



# CITY OF LANESBORO

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[www.lanesboro-mn.gov](http://www.lanesboro-mn.gov)

## Community Center Rental Application

Submit this Application to the City Clerk at least 45 days prior to the event.  
Please complete all items below. Incomplete applications will not be processed.

### DATE AND TIME OF RENTAL

Day of Rental: \_\_\_\_\_ Rental Hours: \_\_\_\_\_ [am][pm] to \_\_\_\_\_ [am][pm]

Date of Event: \_\_\_\_\_ Event Hours: \_\_\_\_\_ [am][pm] to \_\_\_\_\_ [am][pm]

NOTE: "Rental Hours" must include time needed for set up and clean up.

### INDIVIDUAL INFORMATION

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

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### ORGANIZATION/COMPANY INFORMATION

Name of Organization/Company: \_\_\_\_\_

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

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### EVENT INFORMATION

Describe event and activities including any entertainment: \_\_\_\_\_

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Please use a separate sheet of paper for additional information.

Estimated attendance: \_\_\_\_\_

Is use of kitchen requested? YES NO

Will food be served? YES NO

Will alcohol be served? YES NO

Will you be contracting to have the lights hung from the ceiling? YES NO

**APPLICANT MUST COMPLY WITH ALL ALCOHOL LICENSING AND INSURANCE  
REQUIREMENTS**

Renter agrees to pay the City of Lanesboro 25% of the total rental fee (Non-Refundable) upon entering into agreement. The rental deposit may be paid by cash or check. Checks should be made out to the "City of Lanesboro." If the check is dishonored, your event will be cancelled by the City. See the Community Center Rules and Regulations for more information concerning the security deposit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR CITY USE ONLY**

Security deposit received: \$ \_\_\_\_\_

Application Approved YES NO

Security deposit returned: \$ \_\_\_\_\_

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