

LAKE COURT CENTER RENTAL APPLICATION

404 Lake Court, Dixon, IL 61021 (815) 652-2006

Event Date:	Time IN:	Time OUT:	
Renter's Name:		Phone:	
Street Address:			
City, State, Zip:			
Renter's Email:			
Event Type:		ategory # (see below):	
Approximate Number Attending Event	:: Rental F	Rental Fee: \$	
CATEGORY 1: In-District Private Events Security Deposit: \$10 CATEGORY 2: Out-of-District Private	00 no alcohol, \$200 with alcohol	\$30 per Hour with a 4-Hour Minimum \$60 per Hour with a 4-Hour Minimum	
Security Deposit: \$20	00 no alcohol, \$400 with alcohol	•	
CATEGORY 3: Open Community Me Security Deposit: \$10	eetings & Social Groups 00 no alcohol, \$200 with alcohol	\$15 per Hour with a 2-Hour Minimum	
 The renter is responsible for sets. The renter is responsible for cl. Alcoholic beverages are not pr. Insurance naming Lost Lake R signed, notarized Liability Insurance. No smoking or vaping is permit. Music and noise must be held the right to terminate any even. The event must end by 10:00 pt. A Security Deposit is required. 	osing and locking all doors and rohibited on RCD property, unless CD as an additional insured durance Agreement. Itted in the building. It to a reasonable level with regard the where people become disruption. Cleanup must be completed. The deposit will be refunded on a staff. All facilities must be left in	g, including appliances used. windows before leaving the property. ss the renter submits a Certificate of ing the event, and by submitting a d to surrounding residents. We reserve we, destructive, or disrespectful. d and the building vacated by 11:00 p.m.	
Renter's Signature		Today's Date	
Please send the following to: <u>Lost</u>	Lake RCD, 404 Lake Court, Di	xon, IL 61021	
☐ Signed Rental Application	□ Liability Insuran	ce Agreement, if applicable	
□ Payment 1: Security Deposit	t □ Certificate of Ins	surance, if applicable	
□ Payment 2: Rental Fees			