINERS ARE PERMITTED.**
14. Absolutely **NO SMOKING** is allowed in the building or on the premise.
15. All vehicles must be properly parked in the designated parking areas.
16. The use of artificial smoke devices are **NOT** permitted in the facility or on the premise at any time.
17. The security alarm and/or fire alarms and fire extinguishers must **NOT** tampered with or covered up at any time.
18. The Event Holder will be responsible for any Guests, who violate any of the terms and conditions of this permit/agreement. Any Guest who violates this agreement will be required to leave by the Event Holder. If the Guest(s) will not leave voluntarily, after being asked to do so, please contact the PBSO Dept. for assistance.
19. **All A/C units and refrigerators may NOT be adjusted during the event and must be turned OFF** at the end of the event. The Event Holder is responsible for any damages caused to the A/C units or the A/C control panels due to negligence on their behalf or that of their guests.
20. Pre-event and post-event inspections must be performed by the Event Holder and the Rental Coordinator.

Pre-Event Inspection Date: _____

Time: _____

Post-Event Inspection Date: _____

Time: _____



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

Please initial on the line to the left of each paragraph:

_____ I acknowledge that if the usage of the facility being rented is not for the purpose as indicated, I shall be responsible for damages incurred by the City, including attorney's fees and costs, should it be necessary for the City to take action in Court, and my privileges for additional rentals at any City of Pahokee Facilities shall be revoked indefinitely by the City Manager.

_____ I acknowledge that at the discretion of the City Manager, failure to leave the City's facility in its original state or observe approved rental times will result in the forfeiture of the full amount of the security deposit.

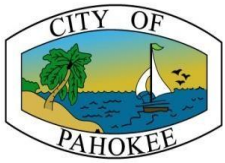
_____ I certify that there are no misrepresentations, omissions, oversights or falsifications in this Pahokee Facility Rental Application, and that the entries made by me are true, complete, and correct.

_____ I acknowledge that the City of Pahokee may cancel the Lessee's reservation for the use of this facility due to an emergency and refund Fee, without any liability to the City.

_____ I further agree and consent in advance that Lessee's reservation for the use of this facility may be cancelled by the City of Pahokee without cause or hearing, if any of the information provided by me contains any misrepresentations, oversight(s) or falsification, or if any material information has been omitted.

_____ Under penalties of perjury, I declare that I have read this Application for Use and that the facts stated in it are true.

_____ I acknowledge that I have read and received a copy of the City of Pahokee Facility Terms and Conditions/ Rules and Regulations and that if any of these regulations are found to be in non-compliance, it will result in the loss of my security deposit.



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name:	_____
Date received:	_____
Date reviewed:	_____

INDEMNIFICATION AGREEMENT

No permit/agreement will be issued to any applicant who has previously violated these terms and has not recertified matters with the city.

The City of Pahokee will not be held responsible for any lost or stolen items or damages made to the Event Holder's personal property, or the property of their guests, during the rental of this facility.

Upon acceptance of this permit/agreement the undersigned agrees to indemnify the City of Pahokee for any and all liability, loss or damages arising due to negligence on part of the Event Holder or any of the guests.

Additional Term and Conditions:

I hereby accept and agree to the terms and conditions of this permit/agreement for use of the Pahokee Community Center (Cafeteria) and acknowledge that it is my responsibility to ensure that the building is only utilized for the specific purpose and event described in this permit application.

Accepted By: _____
(EVENT HOLDER)

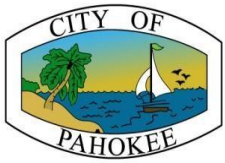
Date: _____

Approved By: _____
(RENTAL COORDINATOR)

Date: _____

Approved By: _____
(CITY MANAGER)

Date: _____



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

RENTAL DEPOSITS

Deposit Amount: () \$350.00 () \$250.00 () 150.00 () Other: _____

Received By: _____

() Check # _____

Date: _____

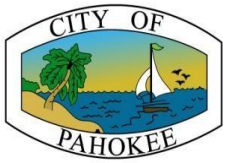
() Money Order # _____

RENTAL PAYMENTS

Cafeteria Rental - Resident Fee	\$350.00
Cafeteria Rental - Non-Resident Fee	\$400.00
Senior Room Rental - Resident Fee Park fees	\$200.00
Senior Room Rental - Non-Resident Fee	\$250.00

Trans #: _____
() Cash _____
() Check # _____
() Money Order # _____

Notes:



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

SECURITY

- Security is provided by PBSO
- Security is provided by _____

Confirmation that Rental Coordinator has notified PBSO of all events:

By: _____ Date: _____ Time: _____

SPECIAL EVENT LIABILITY INSURANCE (REQUIRED)

The Parks and Recreation Director has received and confirmed that Special Event Liability Insurance is on place and meets City requirements (copy of policy attached).

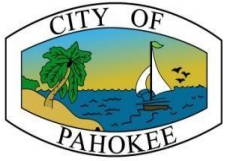
By: _____ Date: _____ Time: _____
Director's Approval

City Manager's Approval

POSSIBLE/ AVAILABLE LIABILITY INSURANCE COMPANIES

Insurance Company	Contact Information
K&K Insurance Group, Inc.	(800)328-2317
Florida Casualty Insurance Agency	(561)965-2200
Brown & Brown of Florida, Inc	(386)252-9601

****The City of Pahokee must be listed as an additional insured. ****
(Address: 207 Begonia Drive, Pahokee, FL 33476)



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

Event Holder: _____

Event Date: _____

Inspected By: _____

Inspection Date: _____

Inventory Item List:

_____ Chairs

_____ Folding Tables

_____ Table Carts

_____ Chair Carts

_____ Refrigerator

_____ Stove

Cleaning Supply List:

_____ Brooms

_____ Mops

_____ Garbage Cans

_____ Garbage Bags

_____ Toilet Paper

_____ Paper Towels

Cleaners _____

Facility Conditions:

A/C Unit-1 _____

Floors _____

A/C Unit-2 _____

Kitchen _____

A/C Unit-3 _____

Parking Lot _____

Ladies Restroom _____

Men's Restroom _____

NOTES:

(FOR DETAILS ON INSPECTIONS SEE INSPECTORS REPORT)

THE INSPECTOR AND THE EVENT HOLDER HAVE INSPECTED THE FACILITY. BY SIGNING THIS REPORT, THE EVENT HOLDER ACCEPTS USE OF THE BUILDING AND AGREES THAT THE CONDITION OF THE FACILITY IS ACCEPTABLE.

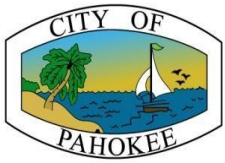
A COPY OF THIS REPORT WILL BE PROVIDED TO THE DIRECTOR OF FINANCE WITH THE CHECK REQUEST IN ORDER TO REIMBURSE RENTER'S DEPOSIT.

INSPECTOR'S SIGNATURE: _____

Date: _____

EVENT HOLDER'S SIGNATURE: _____

Date: _____



Pahokee Facility Rental Application

207 Begonia Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date reviewed: _____

Post-Event Inspection and Inventory Request

Event Holder: _____ Event Date: _____

Inspected By: _____ Inspection Date: _____

Inventory Item List:

_____ Chairs

_____ Folding Tables

_____ Table Carts

_____ Chair Carts

_____ Refrigerator

_____ Stove

Cleaning Supply List:

_____ Brooms

_____ Mops

_____ Garbage Cans

_____ Garbage Bags

_____ Toilet Paper

_____ Paper Towels

Cleaners _____

Facility Conditions:

A/C Unit-1	_____	Floors	_____
A/C Unit-2	_____	Kitchen	_____
A/C Unit-3	_____	Parking Lot	_____
Ladies Restroom	_____	Men's Restroom	_____

(FOR DETAILS ON INSPECTIONS SEE INSPECTORS REPORT)

After reviewing the post-event inspection report, the Rental Coordinator, per authorization granted by the City of Pahokee, will:

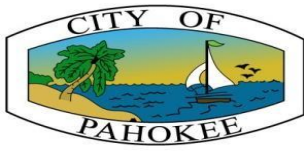
_____ Authorize a refund of the deposit in full

_____ Hold the deposit (see inspector's post-event report)

Amount Refunded: _____ () Check No. _____ () Money Order _____

Refunded by: _____ Date: _____

Refunded to: _____ Date: _____



Pahokee Community Center

360 E. Main Street
Pahokee, FL 33476
(561)924-5534

Customer name: _____
Date received: _____
Date review: _____

Security Contact List

PBSO

Hourly Rates (minimum of 3 hours):			Payment mailed to:
<u>Regular</u>	<u>Premium</u>		Checks / Money Orders made payable to : Palm Beach County Sheriff's Office P.O. Box 24681 West Palm Beach, FL. 33416-4681 (561) 688-3506 or (561) 688-3521
\$42.00	\$57.00	Deputy Sheriff	
\$49.00	\$64.00	Supervisor	

Premium Dates include: New Year's Eve & Day, Super Bowl Sunday, Easter, Memorial Day, Independence Day, Labor Day, Halloween, Thanksgiving Day, and Christmas Eve & Day.

Signature

Date

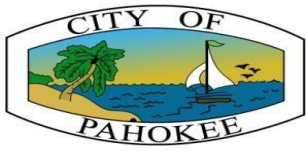
Hikari Protection Agency

<u>Hourly Rates</u>		<u>Payment</u>
<u>Premium</u>		Checks / Money Orders made payable to : City of Pahokee 207 Begonia Drive Pahokee, FL 33476
\$20.00	Unarmed Officer	
\$25.00	Armed Officer	

Hikari Protection Agency (561) 261-6053

Signature

Date



Pahokee Community Center

360 E. Main Street
 Pahokee, FL 33476
 (561)924-5534

Customer name: _____
Date received: _____
Date review: _____

STAFF REVIEW

DEPARTMENT	SIGNATURE	DATE	APPROVED
DISAPPROVED			
Police - PBSO			
PBC Fire Rescue			
Public Works			
Code Enforcement			
Building & Zoning			
Parks & Recreation			
City Manager			

****The Event Holder must go to Belle Glade PBC Fire Rescue station for signature and approval. ****