



CITY OF SUNNY ISLES BEACH FACILITY USE APPLICATION

Office of the City Clerk, 18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1703 Direct Phone (305) 947-0606 Main Phone (305) 949-3113 Fax

City Clerk's Date Stamp

Applicant Information:

Name of Group/Organization

Last Name

First Name

Middle Initial

Business Address

City

State

Zip

(_____)_____
Phone

(_____)_____
Fax

(_____)_____
Mobile

E-Mail

Can we reach you at the above phone numbers after hours? *Yes No If no, please provide after hour contact number:*

Secondary Contact:

Last Name

First Name

Middle Initial

Business Address

City

State

Zip

(_____)_____
Phone

(_____)_____
Fax

(_____)_____
Mobile

E-Mail

Meeting Information:

Date of Meeting: _____ Number of Attendees: _____ Approx.

Time of Meeting: _____ a.m. / p.m. _____ a.m. / p.m.
From To

Description of Meeting, in detail:

Room Requested:

1st Floor Meeting Room

David P. Samson Commission Chambers

4th Floor Conference Room

Other: _____

Facilities Use Agreement:

I have read, understood, and agree to abide by the rules and regulations of the City of Sunny Isles Beach regarding the use of their facilities set forth in the Building Use Policy, Administrative Regulation #1-16. Furthermore, I agree to hold harmless and to indemnify the City of Sunny Isles Beach, its elected officials, officers, employees, and agents from any and all claims, losses, damages, actions, causes of actions and liabilities of any kind or nature whatsoever which are directly or indirectly related to the use of the facilities described herein by the undersigned and any guests, friends, or invitees which result in injury or loss of property to any person using the facilities herein described. My Organization/Group will be responsible for the repair or replacement of any damages to the facility, including any fixtures and furniture. My Organization/Group agrees to meet ADA (Americans with Disabilities Act) requirements and to provide any accommodations necessary to access the meeting or program.

Signature & Title

Date

Administrative Use Only

Office of the City Clerk: Date Received: _____ Initials: _____

Deposit: Yes No N/A Amount: \$ _____

City Manager or Designee Approval: Yes No Signature: _____

If no, state reason: _____

Dept in Charge: _____ **Dept Head:** _____ **Cell #:** _____

Is the Government Center open during this event? Yes No **If no, Administrative Services must be notified.**

Administrative Services Staff Requested? Yes No N/A

Staff Member on duty during event: _____ **Contact #:** _____

Comments: _____

Please ensure that any and all equipment used is placed back in its proper place and that all doors are locked

After Action by Office of the City Clerk: Initial: _____ Date: _____

Room Verification: Room OK Room Damaged Equipment Missing Equipment Damaged Other

Comments: _____

Staff Member Providing Verification: _____

Deposit Returned Yes No N/A **If no, state reason:** _____

Date: _____ **Initials:** _____

Date Logged: _____ **Log Number:** FR2006-_____

Please submit completed application to the Office of the City Clerk.