

Bessemer City Parks & Recreation
Community Building Rental and User-Group Application

Staff use only
Total Hrs. _____
Pd in Full Date: _____

Bessemer City Community Building 220 S. 14th Street, Bessemer City, NC 28016 Phone #
704-629-5111

This facility application must be completed and returned to the appropriate Community Building for all rental request and/or user-group request.

Applicants must read all relevant building information/procedures. Applicants must be 18 years of age or older.

Date Application Submitted _____

Applicant Information

Applicant Name _____ Date of Birth _____
Address _____ City/State/Zip Code _____
Phone (Home) _____ Phone (Cell/Work) _____
Email Address: _____

Rental Use Information

Nature of Event _____
Date of Event _____
Time of Event - (fill in time requested) - **Beginning time:** _____ **Ending time:** _____
Time slots are available in 5 hours increments, beginning at 10:00 a.m. in the morning and ending no later than 11:00 p.m. **All time requests include Room Set-up & Clean-Up**

Additional time is available at an additional fee (\$50/hour) Extra time requested (state time) _____ to _____
Total Number Persons Expected _____
What age group is the rental for? _____ 11 years or younger _____ 12-18 years _____ 18 years and older

Is this rental for a Non-Profit Organization? _____ Yes _____ No 501C _____ yes _____ no
Name of Organization (is applicable): _____ Federal ID#: _____

Will food be served? _____ If so, will a caterer be used? _____ yes _____ no Family/Covered Dish _____
Will there be a band or DJ? _____ yes _____ no

Rental Time: Your use of the facility is for the exact time you pay to rent. There is no time provided before to set up and no time after provided for cleanup. You must pay to rent the facility for these purposes. The community building will operate during regular hours and will only be open for outside rentals after hours and on weekends. **Extended rental time:** You may only pay to extend your rental time during regular operating hours. Extended hours must be paid for two weeks prior to your rental date.

Signature of Applicant _____

Office Use Only

Date Application Received _____ Total Rental Charges Assessed _____
Special Accommodations required? _____ Security/Police (Cost \$ _____) _____ Audio-Visual
Application Is _____ Approved _____ Denied _____

Staff Signature: _____ Date: _____

Fees: Security Deposit (\$100) Date Pd. _____ Receipt #: _____

Rental Fee: (\$250) Date Pd. _____ Receipt #: _____

Extra Time Fee (\$ _____) Date Pd. _____ Receipt #: _____

Deposit returned: Date: _____ Ck #: _____

Notes: _____