

# San Luis Obispo Guild Hall

2880 Broad Street • San Luis Obispo, CA 93401 Telephone: 805-543-0639  
EMAIL: SLOGUILDHALL@YAHOO.COM



## APPLICATION FOR USE OF GUILD FACILITIES

Applicant: \_\_\_\_\_

Individual Business Non-Profit Email: \_\_\_\_\_

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

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

Phone: (Work) \_\_\_\_\_ (Home): \_\_\_\_\_

Name of person in charge of event: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home): \_\_\_\_\_

### DATE & TIME REQUESTED *(Please fill out separate applications for non-continuous dates)*

\_\_\_\_\_ Date \_\_\_\_\_ Opening Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_ Closing Time \_\_\_\_\_ am \_\_\_\_\_ pm  
*(Be sure to include time for set up and clean up)*

What time will your guests be arriving at the facility? \_\_\_\_\_ am \_\_\_\_\_ pm

### EVENT INFORMATION

Purpose: \_\_\_\_\_

#### Amenities Requested (check all that apply)

<b>Main Hall</b> (Standing or dancing 300) (Lecture seating 300) (Banquet seating 155)	<b>Dining Hall</b> (Lecture seating 125) (Banquet seating 100)	<b>Kitchen</b> (with an approved caterer only)	<b>Grove</b>
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Estimated Attendance: # Adults \_\_\_\_\_ # Youth \_\_\_\_\_ # Total \_\_\_\_\_

Will a fee be charged? Yes No

If yes, please explain: \_\_\_\_\_

Will a live band, a D.J. be performing or recorded music being played? Yes No

***(All music inside must end by 10:30 pm; all music in Grove must end by 9 pm)***

Will alcohol be served? Yes No Will alcohol be sold? Yes No

Will food be served? Yes No Catered Buffet

**25% RENTAL DEPOSIT WILL BE REQUIRED AT THE TIME OF SIGNING THE FACILITY USE AGREEMENT.**

# APPLICATION FOR USE (Continued)

It is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use or occupancy of the San Luis Obispo Guild Hall facilities. The applicant further agrees that in consideration of being permitted to use said facility, he, she, or organization will save or hold the San Luis Obispo Guild Hall and/or their members/employees free and harmless from any loss, claims, and liability or damages and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy.

The Guild Hall reserves the right to cancel a planned or occurring event if the terms of use described in the application are not met. For long-term (over six month's continual usage) at least six (6) weeks notification will be given to applicant.

I, the undersigned, am authorized to sign this Application for Use on behalf of the applicant or organization. My signature certifies that all information on this Application is true, including that regarding alcohol serving and consumption on the premises. I understand that any misstatements or omissions of material fact herein may cause forfeiture of any fees paid. Cleaning deposits are refundable provided there is no damage, all policies were followed, and the facility was left in as good condition as found.

I HEREBY CERTIFY THAT I HAVE READ (OR HAD INTERPRETED), UNDERSTAND, AND AGREE TO ABIDE BY THE SLO GUILD HALL FACILITIES RESERVATION POLICIES.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR GUILD HALL USE ONLY

#### ESTIMATE OF CHARGES:

Agreement Letter Sent by: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Received: \_\_\_\_\_  
Total Rental Charge: \_\_\_\_\_ Paid Balance in Full: \_\_\_\_\_  
25% Rental Deposit: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
Cleaning Deposit: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Returned \_\_\_\_\_  
Deductions from Cleaning Deposit if Needed: \_\_\_\_\_

COPY OF ABC LICENSE REQUIRED:	YES	NO	RECEIVED:	YES	NO
LIABILITY INSURANCE REQUIRED:	YES	NO	RECEIVED:	YES	NO
SECURITY GUARDS REQUIRED:	YES	NO	RECEIVED:	YES	NO
PORTABLE TOILET(S) NEEDED:	YES	NO	HOW MANY?	_____	
WALK THROUGH COMPLETE:	YES	NO	GUILD REP.:	_____	DATE: _____
APPLICATION STATUS:	APPROVED	DENIED	GUILD REP.:	_____	DATE: _____
REFUND REQUEST: Amount Refunded \$	_____		GUILD REP.:	_____	DATE: _____
COMMENTS:	_____				

See rate sheet in Facility Reservation Policies page 6