CITY OF FALCON HEIGHTS 2077 W Larpenteur Ave

Falcon Heights MN 55113 Phone: 651-792-7600 Fax: 651-792-7610 Email: mail@falconheights.org www.falconheights.org

FOR OFFICE USE					
Approval Da	ate:				
Rental Fee:					
Receipt:					
Damage deposit:					
Cash	Check	Card			
Shred/Return Date:					

City Hall Facility Use Permit

FALCON HEIGHTS CITY HALL 2077 Larpenteur Ave W Falcon Heights, MN 55113

Individual or Organization* Name: _____

*Non-profit organizations must provide a tax exemption form in order to be eligible for tax-exempt rental

Mailing address:	ss: City/State:		ess: City/State:		Zipo	Zipcode:	
Phone 1:	Phone 2:						
Email:							
Date Requested:	Approx. # of peop	ole:					
Time Requested (Please check one):	9am-3pm 4p	om-10pm	Full day				
City Hall Facilities Requested (Pleas	se check all that apply): See reverse f	or descriptio	ons & fees			
Full Council Chambers Parti	al Council Chambers	(indicate front/	back) K	itchen	Conference Room		
Will you require City staff to set-up	chairs/tables? Ye	s No					
Please describe use (Please note that	City Hall cannot be	reserved for pri	ivate social	gatherings):		

NOTES:

Refunds: Request for refunds due to cancellation is subject to a cancellation fee. A refund, minus a \$25.00 administration fee will be issued for cancellation made 2 weeks (14 days) or more prior to the reservation date. No refund will be given for cancellations 13 or fewer days before the scheduled reservation. No refunds are made due to weather unless weather conditions are deemed as severe (tornado, lighting, etc.).

Waiver: The person or organization making this application assumes individual and joint obligation for replacements or payment in case of losses or damages resulting from their use of the building facilities, and agree to abide by the rules established by the City Council of Falcon Heights.

Issues & Emergencies: For non-emergency issues occurring outside of City Hall hours, please contact the Ramsey County Sheriff's Office dispatch at 651-767-0640. For all emergencies, call 911.

(additional notes on reverse)

Signature of applicant: _____ Date: _____

City staff authorization:_____ Date: _____

PLEASE SEE REVERSE FOR RENTAL FEES

		Rental Fees			
	Capacity	3 hours	Half Day 9am-3pm/4pm-10pm	Full Day 8am-10pm	
Council Chambers Full room (includes kitchen facility)	150 75 Seated	\$125.00 + tax	\$200.00 + tax	\$275.00 + tax	
Partial Council Chambers (Front or Back Half)	75 30 Seated	\$60.00 + tax	\$115.00 + tax	\$175.00 + tax	
Kitchen Facility	10 6 Seated	\$30.00 + tax	\$60.00 + tax	\$75.00 + tax	
Conference Room	8 maximum	\$35.00 + tax	\$70.00 + tax	\$125.00 + tax	
Set Up Fee (government entities exempt; subject to staff availability)	\$30.00				

City Hall Facility Rental Fees

ADDITIONAL NOTES:

Key Pickup & Return: Key pickup must be arranged two (2) days prior to scheduled event. Keys may be picked up at City Hall during business hours. Keys can be returned during business hours; after hours drop-off is available via the drop box outside the main entrance.

Regular business hours: Monday -Friday 8:00am-4:30pm

Summer hours (Memorial Day-Labor Day): 7:30am- 5:00pm Monday-Thursday, Friday 7:30am-noon.

Damage Deposit: A \$200 refundable damage deposit is required for City Hall rentals. The deposit must be made in a separate form from the payment and will be refunded upon return of facility key and inspection of the facilities.

Early Setup: Facilities cannot be used beyond times indicated on this form. If you will need time to setup or take-down, please reserve the facility for a longer time.