

APPLICATION FOR USE OF CITY HALL FACILITIES

Work Hours: M-F 8:00 a.m. – 4:30 p.m. Excluding Holidays

Fees: Food/Beverage \$25.00 Deposit (refundable if room is left in acceptable condition)

Non-working hours: \$40.00/hour (minimum 2 hours); \$40.00/hour for additional hours or portion thereof

City of Hastings
101 Fourth Street East
Hastings, Minnesota 55033
651-480-2350

www.hastingsmn.gov

Completed form can be emailed to City Hall at:
RoomReservation@hastingsmn.gov

Organization Requesting Use: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Email Address: _____

Type of Meeting: _____

Date Requested: _____ Time Requested: _____
Start End

Estimated Attendance: _____

Special Requests: _____

Food/Beverages Served: YES NO

If yes, please indicate: _____

- Attendees will not be allowed in the building until the leader (contact person) has arrived.
- Leader is responsible for ensuring that the rules and regulations for use of City Hall facilities are complied with.
- The leader must be the last to leave.
- If arrangements must be changed or canceled, please contact the Hastings City Hall at least three (3) working days in advance of scheduled use.

I hereby certify that I am an agent of the above-named organization and have been authorized to accept in their name the responsibility for observance of the rules & regulations of the City of Hastings as a condition of the issuance of this permit. I understand that the permit for use of the City facilities may be canceled if any of the rules are violated and future use may be denied.

Authorized Signature

Date Submitted

For Office Use

Request for Reservist email date: _____ By: _____

Reservist Scheduled & Confirmed: _____ By: _____

Facilities Maintenance Notified: _____ By: _____

Fee Charged: _____ Receipt #: _____
*\$40.00/hour (minimum 2 hours); \$40.00/hour for additional hours or portion thereof

Deposit Collected: _____ Yes _____ No _____ Receipt#: _____
*\$25.00, refundable if room is left in acceptable condition

*Date TBIF was submitted to Accounts Receivable: _____ By: _____

Deposit Returned: _____ Yes _____ No-if no, reason _____ By: _____