

APPLICATION / PERMIT FOR USE
OF THE MILTON TOWN HALL

Name _____

First MI Last

Address _____

City _____ State _____

Phone() _____

DL # _____

DATE REQUESTED _____

TIME REQUESTED _____ TO _____

PURPOSE OF
REQUEST _____

EXPECTED NUMBER OF
GUESTS _____

**SECURITY DEPOSIT MUST BE PAID
PRIOR TO APPROVAL OF
APPLICATION ()**

**CERTIFICATE OF LIABILITY
INSURANCE IS REQUIRED ()**

APPLICATION APPROVAL Y N

**Reason for
Denial** _____

REGULATIONS

**Smoking is not allowed in the building
(WI Statue 101.123)**

The entire building must be vacated by
1:00AM.

Only decorations that do not damage the
premises are allowed. There are ceiling
hooks provided.

RENTER

**RESPONSIBILITES
ALL OF THE BELOW**

Facility services and items used must be
cleaned and properly returned.

FLOORS () TABLES ()

CHAIRS () BATHROOMS ()

REFRIGERATOR WASHED CLEAN
INSIDE and OUT ()

WATER FAWCETS SHUT OFF ()

ALL GARBAGE MUST BE TAKEN OUT
AND PUT IN DUMPSTER-REAR OF
BUILDING ()

HEAT/AIR TURNED OFF ()

KEY RETURNED ()

DOORS LOCKED ()

FEEES

Security Deposit Sm Group	\$75.00
Security Deposit Lg Group	\$200.00
Rental Sm Group	\$100.00
Rental Lg Group	\$400.00

**NO REFUND IF CANCELLING LESS
THAN 30 DAYS OF RENTAL DATE.**

**For any damaged or missing items or
items not taken care of on the prior
checklist of this agreement, will result in a
fee being deducted from your security
deposit. For missing items you will be
charged the full replacement value of that
item.**

DURING THE USE OF THIS BUILDING WE
REQUEST THAT THE DOORS NOT BE
PROPPED OPEN DUE TO INSECTS
ENTERING THE BUILDNG. THIS IS A
MUNICIPAL BUILDING AND THERE ARE
DAY TO DAY OPERATIONS THAT HAVE
TO CONTEND WITH THE INSECTS THAT
ARE ALLOWED IN DUE TO THE DOORS
BEING PROPPED OPEN DURING THE USE
OF THIS BUILDING.

**The lessee is responsible for the damages
accrued beyond the security deposit
amount.**

THIS AGREEMENT ENTERED INTO
ON: _____ 20 _____

Lessee Signature

BELOW FOR OFFICIAL USE ONLY

Fee

Paid/Date/Amount _____

Receipt Number _____

Key Number Given _____

Key Returned _____