



Gene Doty Senior Center Facility Rental Application

Emily Goggins
Recreation Coordinator
City of Fort Morgan
307 Linda Street Fort
Morgan, CO 80701
(970) 542-3922
www.cityoffortmorgan.com



Name of Organization _____

Name of Event _____

Address of Organization (if billing address is different please list billing address) _____

Type of Event (e.g. wedding, private party, cooperate event) _____

City _____ State _____ Zip Code _____

Is the event _____ open to the community OR _____ private (invitation only)?

Phone Number of Organization _____

Will there be an admission fee charged for event?
____ Yes ____ No

Website of Organization _____

I.R.S. Tax Exempt Number _____

Name of Event Organizer _____

*Please provide a copy of your IRS 501 (c) designation.
If you are not tax exempt, please write n/a.*

Will Organizer be at the event? Yes ____ No ____

All Organizers must provide documentation of liability insurance for their event and an endorsement. See information packet for details.

Organizer's Phone Number _____

Organizer's email _____

The Gene Doty Senior Center is available for rent outside of normal operating hours. Normal operating hours are M-F from 8am-5pm.

Name of Secondary Contact _____

Phone Number _____

Emily Goggins

Email _____

emily.goggins@cityoffortmorgan.com

(970) 542-3922

Date(s) of Event _____

Times of Event

Day 1 Start Time: _____ am/pm

End Time: _____ am/pm

Day 2 Start Time: _____ am/pm

End Time: _____ am/pm

Day 3 Start Time: _____ am/pm

End Time: _____ am/pm

Anticipated attendance:

Daily _____ Total _____

Will you need set-up and tear down days in addition to the Event Dates listed on the left? ***Please list on the right or answer n/a in the place for dates.***

Set Up Dates: _____

Start Time: _____ am/pm

End Time: _____ am/pm

Tear Down Dates: _____

Start Time : _____ am/pm

End Time: _____ am/pm

Please mark all rooms and equipment that will be utilized by your event.

<input type="radio"/> Main Community Room	Will you need chairs?	<input type="radio"/> Sound System
<input type="radio"/> Card Room	<input type="radio"/> Yes Quantity? _____	<input type="radio"/> TV's
<input type="radio"/> Billiards Room	<input type="radio"/> No	<input type="radio"/> Microphone
<input type="radio"/> Kitchen	Will you need tables?	<input type="radio"/> DVD Player
<input type="radio"/> Patio	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pool Tables
	5ft Circle Quantity? _____	<input type="radio"/> Dishwasher
	8ft Rectangle Quantity? _____	<input type="radio"/> Fridge
		<input type="radio"/> Oven

1. Will alcohol be served at your event? ___Yes ___No

To serve alcohol you must be designated non-profit with a Colorado Special Events Permit. Please allow 45 days prior to your event to get an alcohol license.

2. Will there be vendors at your event? ___Yes ___No

A posted Colorado State sales tax license is required for all vendors.

3. Will there be food vendors and/or catering at the event? ___Yes ___No

Food vendors must have a Colorado Retail Food License and the event organizer is responsible for notifying Northeast Colorado Health Department (NCHD) to fill out an event coordinator application. For more information please contact the NCHD at 970-522-3741 or visit their website at www.nchd.org.

5. Will there be amplified sound at your event? ___Yes ___No

All Community Events must comply with City's noise ordinance.

Will additional security be hired? ___Yes ___No

Tax Exempt Organizations - 501c

The City of Fort Morgan offers tax exempt organizations discounted rental fees at the Gene Doty Senior Center. Deposits and payment guidelines will remain the same regardless of non-profit status. It is required to show proof of 501c status.

For Office Use Only

Name of Event

	Gene Doty Community Room _____	____ 2 hours Fee \$ 75 + Cleaning Fee ____ 3+ hours Fee \$ 150 + Cleaning Fee ____ 5+ hours Fee \$ 225 + Cleaning Fee ____ 8 hour Fee \$300 + Cleaning Fee ____ Additional room fee \$25/room <u>* Cleaning fee \$100 for all events</u>	Total Cost \$ _____
	Georgia Hultquist "Doty" Card Room	____ 2 hours \$25 + \$25 Deposit ____ Each Additional Hour \$10	Total Cost \$ _____
	George V. Doty Billiards Room *includes Billiards Tables	____ 2 hours \$25 + \$25 Deposit ____ Each Additional Hour \$10	Total Cost \$ _____
	Kitchen (Must be rented in conjunction with another room rental)	____ \$25 charge for event	Total Cost \$ _____
	Partial Kitchen (no cooking) *includes counter space, microwave, fridge, and coffee maker (renter must supply coffee)	____ \$10 charge for event	Total Cost \$ _____

Total Fees Due \$ _____ Total Amount Due \$ _____ Date Payment Received _____

Total Deposits Due \$ _____ Proof of 501c status ____Yes ____No Received by _____

Gene Doty Senior Center Rental Guidelines

Thank you for choosing the Gene Doty Senior Center for your event! This beautiful facility was made possible by a generous donation from Eugen V. (Gene) Doty and through partnership with the City of Fort Morgan.

Below is a list of rentable space with a brief description to help plan your event.

Gene Doty Community Room—A versatile community room perfect for banquets, wedding receptions or any type of social event large or small. This room features a beautiful fire place and can be set up to cater to any event. Capacity (150)

Georgia Hultquist “Doty” Card Room—A quiet and private room that is perfect for smaller gatherings. Host your next card or game night here! Capacity (20)

George V. Doty Billiards Room—A must see room for anyone interested in shooting some pool. This room has four pool tables and is ready to host your next event. (Capacity 25)

Patio—The covered patio is the perfect spot to take a break from the action and enjoy some fresh air. Equipped with patio furniture and plenty of room to set up yard games of your choice. (Capacity 50)

General Scheduling Information

Rental requests for the Gene Doty Senior Center are welcome up to 12 months in advance.

Once approved, and the deposit payment is provided, rentals will not be bumped by internal or external activities except in a case of an emergency. This does not eliminate the fact that blocks of space/time may be reserved for town operations and may not be available for private rentals.

The minimum rental period is two hours.

Tenants may occupy specified facility and specified dates and times only.

The Gene Doty Senior Center reserves the right to cancel any reservation due to mechanical failure or other unforeseen occurrences that render the fulfillment of the rental agreement impossible or impractical.

Guidelines

Refund Policy

The City of Fort Morgan may refund fees as long as a refund request is submitted at least ten (10) business days before the event. If notice is not given ten (10) business days in advance, there will be no refund.

Catering

The Gene Doty Senior Center has an open catering policy in which any caterer of your choice may cater your event without the use of the kitchen.

Kitchen Fees

The kitchen must be rented in conjunction with another room rental.

Partial Kitchen Use: includes counter space, microwave, fridge, and coffee maker (renter must supply coffee).

Decoration

Please include any time needed for decorating as part of your rental. No tape, pins, tacks, wires, screws, or other objects leaving permanent holes or marks are to be used on walls, Floors, ceilings or furniture.

Damages—Any damages beyond normal wear and tear, incurred during the rental period that require labor and materials will be billed directly to the renter. The City of Fort Morgan may deny future use of the facility. Rice, confetti, or glitter is not to be thrown or used as a decoration inside or outside the building. Birdseed may be thrown outside if not excessive.

Noise Ordinance—(Fort Morgan Municipal Code Sec. 10-6-230)

All community events utilizing amplified sound need to comply with the City's noise ordinance. If your community event is approved, this does not automatically authorize violation of the noise ordinance. Police Officers must have access to measure sound levels and if a complaint is received they have authority to determine if the noise is at acceptable levels.

Facility Modifications—Tenant may not undertake any modification to the facility, i.e. plumbing, electrical, mechanical, painting, carpentry, or moving of art work or plants in the facility without the prior written authorization of the City of Fort Morgan.

Insurance—(Fort Morgan Municipal Code Sec. 11-6-120)

All Organizers must provide documentation of liability insurance for their event. Minimum acceptable coverage is not less than three hundred thousand dollars (\$300,000) for injury or damages occurring to one (1) person in one (1) occurrence and not less than five hundred thousand dollars (\$500,000) for injury or damages occurring to more than one (1) person in the same occurrence and not less than one hundred thousand dollars (\$100,000) for damage to property in one (1) occurrence.

The City must be named as additionally insured on all policies. Certificates of insurance with the verbiage "THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER" need an endorsement showing the City as additionally insured. See examples on pages 8 and 9.

In addition the responsible organization/individual shall indemnify and hold harmless the City, its officers, agents, servants, and employees, from and against any and all claims or suits for bodily injury, illness, death, personal injury or property damage (including, without limitation reasonable fees and expenses of attorney's, expert witnesses and other consultants) arising out of any act or omission in connection with the activities conducted under this agreement.

Special Event Liquor License

Organizations wanting to sell or serve alcoholic beverages in conjunction with their events should be aware that possession and consumption of alcohol is prohibited in all City of Fort Morgan parks and facilities and other public areas. Depending on the specific location there may be adjacent private property on which a beer garden or similar operation could be feasible under a liquor license Special Event Permit if the organization is a qualifying non-profit entity and the permission of the private property owner is obtained. Contact the City Clerk's Office at 970-542-3963 regarding the separate application and approval process for a Special Event Liquor Permit.

Marijuana

The use, possession, transportation or distribution of marijuana in any form for any purpose is prohibited within any facility or property owned and/or operated by the City.

Vendors and Special Event Sales Tax Licenses

There are two requirements for a vendor of tangible products at a community event (craft sales, etc.). A Vendor Special Event License Application for Single or Multiple Events must be submitted to the State of Colorado, Department of Revenue. For an event held within the city limits of Fort Morgan, both City (3.0%) and State (2.9%) sales taxes (total of 5.9%) must be charged to all customers and paid to the State of Colorado by submitting a Special Event Sales Tax Return (Fort Morgan is a state-collected City for sales taxes and does not issue individual city sales tax licenses to event vendors). Please note charitable and non-profit organizations may not be exempt from collecting sales tax or obtaining a sales tax license. Forms can be found on the Colorado Department of Revenue website at <https://www.colorado.gov/pacific/tax/sales-tax-instructions-and-forms>. Click on "Special Event Specific Fill-In Forms" at the top of the page and follow the instructions there.

Caterers and/or food vendors must have a Colorado Retail Food License. Event Organizers are responsible for notifying the Northeast Colorado Health Department (NCHD) to fill out their event coordinator application. For more information please contact the Northeast Colorado Health Department at 970-867-4918 or visit their website at <http://www.nchd.org/>.

AMERICANS WITH DISABILITIES ACT (ADA) REQUIREMENTS

In compliance with the Americans with Disabilities Act (ADA), the City offers accessible programs and venues along with reasonable accommodations for people with disabilities. Organizers are expected to make every effort to follow ADA guidelines to accommodate and maintain access for people with disabilities. Organizers are also expected to not repurpose areas of facilities that are ADA compliant.

Example of Required Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

If the version of the Certificate you receive contains this language, it means you must also request the actual endorsement to the policy naming the City as an Additional Insured. (Also see Note #2 on page 2.)

CONTACT

NAME:

PHONE

(A/C, No. Ext):

E-MAIL

ADDRESS:

FAX

(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

This section lists the carrier(s) that provide coverage. The best providers (insurer's financial strength) are listed as A- or better to include A++, A+, A, or A-. If there is a lower rating contact the City's Risk Mgmt. Dept.

INSURED

This box should list the name of the person or company holding the event and their address.

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		Since the City will be an "Additional Insured," there should be a "Y" or "X" in this column. (Also see Note #1 on page 2.)		The date(s) of the policy must be equal to or longer than the date(s) of the event, including set up and take down.	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

These boxes must be \$1,000,000 or more.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This should contain a general description of the event/reason for the certificate and date(s) of event. Watch carefully for any qualifying statements - i.e., "but only if," "however," "subject to," and "limited to."

CERTIFICATE HOLDER

CANCELLATION

This must be the City of Fort Morgan. Generic-type language ("To Whom It May Concern") is not accepted.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Example of Endorsement

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 11 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

SCHEDULE

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (Additional Insured):
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.