**OROMO COMMUNITY OF MINNESOTA**

**465 Mackubin street St.Paul, MN 55103**

**Rental/Lease request form**

( Application must be submitted two weeks before the request)

Name of Organization/group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of persons filling the Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Within the Organiziton \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone :[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Day[S] Requested:Mn\_\_ Tu\_\_ We\_\_ Thu\_\_ Fr\_\_\_ Sat\_\_\_Sun\_\_\_Date: From \_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_

Type of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact time of event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time enter building \_\_\_\_\_\_\_\_\_\_ Time Exist building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors/Main Contactperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_ room requested \_\_\_\_\_\_\_\_\_\_\_\_number of chairs needed\_\_\_\_\_

Number of tables needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will food be served: yes\_\_\_\_\_\_ No\_\_\_\_\_\_

The undersigned, for him/her and on behalf of the above named group, does hereby agree to protect , assure, save and keep harmless, oromo center property from any and all loss, cost, damage or expense arising from any accident or other occurrence on or about said premises during use as identified.

I do hereby certify, in representation of the above named group, have received a copy of the rules and regulations governing use of oromo community center property and that I have read and will observe all rules and regulation of the center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature Date

**(For office use only) permit**

Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ code assigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time opened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time closed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_\_\_\_\_\_

Key/code deposited amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date de[posite returned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_