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



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Applicant:				
Individual	Вι	usiness	Non	-Profit
Email:				
Mailing Address:				
City:	State:		_ Zip:	
Phone: (Work)		(Home):		
Name of person in charge of	f event:			
Emergency Contact Person:				
Phone: (Work)		(Home):		
DATE & TIME REQUES	STED (Please fill ou	t separate application	ns for non-con	ntinuous dates)
Date		ening Time am re to include time fo		_
What time will	your guests be arri	ving at the facility?		
EVENT INFORMATION				am pm
Purpose:				
Am	enities Reques	ted (check all th	at apply)	
Main Hall (Standing or dancing 3 (Lecture seating 300) (Banquet seating 155)	(E	ecture seating 125) Banquet seating 100)	G	Grove
Estimated Attendance: # Ac	dults	_# Youth	_ # Total	
Will a live band,a D.J. be pe	rforming or recorde	d music being playe	ed? Y	es No
(All music inside	must end by 10:3	0 pm; all music in	Grove mus	t end by 9 pm)
Will alcohol be served?	Yes No W	ill alcohol be sold?	Yes N	No
Will food be served?	Yes No			
25% RENTAL DEPOSIT WI	LL BE REQUIRED	AT THE TIME OF	SIGNING T	HE FACILITY USE
AGREEMENT SENT TO YO	U AFTER WE ARI	E IN RECEIPT OF 7	THIS APPLI	CATION.

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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.

		FOR GU	ILD HAL	L USE	ONLY	· _ · · _ · · _		
ESTIMATE OF CHARGES:								
Agreement Letter Sent by:		_	Date S	Sent:		Receiv	/ed:	
Total Rental Charge:			Paid E	Balance	in Full:			
25% Rental Deposit:		_	Date I	Paid:		Cash		Check
Cleaning Deposit:			Date I	Daid:		D - 4		
Doductions from Closning Donosit if No								
Deductions from Cleaning Deposit if Ne								
Deductions from Cleaning Deposit if Ne								
	eded:_							
Deductions from Cleaning Deposit if Ne COPY OF ABC LICENSE REQUIRED: LIABILITY INSURANCE REQUIRED:	eded:_					YES		
COPY OF ABC LICENSE REQUIRED:	eded:		NO		RECEIVED: RECEIVED:	YES YES		NO 🗆
COPY OF ABC LICENSE REQUIRED: LIABILITY INSURANCE REQUIRED:	YES YES YES		NO NO		RECEIVED: RECEIVED: RECEIVED:	YES YES YES		NO NO
COPY OF ABC LICENSE REQUIRED: LIABILITY INSURANCE REQUIRED: SECURITY GUARDS REQUIRED:	YES YES YES YES		NO NO NO		RECEIVED: RECEIVED: RECEIVED:	YES YES YES		NO NO
COPY OF ABC LICENSE REQUIRED: LIABILITY INSURANCE REQUIRED: SECURITY GUARDS REQUIRED: PORTABLE TOILET(S) NEEDED:	YES YES YES YES YES		NO NO NO		RECEIVED: RECEIVED: RECEIVED: HOW MANY?	YES YES YES DATE		NO NO NO

See rate sheet in Facility Reservation Policies page 6

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