

## JOHNSON TOWNSHIP COMMUNITY CENTER RENTAL AGREEMENT

Name:		Organization (if applicable):			
Mailing Address:					
City:	Province:			Postal Code:	
Telephone:	Business: ( ) -			Cell: ( ) -	
20 and Minute Dealershi					
Type of Event: Number			Number of	per of Participants:	
Date of Event (mm/dd/yy): Time			Time of Ev	'ime of Event (from/to):	
Location(s): Set Up Re			quired: 🗆 YES 🗆 NO		
INRURANIE PEORE TOP 180	in sately a set				
Insurance Policy Number: Amount			t of Coverage:		
Company/Agent Name: LCBO S			pecial Occasions Permit Number:		
Name(s) of servers with Smart Serve accreditation:					
THE STATISTICS DEPARTMENTATION					
Rental Fee:	Kitchen Service Fee:			Set Up Fee:	
Total:	HST 13%:			Total Amount Due:	
Deposit Received:  YES NO Amount Paid: Security Deposit Received:  YES NO					
Notes:					
SIGNATURES					
I, the undersigned, agree to comply with the conditions and guidelines herein, the Terms and Conditions (Attachment A) and the Fire Safety Plan (Attachment B) to this contract.					
Signature of Lessee:				Date (mm/dd/yy):	
Signature of Lesser:				Date (mm/dd/yy):	