

MT. GILEAD FIRE DEPARTMENT RENTAL APPLICATION

Date of Application: _____

Applicant's Name: _____

Applicant's Street Address: _____

Applicant's Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

- ❖ **A COPY OF DRIVER'S LICENSE OR STATE APPROVED ID IS REQUIRED WHEN RENTING THE MT. GILEAD FIRE DEPARTMENT.**
- ❖ **DRUG AND ALCOHOL PROHIBITION – NO DRUGS OR ALCOHOL OF ANY KIND ARE PERMITTED IN OR ON ANY TOWN RECREATIONAL AND PARK BUILDING OR GROUNDS AT ANY TIME -24 HOURS PER DAY, 7 DAYS PER WEEK.**
- ❖ **INDEMNITY AGREEMENT – Each party or person using Mt. Gilead Fire Department facility acknowledges and agrees that neither The Town of Mt. Gilead nor its agents and employees shall be responsible for any expenses, losses, damages, claims, lawsuits, or liabilities that are in any way caused by or result from the use of the fire department property authorized by the permit. Additionally, each party or person using the facility described in this application acknowledges and agrees that each such party or person is jointly and individually responsible for any and all expenses of, cost of defense, losses to, damages or claims made against the Mt. Gilead Fire Department, their agents and employees that are in any way caused by or result from the use of them Mt. Gilead Fire Department property under this permit.**

❖ **PLEASE NOTE: The Town of Mt. Gilead does not supply - Toilet Paper, Soap in the Kitchen or Bathrooms, Napkins, Forks/Spoons/Knives or Paper Towels.**

Signature of applicant

Date

Town of Mount Gilead Authorized Representative

Date

❖ **\$100.00 Rental Fee**
❖ **Non Refundable**