

**City of Stanley**  
**P.O. Box 53 Stanley, ID 83278**  
**(208) 774- 2286**

**Commercial**  
**COMMUNITY BUILDING USE AGREEMENT**

**USER MUST READ AND INITIAL BY EACH NUMBER BELOW!!**

The undersigned person(s) or organization, hereinafter User, agree that in consideration for the use of the Stanley Community Building, they will abide as follows:

1. User shall use the Community Building on the following date: \_\_\_\_\_  
 For the purpose of: \_\_\_\_\_
2. User agrees that the building **must be vacated no later than 1:30 a.m.**  
**On** \_\_\_\_\_.

FACILITY	FEE	AMOUNT ENCLOSED
Community Building Rental	\$ 500.00	\$ 500.00
Security & Damage Deposit	\$ 500.00	\$ 500.00
<b>TOTAL ENCLOSED</b>		

*All Community Building facilities are subject to inspection according to the guidelines enclosed. Any additional cleaning required by the City will be deducted from the Security & Damage deposit, or if more, User will be billed.*

- \_\_\_ 1. User must turn off all lights and the heat down before leaving the building.
- \_\_\_ 2. User agrees to check out the building key(s) at the City Office Monday through Thursday between 8:00 a.m. and 5:00 p.m., or by making PRIOR ARRANGEMENTS with the City Office.
- \_\_\_ 3. User agrees to deposit key(s) in the drop box located on the outside wall of the Community Building, just left of the City Office door. Key(s) may be returned to the City Office during business hours listed above. Failure to do so will result in forfeiture of the Security & Damage Deposit or portions thereof.
- \_\_\_ 4. User understands that he or she is solely liable for any and all damages to the Stanley Community Center Building or its contents, arising out of User's use.
- \_\_\_ 5. Should User activity include the dispensing of any alcoholic beverages, the User is solely responsible to first obtain consent from the Stanley City council, and if consent is granted, User is required to obtain at user's sole expense, any and all necessary permits or licenses. User must also make sure that any beverage must be served from the lower floor and not from the kitchen or upper floor area.
- \_\_\_ 6. Security & Damage Deposit is refundable only after inspection and approval by the City of Stanley.
- \_\_\_ 7. Any person or organization using the facility known as the Stanley Community Building, does so at his/her own risk and no liability, duty, obligation, and/or responsibility shall be imposed upon the City of Stanley, County of Custer, State of Idaho, the Stanley City Council and any cosigner or any of their agents for any accident, injury, mishap, theft, damages and/or other harm regardless of the source of imposition.

AGREED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 User Signature

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

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

Telephone: \_\_\_\_\_

(Please return this form to the City of Stanley at the above address)

<b>For Office Use Only</b>			
Date received	Check/Cash	Full/Partial	Balance Due
Security Deposit Refunded Y/N	Date Refunded	Check #	Amount