CITY OF WARREN

R. GREGG REEP, Mayor

COUNCIL MEMBER

CHANEL HOOPER
MEMORY BURKS-FRAZER
DOROTHY C. HENDERSON

P.O. BOX 352

Warren, Arkansas 71671 TELEPHONE: (870) 226-6743 FAX: (870) 226-8301 JANICE NELSON, City Clerk

COUNCIL MEMBER

JOEL TOLEFREE EMILY MOSELEY LATANZA ATKINS

ARMORY REGULATIONS & DISCLAIMER RELEASE 101 South Martin Warren, Arkansas 71671

- 1. Each applicant must be a reliable person 20 years of age or older and be willing to sign a Disclaimer Release and assume full responsibility for any and all damages to the building or contents.
- 2. A fee of \$175.00 per day will be required. This is paid for at the time of reservation and is non-refundable. Also, a \$125.00 security deposit is required. The refundable amount will be mailed by check after the key has been returned, and the building has been cleaned. (Total price of rental is (\$300.00.)
- 3. Conditions of use: Remember, you are only renting the room; therefore, you are responsible for the following:
 - a. Set-up.
 - b. Removing all trash and debris from premises.
 - c. Putting away tables/chairs or return to original state.
 - d. No decorations placed on walls, floors or ceiling.
 - e. Be sure all lights are off, and all doors are locked when you leave.
 - f. Bring your own paper goods.
 - g. Children must be always monitored and not allowed to roam.
 - h. NO ALCOHOL OR DRUGS allowed on premises.
 - i. NO SMOKING in the building.
 - j. Building must be vacated by 10:00 p.m., unless pre-approved by the mayor.
- 4. Keys must be returned promptly as agreed.
- 5. You may use tables and chairs.
- 6. No permanent reservations are allowed.
- 7. Any application not covered by these written regulations must be approved by the mayor.
- 8. All furnishings in the room is the property of the City of Warren; therefore, any damage or breakage must be paid for.
 - a. If an item is damaged and can be repaired, we charge the amount of the repair.
 - b. Items damaged beyond repair will have to be paid for at replacement value.

Name:	Phor	ne Number:	
Organization:	Address:		·
Date Needed:	From:	To:	
I have read the above regulations. I also under by me. I further understand t	stand I am responsible for	any damage done to the b	uilding while occupied
Signature of Person Responsi	ible Date		
PLEASE DO NOT BLOCK	DRIVEWAY TO THE ST	REET DEPARTMENT R	IIII DING