City of Bloomington

Application for City Hall Facilities Use

Dept. of Public Works
401 N. Morton St, Suite 120
Bloomington, IN 47402
Fax: (812) 349-3567
Email:
Publicworks@bloomington.in.gov

Group Name: _____

Event Title: _____

Contact Person: _____ Phone Number: _____

Email:_____ Number of Participants*: _____

Room requested: _____ Non-profit: ☐Yes ☐No   Parking Validation needed: ☐ Yes   ☐ No
Please request the smallest room available   If yes, see Policy for pricing

*Users may be asked to provide a Certificate of Insurance

Special set up involved (chairs, tables, etc.)**:   ☐ Yes   ☐No   City staff needed for set up/clean up: ☐ Yes   ☐No
If yes, please sketch the desired layout on page 2. See Policy for information about decorations   If yes, see policy for pricing

Reservation date: _____ Start time:_____ End time***: _____
                                                         Include time for the organizer to set up   Include time for the organizer to clean up

Recurring event: ☐ Yes ☐ No   If yes, How often: _____
                                                                  Examples: Third Friday of each month; Every other Wednesday from January—July

**Special Set Up may affect capacity limits for the room.   ***Users may be charged a holdover fee if event lasts beyond the reservation end time.

Audio/Visual equipment needed: ☐ Yes   ☐ No   Technical Support needed: ☐ Yes ☐ No
                                                                                                                        If yes, see Policy for pricing

Requested Equipment: ☐ Wireless Microphone ☐ Computer ☐ Projector ☐ Teleconference ☐ Podium ☐ Speakers

Serving refreshments: ☐ Yes   ☐ No Type:_____
                                                      Users supplying food must comply with applicable Indiana State laws and regulations. Alcohol is **not** permitted inside City Hall

Will the kitchen be utilized: ☐ Yes   ☐ No Purpose:_____

Will you need to schedule an Orientation Tour with staff (recommended for 1st-time facility users): ☐ Yes   ☐ No

☐ I have read, understand, and agree to adhere to the "Facilities Use Policy" and will be responsible for any damage to City facilities resulting from this event.

_____   _____   _____
   Printed Name   Signature   Date

FOR STAFF USE ONLY
Date received: _____ By: _____ Total Fees:_____ Check #: _____

Item	Required? (Yes/No or $ Cost)	Item	Required? (Yes/No or $ Cost)	Item	Required? (Yes/No or $ Cost)	Item	Required? (Yes/No or $ Cost)
Cert. of Insurance		Hourly Rental fee		Technical Support		Parking Fees	
Security Deposit		Set up/ Clean up fee		Bldg. Supervisor		External Security	

☐Approved ☐Denied   By: _____   Date: _____
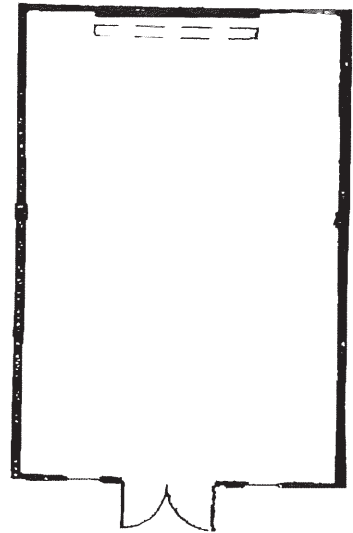
<u>**Reservations are not final, until this application is signed, received, and approved**</u>   Page 1 of 2

Kelly Conference Room #155
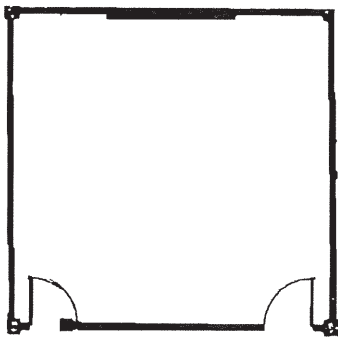8   chairs
14   max. occupancy
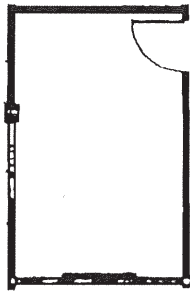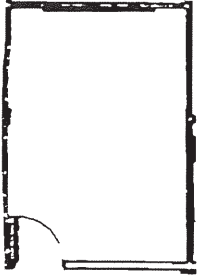
Dunlap Conference Room #235
10   chairs
11   max. occupancy

McCloskey Conference Room #135
20   chairs
39   max. occupancy

Hooker Conference Room #245
20   chairs
26   max. occupancy

Please make a sketch of tables and chairs, etc. for special set-up

Council Chambers: Room #110
93   main level chairs
57   balcony chairs
236   max. occupancy

BALCONY

CHAMBER FOYER

ELEVATOR

SOUTH LOBBY

City Hall Atrium (South Lobby)
212   max. occupancy