RENTAL AGREEMENT

FOR BOOKING INFORMATION PLEASE CONTACT THE CITY CLERK’S OFFICE AT (575) 894-6673 OR EMAIL: torcclerk@torcnm.org

Date(s) & Time of Event:

From: __________ at __________ AM/PM               To: __________ at __________ AM/PM
From: __________ at __________ AM/PM               To: __________ at __________ AM/PM
From: __________ at __________ AM/PM               To: __________ at __________ AM/PM

* Note: This includes set up and tear down time. Set up and tear down will be the responsibility of the renter.

Description of event:

______________________________________________________________________________

Responsible Party/Contact (Printed):

Name of Organization:

Contact Phone #: ___________________ Contact Email: ___________________

Contact Address:

______________________________________________________________________________

   Street/PO Box     City     State/Zip

All organizations holding an event that lasts at least two consecutive days will be eligible for 100% reduction on fees. ALL rates are subject to a deposit.

Number of anticipated attendees: ______   Number Staying overnight: ______
<table>
<thead>
<tr>
<th>Facility Use</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Hours Private Party No Kitchen</td>
<td>$25.00</td>
</tr>
<tr>
<td>4-8 Hours Private Party No Kitchen</td>
<td>$50.00</td>
</tr>
<tr>
<td>Over 8 Hours Private Party No Kitchen</td>
<td>$100.00</td>
</tr>
<tr>
<td>Private Party with Kitchen (all times)</td>
<td>$250.00</td>
</tr>
<tr>
<td>Meeting Rooms</td>
<td>$10.00/hour</td>
</tr>
<tr>
<td>Sound System</td>
<td>$50.00</td>
</tr>
<tr>
<td>Security System Deposit Sound System:</td>
<td>$100.00/and</td>
</tr>
<tr>
<td>Security Deposit w/ no alcohol:</td>
<td>$250.00/or</td>
</tr>
<tr>
<td>Security Deposit if alcohol is served:</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

Rental Fee Total: $__________ Amount Paid: $__________
Date Received: ____________ Receipt Number: __________

Cleaning/Damage Deposit Total: $________________
Amount Paid: $________ Date received: ________ Receipt Number: ______
Additional Payment Information: __________________________________________

For Use by City Staff Only:

Deposit on File: YES ___ NO ___ Approved by: __________________________
Non-Profit: YES ___ NO ___ Non-Profit Info. Provided: YES ___ NO ___
PAYMENT AND DEPOSIT:

ALL rates are subject to a deposit of $250.00 EXCEPT when alcohol is being served then the deposit will be $400.00. No alcoholic beverages are permitted in the Facility unless served by a vendor with a “special dispenser's license”. Deposit must be paid in FULL before event is scheduled and all rental fees must be paid 30 days prior to the scheduled event. The cleaning/damage deposit will be deposited in a City account and will be refunded if the facility is cleaned after the event and the facility has not been damaged to the satisfaction of the City. If the amount of deposit is greater than the cost of cleaning or damage, the difference will be refunded. If the cost of cleaning or damage is greater than the amount of deposit the renter will be charged accordingly.

NON-PROFIT ORGANIZATIONS:

- Non-Profit organizations holding an event that requires at least two consecutive days will be eligible for 100% reductions on fees.
- Any Non-Profit or Governmental Entity will receive a 50% reduction in fees; by providing their Non-Profit status paperwork.
- The organization must be located in the City of Truth or Consequences, or their work must benefit the City and/or its residents.
- The organization must also state the purpose of the event and how the revenue will benefit the citizens of Truth or Consequences.

HOLD HARMLESS AGREEMENT:

Responsible Party agrees to hold harmless the City of Truth or Consequences for any and all damages, including theft and disappearance of any and all equipment by the above named Organization or Responsible Party. The City of Truth or Consequences does not assume any responsibility for damages or loss of any personal property left in the venue, meeting rooms, parking or public areas.

CRITERIA:

- An application supplied by the City must be submitted to the City Clerk’s Office at the time the event is scheduled.
- Events may be held from 7:00 A.M. until 12:00 A.M.
- Tear down and cleanup must be complete by 12:00 A.M.
- Cancellations must be made within 48 hours of event, or the security and/or cleaning deposit will be imposed.
- Monday through Friday, 7:00 A.M. to 3:00 P.M. is dedicated for Senior Use of the Civic Center; with exceptions approved by City Staff.
- If Alcohol is served without meeting City Code Section 8-118 requirements, the City has the right to terminate the event and contact the appropriate authorities. Additionally, if these requirements are not met this may result in fines imposed by the State and will result in the cancellation of the event.
City Code Section 8-118 Selling or Drinking of Alcohol in Public Places.

It is unlawful to sell, serve, furnish, or permit the drinking or consumption of alcoholic beverages, as defined in NMSA 1978, § 60-3A-1 et seq., or to drink any alcoholic beverage in any public place or private club, or key club, whether operated for profit or not, except establishments having a license to dispense such beverages by the owner, operator, lessee, or proprietor thereof. No alcohol Beverages are permitted in the Facility unless served by a vendor with a “special dispenser’s license.” I acknowledge the City’s Code for Selling or Drinking of Alcohol in Public Places.

I have read and understand all of the terms and conditions in this rental agreement and will abide by them. I further understand that events scheduled in the Civic Center become public information, and will be posted on the Civic Center calendar.

Responsible Party signature: ___________________________ Date: ______________

For Use by City Staff Only:

Updated & Distributed Calendar to Civic Center on: ___________________________

City Clerk Staff Signature: ___________________________ Date: ______________

Police Department Signature: ___________________________ Date: ______________

Date of Refund: ___________________________ Amount of Refund: ___________________________