



**City of Miramar**  
**Standard Facility Rental Application**

Facility Requested/Event Location: \_\_\_\_\_ Date/s of Use: \_\_\_\_\_

Room Requested: \_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_ Estimated # of Spectators (if applicable): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Description of Event Activities: \_\_\_\_\_

Equipment/Set-Up Needs: \_\_\_\_\_

Set up Time: \_\_\_\_\_ Event Time: \_\_\_\_\_ Clean-Up Time: \_\_\_\_\_

Check all that apply: Beer  Wine  Liquor

Public Event: Yes  No

**Check One:**

Private:  Resident  Non-Resident

**ORGANIZATIONS**

Organization:  Non-Profit  Commercial: Miramar-based  Commercial: Non-Resident

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

Who do you serve/population: \_\_\_\_\_

Website address (if applicable): \_\_\_\_\_

**Renter**

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email: \_\_\_\_\_

**Alternate Designee (day of rental)**

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email: \_\_\_\_\_

Alternate Designee does not have negotiating rights or privileges

FOR CITY USE ONLY:				PAYMENTS RECEIVED:			
Base Rental Fee			\$ -	Date	Amount	Balance	CK/MO/CC#
Additional Event Hours					\$ -	\$ -	
	@	\$	\$ -		\$ -	\$ -	
Bar Rental			\$ -		\$ -	\$ -	
Sub-Total			\$ -		\$ -	\$ -	
Tax			\$ -		\$ -	\$ -	
Security Deposit			\$ -		\$ -	\$ -	
		<b>Total</b>	\$ -				
<b>Additional Hours after Initial Rental</b>				<b>Final Payment due in full:</b>			
Hrs	@	\$	\$ -				
Bar			\$ -				
Tax			\$ -				
<b>GRAND TOTAL</b>			\$ -				

**SPONSORSHIP/HOST APPLICANTS**

If this application is for an event related sponsorship request(s), I understand completing this form is not an agreement, but a request for City of Miramar for event accommodations. All request(s) will be reviewed and provided a response.

**ALL OTHER APPLICANTS/APPROVED SPONSORSHIP/HOST APPLICANTS**

I have received rules and regulations and understand them. I am responsible for the actions of my group and that non-compliance with the rules or local laws shall result in revocation of the application, loss of security deposit and refusal of any subsequent application for a period of time up to one year.

Name of applicant completing this form (PLEASE PRINT): \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of applicant completing this form: \_\_\_\_\_

\_\_\_\_\_

Site Supervisor \_\_\_\_\_

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

Manager/ Superintendent \_\_\_\_\_

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

Police Department Rep \_\_\_\_\_

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

Approved

Disapproved