

**TOWN CENTER RENTAL AGREEMENT**  
**TOWN OF EATONVILLE / PO BOX 309 / EATONVILLE, WA 98328**

**APPLICATION FOR USE**

ORGANIZATION/AGENCY/ BUSINESS: Redmond Cycling Club dba RAMROD

PERSON IN CHARGE: Erika Lim

BUSINESS PHONE # (206) 650-3818

ADDRESS: 2634 Franklin Ave. E. #307, Seattle, WA 98102  
P.O. BOX/STREET CITY STATE ZIP

TYPE OF ACTIVITY: Bicycle ride DATE(S) REQUESTED: Thursday, July 25, 2013

TIME REQUESTED: FROM 5:30 AM TO 10:00 A.M.

ESTIMATED GROUP SIZE: (NUMBER IN GROUP) 800 - 900



IN CONSIDERATION FOR BEING PROVIDED A LICENSE TO USE TOWN PROPERTY, APPLICANT HEREBY AGREES TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN, ITS APPOINTED AND ELECTIVE OFFICERS, AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS, DEMANDS, LIABILITIES, LAWSUITS, LOSSES, AND EXPENSES (INCLUDING BUT NOT LIMITED TO JUDGMENTS, SETTLEMENTS, ATTORNEY'S FEES AND COSTS) OCCURRING DURING OR ARISING OUT OF APPLICANT'S USE OF TOWN PROPERTY. THIS RELEASE EXTENDS TO ANY CLAIM, DEMAND, LIABILITY, LAWSUIT, OR LOSS THAT RESULTS IN ANY PERSONAL INJURY OR DEATH TO ANY PERSON; AND/OR ANY PROPERTY INJURY, DAMAGE, OR LOSS, INCLUDING ANY LOSS OF USE AND/OR CONSEQUENTIAL DAMAGES RESULTING FROM SUCH LOSS. APPLICANT AGREES THAT HE/SHE/IT IS RESPONSIBLE FOR SUPERVISION AND CONTROL OF GROUP OR INDIVIDUALS TO PREVENT INJURY AND ENSURE SAFETY, AS WELL AS ALL ASPECTS OF USE, INCLUDING PAYMENT OF FEES AND CHARGES, DAMAGE TO EQUIPMENT, PROPERTY OR GROUNDS OR ANY OTHER INCIDENT WHICH MAY OCCUR.

I, THE UNDERSIGNED AND HAVING AUTHORITY TO SIGN ON BEHALF OF THE ABOVE-NAMED APPLICANT, UNDERSTAND THAT ALL TOWN OF EATONVILLE ORDINANCES APPLY TO THIS RENTAL APPLICATION. I UNDERSTAND THAT, AS A CONDITION OF THE TOWN GRANTING THIS LICENSE, I MUST OBTAIN AND COMPLY WITH ALL REQUIRED LICENSES AND PERMITS THAT APPLY TO THE INTENDED ACTIVITY, INCLUDING BUT NOT LIMITED TO ALCOHOL SALE AND DISTRIBUTION, IF APPLICABLE. APPLICANT MUST PROVIDE THE TOWN PROOF OF INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS PER INCIDENT. I ACKNOWLEDGE THAT I HAVE HAD AMPLE OPPORTUNITY TO REVIEW THE INFORMATION ON THIS FORM, INCLUDING THE OPPORTUNITY TO CONSULT WITH INDEPENDENT LEGAL COUNSEL REGARDING THE SAME. IN CONSIDERATION FOR THE LICENSE GRANTED BY THE TOWN, I HEREBY AGREE TO ALL TERMS HEREIN.

Erika Lim /s/ May 6, 2013

NAME (PLEASE PRINT) SIGNATURE DATE  
(IF APPLICANT IS A BUSINESS/ORGANIZATION, SIGNATORY WARRANTS THAT HE/SHE HAS AUTHORITY TO SIGN ON BEHALF OF SAID BUSINESS/ORGANIZATION)

.....  
FOR OFFICE USE ONLY

	AMOUNT DUE	DATE DUE	DATE PAID
DAMAGE DEPOSIT	<u>N/A</u>	<u></u>	<u></u>

Approved by Mayor: \_\_\_\_\_

Town of Eatonville

Glacier Park

P.O. Box 309  
Eatonville, WA 98328

Application for Use

**COPY**

Organization /Agency/Business: \_\_\_\_\_

Person in Charge: Amy Heersink

Phone Number: 360-832-4723 (Home) 360-832-4121 (work)

Mailing Address: P.O. Box 1574 Eatonville

Type of Activity: celebration of life Live Entertainment if yes, kind: N/A

Date Requested: May 25<sup>th</sup> (Sat) Time Requested: 1:00 am/pm to 5:00 am/pm

Estimated Group Size: 100 Open to the public: Yes \_\_\_ No

Kitchen Use: Yes \_\_\_ No  Bathroom Use: Yes  No \_\_\_ Stage Use: Yes \_\_\_ No

\*\*\*\*\*

The Town of Eatonville, its employees, appointed or elected persons, shall not be held liable for injuries or loss or destruction of property resulting from the use of the premises or facilities. Applicant agrees to defend, indemnify and save harmless the Town, it's appointed and elective officers and employees from and against all lost and expense including but not limited to judgment, settlements, attorney's fees and costs by reason of personal or bodily injury including death at any time resulting there from sustained by any person or persons and in account of damage to or loss of property, including loss of use thereof arising out of or in consequence of the performance of the stated activity; as a result of the negligence of persons other than the Town of Eatonville. Applicant is responsible for the supervision and control of group or individuals to prevent injury and insure safety, as well as all aspects of use, including payment of fees and charges, damage to equipment, property or grounds; which may be incurred. I understand that all Town of Eatonville ordinances apply to this rental application. I acknowledge that I have reviewed the information on both sides of this form.

NAME: Amy Heersink

SIGNATURE: [Signature] DATE: 4/1/13

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DAMAGE DEPOSIT, \$50.00 pd

KITCHEN FEE, \$35.00 \_\_\_\_\_

APPLICATION PROCESSED BY: [Signature] DATE: 4/25/13

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.

Town of Eatonville

Glacier Park

P.O. Box 309  
Eatonville, WA 98328

 COPY

Application for Use

Organization /Agency/Business: Daffodil Festival

Person in Charge: Steve James

Phone Number : 253-840-4194

Mailing Address: 107 North Meridian

Type of Activity: Picnic Live Entertainment if yes, kind: no

Will Alcohol be served: Yes \_\_\_ No X, you will be required to get a banquet permit

Date Requested: July 4, 2013 Time Requested: 10am am/pm to 2pm am/pm

Estimated Group Size: 75 Open to the public: Yes \_\_\_ No X

Kitchen Use: Yes \_\_\_ No X Bathroom Use: Yes X No \_\_\_ Stage Use: Yes \_\_\_ No X

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NAME: Steve James

SIGNATURE:  DATE: 4/23/13

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DAMAGE DEPOSIT, \$50.00 pd

KITCHEN FEE, \$35.00 \_\_\_\_\_

APPLICATION PROCESSED BY: m Deel DATE: 4/20/13

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.

Town of Eatonville

Glacier Park

P.O. Box 309  
Eatonville, WA 98328

 COPY

Application for Use

Organization /Agency/Business: Family

Person in Charge: Alta Drane

Phone Number: (360) 377-6291

Mailing Address: 3719 Petersville Rd NE, Bremerton, WA 98310

Type of Activity: Family Reunion Live Entertainment if yes, kind: NA

Date Requested: Aug 17, 2013 Time Requested: 9  am /  pm to 4  am /  pm

Estimated Group Size: 100 Open to the public: Yes  No

Kitchen Use: Yes  No  Bathroom Use: Yes  No  Stage Use: Yes  No

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NAME: Alta Drane

SIGNATURE: Alta Drane DATE: June 1, 2012

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DAMAGE DEPOSIT, \$50.00 mael

KITCHEN FEE, \$35.00 mael

APPLICATION PROCESSED BY: mael DATE: 6/4/12

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.

Town of Eatonville

Glacier Park

P.O. Box 309  
Eatonville, WA 98328

Application for Use

 COPY

Organization /Agency/Business: Olympic T-bird Club

Person in Charge: Rosemarie Van Cleave

Phone Number : 360-832-3654

Mailing Address: P.O. Box 305

Type of Activity: Picnic Live Entertainment if yes, kind: -

Date Requested: July 21, 2013 Time Requested: 9<sup>00</sup> am/pm to 4<sup>00</sup> am/pm

Estimated Group Size: 50 Open to the public: Yes  No

Kitchen Use: Yes  No  Bathroom Use: Yes  No  Stage Use: Yes  No

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NAME: Rosemarie Van Cleave

SIGNATURE: Rosemarie Van Cleave DATE: 1-3-13

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DAMAGE DEPOSIT, \$50.00 paid 1-4-13

KITCHEN FEE, \$35.00 paid 1/4/13

APPLICATION PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.

Town of Eatonville

Glacier Park

P.O. Box 309  
Eatonville, WA 98328

Application for Use

 COPY

Organization / Agency / Business: \_\_\_\_\_

Person in Charge: CAROL Ward

Phone Number: (360) 832-6402

Mailing Address: Box 694 Eatonville WA 98328

Type of Activity: Family Reunion Live Entertainment if yes, kind: -No-

Date Requested: 7-13-13 Time Requested: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Estimated Group Size: 50-60? Open to the public: Yes (No)

Kitchen Use: Yes X No \_\_\_\_\_ Bathroom Use: Yes X No \_\_\_\_\_ Stage Use: Yes \_\_\_\_\_ No X

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NAME: CAROL Ward

SIGNATURE: Carol J Ward DATE: 4-9-13

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\*\*\*FOR OFFICE USE ONLY\*\*\*

DAMAGE DEPOSIT, \$50.00 pd

KITCHEN FEE, \$35.00 pd

APPLICATION PROCESSED BY: M Dele DATE: 4/9/13

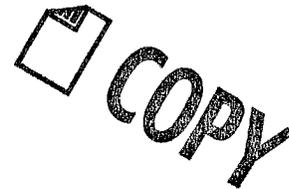
RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.

# Town of Eatonville

## Glacier Park

P.O. Box 309  
Eatonville, WA 98328

Application for Use

 COPY

Organization / Agency / Business: \_\_\_\_\_

Person in Charge: Jessica Davis

Phone Number : 360-832-1066 206-491-1445

Mailing Address: 664 Center St W Eatonville

Type of Activity: B-Day Party Live Entertainment if yes, kind: No

Will Alcohol be served: Yes  No  you will be required to get a banquet permit

Date Requested: 7/20/13 Time Requested: 9 am/pm to 4 am/pm

Estimated Group Size: 30 Open to the public: Yes  No

Kitchen Use: Yes  No  Bathroom Use: Yes  No  Stage Use: Yes  No

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NAME: Beverly Chappel

SIGNATURE: Beverly a Chappel DATE: \_\_\_\_\_

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### \*\*\*FOR OFFICE USE ONLY\*\*\*

DAMAGE DEPOSIT, \$50.00 pd 1/16/13

KITCHEN FEE, \$35.00 pd

APPLICATION PROCESSED BY: CMO DATE: 1/16/13

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.