

# BINGO PARK BUILDING RESERVATION APPLICATION

Person applying for reservation \_\_\_\_\_

Address \_\_\_\_\_

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

Phone# \_\_\_\_\_ Date of the Event \_\_\_\_\_

Name of the Organization or person responsible \_\_\_\_\_

Park Activity; wedding, reunion, graduation, etc. \_\_\_\_\_

**PHYSICAL ADDRESS: 531 RIVER ROAD, RANDALL, MN 56475**

**The building SHALL be closed at 12:00 a.m.**

**ALL persons SHALL leave park premises at 12:30 a.m. Renter must have everything cleaned up before they leave.**

The rental charge of **\$100.00** must be received with application. In order to receive a refund, reservation cancellations **MUST** be made 30 days prior to event.

**City of Randall requires** that the Renter have Personal Liability Insurance **and City of Randall needs a certificate of this insurance** of a minimum \$100,000.00

A deposit of **\$100.00** must be paid at the time of picking up the key for the building. **ALL KEYS ARE LOCATED AT THE RANDALL LIQUOR STORE.** Two garbage bags will be provided by the City at this time. Garbage **MUST** be bagged and removed from building and can be placed in the dumpster. If the kitchen is used, stove and counters must be cleaned. The building must be left the same way in which it was rented. This must be done by the end of the day that the building is rented. The key must be returned by 9:00 a.m., the following day, if the building is being used that day. At the time the key is returned, the building will be inspected by a representative of the City, with the renter present. If no damage has been done, or extensive cleaning is not necessary, the damage deposit will be returned. If the building is inspected on a weekend, the deposit will be returned the first business after the weekend.

**If damages to the building exceed the deposit amount, the renter is liable for said damages.**

I understand and agree to the conditions of this application.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

The outside building and park are open to the public.

Any questions, call (320) 749-2159.

**Return Application and certificate of this insurance to:**

City of Randall

PO Box 229

Randall, MN 56475

Fax: (320)749-2605

Email: [randallcity@brainerd.net](mailto:randallcity@brainerd.net)

Date payment received \_\_\_\_\_