**TOWN OF RUSSELL COMMUNITY CENTER**

**RENTAL AGREEMENT**

*35900 STATE HIGHWAY 13, BAYFIELD, WI 54814 - (715) 779-5338*

SCHEDULE

 **Daily Weekday Rates - Daily Weekend Rates –**

**Monday-Thursday Friday thru Sunday & Holidays**

Private ------------------$75+tax = $79.13 --------------------Private $100+tax= $105.50

(No kitchen / no food service) (No kitchen / no food service)

Private ---------------$100+tax= $105.50 ---------------------Private $150+tax= $158.25

(Use of kitchen facilities) (Use of kitchen facilities)

Private ½ day Max 30--$30+tax=$31.65 --------------------Private ½ day Max 30 $30+tax=$31.65

(No kitchen use) (No kitchen use)

All others determined All others determined

by Town Board ---------- $ \_\_ by Town Board -----------$ \_\_\_\_\_\_

Town of Russell Residents: A discount of $30 applies to the above fees except small group max 30 ½ day rates.

**Cleaning/Damage/Reservation Deposit:** A deposit check payable to the Town of Russell for

$200.00 must be received within one week (7days) of making the reservation.

The deposit may be used for the following: to hold your reservation, cover damages and cleaning as specified in the contract, and to cover expenses of un-returned keys. If the above-described deposit does not cover the total expenses caused by your party, you are responsible for paying the additional amount as billed by the Town of Russell. Finally, if no expenses have been assessed to you, your deposit will be returned in full. Deposits will be returned within 30 days following the date the key(s) have been returned.

**Forfeited Deposit:** Your deposit will automatically be forfeited if the total rental fee has not been received by the Town within the time frame allowed.

**Rental Fee:** The total rental fee must be paid in full thirty (30) days prior to your rental. If your reservation is less than 30 days from the date of rental, the deposit and rental fee are due at the time the reservation is made.

**Rental Period:** The rental period begins at 12:00 noon rental day until 9:00 a.m. the next morning. Use of the facility prior to or following these times will result in the renter being charged for an additional day(s). If additional rental time is desired, the renter should inquire with the Town about available options and rates at the time the reservation is made. If you are found using the Community Center without making prior arrangements with the Town, you will be charged $100.00 per hour for the usage.

**Cancellation Policy:** In the event of a cancellation, you will receive a full refund of your deposit, and rental fee (if paid) if the Town is notified 30 days prior to the actual rental. After this time no refund of deposit or rental fees will be given. If your check for deposit and/or rental fee is returned unpaid to the Town, your reservation will be cancelled. Requests for refunds within 30 days of the rental agreement will be determined by the Town Board. You must submit in writing your request for a refund with appropriate explanations.

**Returned Checks and Collection Fees**: An additional $25.00 will be charged for any returned check. You may be held responsible for any additional legal costs the Town may incur in the collection of fees associated with this rental agreement.

**Decorations**:

Decorations may be used providing there is NO DAMAGE to walls, ceilings, woodwork. Thumb tacks, nails and items that create holes are not allowed. Tape, if used, must not damage paint or wood finishes and be completely removed following the event. These guidelines apply to the interior and exterior of the building.

**Parking:**

Parking is to be on paved surfaces only. NO PARKING IS ALLOWED ON GRASSY AREAS.

**Garbage Disposal:**

You are responsible for the clean-up and disposal of all garbage, decorations, etc. These must be removed from the site by the end of the rental period.

**Equipment & Furnishings:**

No equipment is allowed to leave the building for any reason. This includes tables, chairs, cleaning tools and products, and kitchenware.

**Keys:**

Keys may be picked up from the Clerk at Town Garage. Keys must be returned prior to any applicable deposit being refunded. Keys are to be returned within 3 days following the rental date. If you fail to return all keys, you will be charged an additional $200.00 so we may re-key all locks and acquire new keys.

**Cleaning Duties:**

Clean-up must be done as specified by 9:00 a.m. the next day or the cleaning deposit is forfeited. Cleaning supplies and equipment are provided. The tables and chairs must be returned to their original locations. The interior floors must be swept and mopped clean. Bathrooms are to be scrubbed clean, mopped and trash removed. All decorations and garbage must be picked up inside and outside the community center. YOU ARE RESPONSIBLE TO REMOVE AND LEGALLY DISPOSE OF ALL GARBAGE from the Community Center.

If the kitchen and/or food service is used, the following applies. All appliances/utensils are to be cleaned and returned to their original locations. All counters cleaned. The floor is to be swept and mopped.

Determination of adequate clean-up and acceptance of the final clean-up is at the discretion of the Town.

## CONTACTS & EMERGENCIES

Any questions regarding this agreement or emergencies at the Community Center are to be directed to:

1. Jeffrey Benton - 715-209-3878 2. Larry Meierotto - 715-209-5152

3. Carol Anderson - 715-209-2736 4. Rocky Tribovich – 715-209-4809

5. Phobe Hyde – 715-779-5955

**Town of Russell Community Center Rental Agreement**

**35900 State Highway 13, Bayfield, WI 54814 - (715) 779-5338**

# Sign and return to Town of Russell

# 35900 State HWY 13; Bayfield, WI 54814

Name of Organization

Address

City State Zip

Name of Contact Person

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function Date(s)

Approximate times for rental? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Schedule are you looking for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ACCEPTANCE OF AGREEMENT

My signature signifies that I have read this agreement and will fulfill its provisions:

 Name: Date:

D-fd-67 (New 09/20)

Wisconsin Department of Agriculture, Trade and Consumer Protection

*Division of Food and Recreational Safety*  Box 8911, Madison, Wl 53708-8911hone: (608)224-4683

**EMPLOYEE REPORTING AGREEMENT**

**PREVENTING THE TRANSMISSION OF DISEASES THROUGH FOOD BY INFECTED EMPLOYEES**

It is recommended that this document be used as an agreement between employees and management to help ensure that food employees notify the Person in Charge when they experience any of the symptoms listed below. The Person in Charge will then take appropriate steps to prevent the transmission of foodborne illness. The use of this document should help demonstrate to the regulatory authority that there is an Employee Health Program in place.

**I AGREE TO IMMEDIATELY REPORT TO THE PERSON IN CHARGE:**

**Any onset of the following symptoms, while either at work or outside of work, including the date of onset of:**

* Vomiting
* Diarrhea
* Jaundice (yellowing of eyes and skin)
* Sore throat with fever
* Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered, however small

**Any professional medical diagnosis of myself or any household members or possible exposure:**

* Norovirus • Shigellosis *(shigella* spp.)
* Shiga toxin-producing E. coli • Hepatitis A virus
* *Salmonella* (nontyphoidal) • Typhoid fever (caused by *Salmonella* Typhi)
* Any other pathogen that can be transmitted through food such as: Entamoeba histolytica; Campylobacter spp.; Cryptosporidium spp.; Giardia spp.; Yersinia enterocolitica; Staphylococcus aureus; Listeria monocytogenes.

I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the Wisconsin Food Code, ATCP 75 Appendix 2-201.11 and agree to comply with the following:

1. Report any symptoms, diagnoses and the high-risk conditions involving those specified above.
2. Work restrictions or exclusions that are imposed upon returning 24 hours after symptoms (including vomiting and diarrhea) subside or with doctors’ approval and
3. Maintaining good personal hygienic practices.

I understand that I have a responsibility to follow each step listed above and that these safety procedures are in place to protect me, other employees, and our guests as well as our food facility.

**Applicant or Food Employee Name (please print) \_ Signature of Applicant or Food Employee Date**

**Establishment Name**

**Signature of Permit Holder's Representative or Person in Charge Date**

##  TOWN OF RUSSELL OFFICE USE ONLY

Rental Date(s) Reservation Confirmed on: Date Time By Deposit Amount Due Date Date Received Cash Check (Attach Copy)

Date reservation Cancelled Date Notice Sent Date Keys Issued Numbers Date Keys Returned Numbers

Cleaning Inspection Date Time By Clean-up Accepted Yes No , Reasons

Additional Clean-up Charges $

BILLING AMOUNTS PAID

|  |  |  |  |
| --- | --- | --- | --- |
| Rental Fee | $  | Deposit | $  |
| Cancellation Fee | $  | Rental Fee | $  |
| Clean-up Costs | $  |  |  |
| Lost Key(s) | $  | Amounts Paid | $  |
| Damages | $  |  |  |
| Other ExpenseTotal Costs | $ $  |  |  |

 Less Payments $

Refund Due or $ Date Refunded Check No. Balance Due $ Date Billed

Amount Paid $ Date Balance $

Amount Paid $ Date Balance $

Amount Paid $ Date Balance $