

BOOKING CONFIRMED

Kawartha Lakes-Haliburton
Housing Corporation
22 Kent Street West P.O. Box 2600

322 Kent Street West, P.O. Box 2600 Lindsay, Ontario K9V 4S7 Tel: (705) 324-6401 1 800-463-4120

Fax: (705) 324-0428 www.city.kawarthalakes.on.ca

ME10 Common Room Use - Schedule B

Agreer	ment for use of Common	n Area		
I would	like to apply to use □Mai	in Lounge □Smal	I Lounge □Other are	eaat:
Addres	s:			_
Date: _		_ Time:	to	_
Event:				_
Numbe	er of people expected to at	tend:max	imum allowed:	_
Genera	al Conditions			
The Ap	plicant understands and a	agrees:		
	This includes washing/dry provided, washing the kitch cleaning arrangements invertibles service is the responsible kitchenware are the responsible that smoking is not permit meters of the building entrapermitted anywhere in or of that serving and consuming that outside guests will be propped open; That outside guests will be parking areas and that the	up of the lounge a ing of all dishes a hen floor, vacuum volve an outside o ibility of the applic nsibility of the Applited the in the lounge rance. For designation the property. Ing of any alcoholic e admitted through the asked to park in e applicant will array	and kitchen will be the ond utensils and putting and spot cleaning contractor or houseked cant. Refreshments, for any public area wated No Smoking build the front entrance of the designated visite ange for direction to be this agreement, shape the state of the designated visite ange for direction to be this agreement, shape the state of the designated visite ange for direction to be this agreement, shape the state of the designated visite ange for direction to be the designated visite and the designated vi	e responsibility of the applicant. Ing them away in the space g any spills on the carpet. If the eper any cost associated with food items and disposable within the building or within 9 Idings, no smoking is bited: In parking area or municipal the provided to these guests; Il at all times be under the
Insura	nce provision			
and pre		arising from the u	ise of said Building b	e to the building, equipment y any person or persons who
The Apapplica	pplicant will provide proof c tion.	of personal liability	<i>i</i> insurance at the tim	e of completing this
	ousing Corp. will not be re ng belonging to the Applica	•	, ,	je or for the loss or theft of
Circum	stances may arise necess	sitating the cancel	lation of this Agreem	ent.
Applica	ant Name (please print)			Date:
Applica	ant Signature			
Applica	ant contact phone number	and email		
Applica	ant address			
KLH H	ousing Corp. signature:		Date:	

Signature: