

# JACKSON COUNTY: ROOM RENTAL APPLICATION

100 County Services Park Road, Sylva, NC 28779



Application Submittal:  
 Jackson County Department on Aging  
 100 County Services Park  
 (828) 586-8562

## APPLICANT INFORMATION

Last Name: Colleen Stillwell Gibson First Name: \_\_\_\_\_  
 Organization (if applicable): Sylva - Webster Class Reunion  
 Address: 8682 US Hwy 74 W City: Whittier Zip Code: 28789  
 Home Phone: 828 586-5466 Daytime Phone: Same  
 E-Mail: thestarlightmotel@gmail.com  
 Have you rented one of our facilities before? (Yes) No (please circle)

## CLASSIFICATION OF APPLICANT

- Jackson County Aging Services Department
- Jackson County governmental agencies, departments, boards, commissions, etc.
- Jackson County residents, civic groups, non-profit organizations, private organizations, businesses
- Non-Jackson County governmental entities including regional, state, and federal agencies
- Non-Jackson County residents, civic groups, non-profit organizations, private organizations, businesses

Note: Proof of Jackson County residency required at the time of application (valid NC Driver's License/ID)

## RENTAL/EVENT INFORMATION

|   |   |
|---|---|
| Heritage Room: Section 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/>                    | Board Room _____                                      |
| Date Requested: <u>September 21 2019</u>  | Day of Week: SUN MON TUE WED THU <u>FRI</u> SAT _____ |
| Hours of Use: Setup: _____ am/pm _____  | 3 am/pm Anticipated Attendance: <u>225</u> (1000)?    |
| Function: <u>3</u> am/pm _____  | 9 am/pm Children in Attendance: _____                 |
| Cleanup: <u>9</u> am/pm _____   | 10 am/pm _____  |
| Name of Function: <u>Reunion - Sylva - Webster</u>  |   |
| Room Setup Diagram: Section 1 Section 2 Section 3   |   |
| Equipment: Tables <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> PA System <input checked="" type="checkbox"/> Podium _____ |   |

Type of Function: Youth Party \_\_\_\_\_ Adult Party \_\_\_\_\_ Fundraiser \_\_\_\_\_ Other Reunion  
 Will the function be catered?  Yes  No If yes, by whom? owner's food vendors  
 Will admission fee be charged?  Yes  No If yes, purpose of fee? \_\_\_\_\_  
 Will the function be open to the public?  Yes  No

The undersigned, hereby agrees to be responsible for any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. Applicant further agrees to be responsible for any accident or injury occurring to anyone during and by this use, and agree that the County of Jackson, its officers and employees, shall not be responsible for any such injury or loss, except as arises from the sole willful act, omission or sole negligence of the County of Jackson, its officers or employees. The undersigned has received a copy of the Facility Use Policy, Clean-Up Requirements, and Rules and Regulations and agrees to comply with the rules and regulations listed therein.

[Signature] Organization (if Applicable) Sylva - Webster Alumni Date 6/18/19

**RESERVATION STATUS – FOR OFFICE USE ONLY**

|   |                |               |
|---|----------------|---------------|
| FACILITY USE:<br><input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | _____<br>STAFF | _____<br>DATE |
|---|----------------|---------------|

|   |
|---|
| ___ APPLICATION RECEIVED _____  |
| ___ SECURITY DEPOSIT                      DATE: _____                      PAYMENT TYPE: _____                      RECEIPT # _____ |
| ___ APPROVAL LETTER   |
| ___ SETUP DIAGRAM   |
| ___ INSURANCE CERTIFICATE RECEIVED  |
| ___ CLEANUP SLIP & RULES AND REGULATIONS  |
| ___ FINAL PAYMENT                      DATE: _____                      RECEIPT # _____   |
| ___ CONFIRMATION LETTER   |
| ___ REFUND ISSUED                      DATE: _____  |

| CALCULATION OF FEES   |  |
|-----------------------|--|
| Deposit Fee           | \$ <u>250.00</u>   |
| Rental Fee (Area 1)   | \$ <u>135.00</u> (# Hours <u>9</u> ) X (Fee <u>15.00</u> )                     |
| Rental Fee (Area 2)   | \$ <u>135.00</u> (# Hours <u>9</u> ) X (Fee <u>15.00</u> )                     |
| Rental Fee (Area 3)   | \$ <u>135.00</u> (# Hours <u>9</u> ) X (Fee <u>15.00</u> )                     |
| Rental Fee Lobby      | \$ _____ (#Hours _____) X (Fee _____)  |
| Rental Fee Board Room | \$ _____ (# Hours _____) X (Fee _____)   |
| Insurance Fee         | \$ _____ (Homeowner's _____)   |
| Housekeeping Cost     | \$ <u>180.00</u> ( <u>20</u> X <u>9</u> )                                      |
| FINAL PAYMENT         | \$ _____                      DATE: _____                      RECEIPT # _____ |
| <b>TOTAL COST</b>     | \$ <u>835.00</u>   |

ADOPTED:

Aging Community Room