

**THE ROANE ALLIANCE
FACILITY USE APPLICATION**
Available weekdays, evenings & weekends

DATE OF APPLICATION _____

DATE OF EVENT _____ TIME: FROM _____ TO _____ (Please include set up & cleanup time)

ORGANIZATION /INDIVIDUAL _____

TYPE OF EVENT _____

ADDRESS _____

TELEPHONE _____ CONTACT PERSON _____

NUMBER OF PEOPLE EXPECTED _____

Please check area of use:

_____ LARGE DOWNSTAIRS MEETING ROOM

_____ OUTSIDE (DECK & GROUNDS)

_____ MAIN FLOOR WITH KITCHEN

Prices are per event. Rental includes the use of chairs and tables.

Kitchen rental includes the use of stove, refrigerator, oven, microwave and sink.

Are you a Chamber member in good standing? Yes No

If not a Chamber member, please list reference (chamber member preferred) _____

Name _____ Phone # _____

Are funds being raised through this activity? YES NO

Are fees being charged for this activity? (i.e., admission, parking) YES NO

If Yes, please explain the purpose for which funds are to be used (**The Roane Alliance Must Approve**)

- **A \$300 deposit is due at time of booking. \$50 staffing fee for any after hours events.**
- **Liquor liability insurance documentation must be provided for alcohol to be served.**
- **For overflow parking, other parking areas must be approved in advance by other business owners.**
- **Fees must be paid in advance of the event. Prices subject to change without notice.**

Hours of Operation
Monday-Friday 8:00 a.m. – 5:00 p.m.

THE ROANE ALLIANCE

RULES AND REGULATIONS

1. *A facility use application must be completed by every person and/or group requesting use of The Roane Alliance facilities and must be approved by the President/CEO of The Alliance or her designee.*
2. ***A \$300 refundable damage deposit will be charged.***
3. *All facilities are tobacco free. Use of intoxicants of any kind is prohibited in building or grounds unless a certificate of liquor insurance liability is provided.*
4. *Responsibility for the orderly and proper use of the facilities and for any damage that may occur, whether accidental or as a result of negligence, rest with the using party. No additions, alterations or changes of any kind are to be made to the facilities.*
5. *Damages for unauthorized changes will result in restitution to The Roane Alliance from the individual and/or groups involved.*
6. *Arrangement of tables and chairs must be handled by applicant. Additional chairs must be requested in advance.*
7. *The user is responsible for putting trash in trash cans, cleaning the kitchen, putting tables and chairs back the way they were found, cleaning floor spills and picking up all litter. All users must take all garbage bags to the outside trash cans.*
8. *Parents or guardians over 21 years of age must sign the permit for minors or youth groups requesting use of the facilities and an appropriate number of responsible adults or sponsors must be present during the scheduled event.*
9. *The user is responsible for locking all doors when event is completed.*
10. *Charcoal or gas grills are to be used only in the backyard area, off the deck and patio.*

I hereby affirm that I have read and will enforce the rules pertaining to the use of the requested facility and will not hold The Roane Alliance or its employees liable in any way. I accept responsibility for the fees, for any violation of the regulations stated on this application and understand that any violation of these rules could mean revocation of privilege to use the facilities.

Applicant's Name _____ Date _____

The Roane Alliance Representative _____

Accepted _____ (yes or no)

Fee charged for event \$ _____

Cash \$ _____

Check* Amount \$ _____ Check # _____

*All checks to be made out to **The Roane Alliance.**

**The Roane Alliance
1209 N. Kentucky Street
Kingston, TN 37763
865-376-5572 / 865-376-4978**