

Community House: (440) 423.4633
FAX: (440) 423.0620

*Police _____
Date of Application _____

**GATES MILLS COMMUNITY HOUSE
1460 CHAGRIN RIVER ROAD
GATES MILLS, OHIO 44040**

PRIVATE USE APPLICATION

Applicant _____
(Gates Mills Resident 21-Yrs. or Older)

Phone # _____
Business # _____

Address _____

Signature _____
(Applicant)

NOTE: COMPLETING THIS APPLICATION DOES NOT GUARANTEE APPROVAL. YOU WILL BE INFORMED PROMPTLY IF YOUR APPLICATION HAS BEEN APPROVED OR DISAPPROVED.

Date Desired _____ Setup Hours _____
*Event Hours _____

Event / Purpose _____

Facilities Desired: _____ Upstairs Aud. _____ Lower Level _____ Parlor
_____ Kitchen _____ Entire Building

_____ Maximum number of people attending*. **Maximum 120 sit down . Upper Level.**
Maximum 80 sit down - Lower Level.
Maximum 20 people . Parlor.

*Police and Parking services are required. Applicant shall be responsible for arranging and paying for such services.

USER AGREES THAT THE VILLAGE OF GATES MILLS SHALL HAVE NO RESPONSIBILITY OR LIABILITY TO USER OR OTHERS RESULTING IN ANY WAY FROM USER'S USE OF THE VILLAGE FACILITIES. USER AGREES TO DEFEND, INDEMNIFY, AND HOLD VILLAGE OF GATES MILLS HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, SUITS, EXPENSES, CAUSES OF ACTION AND LIABILITY, OF ANY KIND, RESULTING FROM OR ARISING IN ANY WAY FROM USER'S USE OF THE VILLAGE PREMISES, OR ARISING FROM ACTIVITIES CONTEMPLATED UNDER THIS AGREEMENT.

Failure to abide by the rules and regulations of the Community House will result in the loss of deposit and revocation of all further privileges.

ADMINISTRATION APPROVAL: _____ CUSTODIAL APPROVAL: _____

Make **checks*** payable to: .Village of Gates Mills.

REMIT TO: Village of Gates Mills
1470 Chagrin River Rd
GM, OH 44040

Deposit _____ Date Paid _____

(* \$150 check & a \$200 check = \$350 DEPOSIT)

Cc: Community House / Custodian
Mayor
Police Chief

Service Director
Clerk.s Office

“NO SMOKING”