



**CITY OF MINNEOLA  
800 N. US HIGHWAY 27  
MINNEOLA, FL 34715  
PHONE: 352-394-3598**

**MINNEOLA RECREATION DEPARTMENT**

**APPLICATION FOR USE OF FACILITIES**

Date applied: \_\_\_\_\_ Event date: \_\_\_\_\_

Facility to be used: Gym Meeting Room Council Chamber Kitchen

**Will Alcohol be served at function?** (Circle one) Yes No

Time use begins (open): \_\_\_\_\_ Ends: \_\_\_\_\_

Purpose for facility use: \_\_\_\_\_

Person making application: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person in charge of event: \_\_\_\_\_ Phone: \_\_\_\_\_

Expected attendance: \_\_\_\_\_

Deposit Amount \_\_\_\_\_ Check# \_\_\_\_\_ Cash

Deposit refund address: \_\_\_\_\_

\_\_\_\_\_



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**APPLICATION FOR USE OF FACILITIES**

I (we) hereby agree that the City of Minneola, its officials and employees, will not be responsible for any damage or accidents or injury that may happen to the user or his (its) agents, servants, employees, or property from any agreement in use of properties of the City of Minneola, and said user hereby releases the City of Minneola from, and agrees to indemnify it against, any and all claims for such injuries.

If this application is approved the applicant will be subject to the use agreements, rules, and regulations attached hereto. A permit will be sent to the applicant upon approval; if denied the applicant will be so notified.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



### CITY OF MINNEOLA FACILITY RENTAL FEE CHARGES

**\*\*\*Attach this sheet to Facilities Use Agreement\*\*\***

Date applied: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Name/Organization \_\_\_\_\_

**Fee Schedule:**

Description	Cost	Amount Due
Gymnasium Rental	\$240.00 for first 4 hours (Minneola Resident)	_____
Gymnasium Rental	\$60.00 each additional hour (Minneola Resident)	_____
Gymnasium Rental	\$300.00 for first 4 hours (Non – Resident)	_____
Gymnasium Rental	\$75.00 each additional hour (Non – Resident)	_____
Meeting Room R-	\$25.00 / NR- \$40.00 per hour	_____
Kitchen	\$ 100.00 per event	_____
Sales Tax	7%	_____
Security Officer	\$ 25.00 per hour	_____
	\$ 10.00 Administrative Service Fee	_____
Total Amount Due		=====

Deposit Paid:

Date Paid \_\_\_\_\_ Ck No. \_\_\_\_\_ Amount \_\_\_\_\_

Fees paid:

Date Paid \_\_\_\_\_ Ck. No. \_\_\_\_\_ Amount \_\_\_\_\_

Deposit Refunded by City of Minneola:

Date Paid \_\_\_\_\_ Ck. No. \_\_\_\_\_ Amount \_\_\_\_\_