

CRIPPLE CREEK MOUNTAIN ESTATES PROPERTY OWNERS' ASSOCIATION

FACILITY RENTAL AGREEMENT

RENTAL OF BANQUET FACILITY (FOR MEMBERS)

REQUIRED DEPOSIT: \$200.00 (accompanied by a self-addressed, stamped envelope)

NON-REFUNDABLE USE FEE: \$100.00

SEPARATE CHECKS FOR DEPOSIT AND NON-REFUNDABLE USE FEE MUST BE PAID AT LEAST FIFTEEN (15) DAYS PRIOR TO THE FUNCTION.

THE BANQUET FACILITY IS IDENTIFIED AS THE FORMER RESTAURANT AND FORMER LOUNGE AREAS ONLY AND DOES NOT INCLUDE THE USE OF THE FITNESS ROOM NOR THE USE OF THE SWIMMING POOL. THE MAXIMUM CAPACITY OF THE BANQUET FACILITY IS 100 PERSONS. THE CCMEPOA BUILDING, IN ITS ENTIRETY, IS A SMOKE-FREE BUILDING. NO SMOKING IS ALLOWED WITHIN FIFTEEN (15) FEET OF ANY MAIN ENTRANCE.

The CCME POA and/or the Board of Directors assume <u>no</u> responsibility for any items left at the facility nor any injuries incurred on the premises. Any liability issues incurred due to alcohol consumption is the responsibility of the renter.

RESPONSIBILITIES OF RENTER

- A. The facility shall be cleaned within two (2) days of the function.
- B. <u>LEAVE THE FACILITY AS IT IS FOUND</u>.
 - 1. Two walk-throughs with a CCME Representative will be conducted.
 - a. **Prior** to the function at the time of key pick-up
 - b. After the function at the time of key return. (Must be during business hours)
 - 2. Vacuum floors (CCME vacuum will be available)
 - 3. Empty trash (CCME will provide trash bags)

 <u>LEAVE TRASH BAGS JUST **INSIDE** THE GLASS DOORS OF THE</u>

 FACILITY AND CCME WILL DISPENSE.
 - 4. Wash all steam insert pans if applicable.
 - 5. A cost of \$125 will be assessed to the renter if the facility is not adequately cleaned.

- C. <u>KITCHEN PRIVILEGES</u>. Cooking in the kitchen is allowed. Leave as found. Sinks may be used for cleaning purposes.
- D. PARKING LOT, DECK AREAS, AND COMMON AREAS
 - 1. Clean up all areas
- E. TECHNOLOGY
- 1. Remotes and microphones left in base holders. Everything turned off.

DEPOSIT

If the facility's condition is not left as found, the cost of cleaning will be subtracted from the deposit amount and the remainder, if any, will be refunded. If the facility is adequately cleaned and left as found the deposit of \$200.00 will be returned within two (2) weeks of the function in the envelope you provided. The key to the facility **must** be returned to the office within two business days of your function.

Any damage to the facility, including the buildings, parking lot and lighting, decks, and common areas, will be the renter's responsibility and will be charged against the damage deposit. Any cost of damage over the deposit amount (\$200) will be the renter's responsibility and will be billed the same.

Request for use of any CCMEPOA equipment (steam tables and insert pans, etc.) must be made at the time of event booking. CCMEPOA does not provide sternos for the steam tables, this is the responsibility of the renter. An inventory of the equipment being requested will be reviewed with the renter. Any missing items will be charged against the deposit at the current rate for replacement. If replacement cost exceeds the deposit amount, the renter will be billed.

CERTIFICATION

| I understand and will abide by the rules as outli Agreement. | ned above in this Facility Rental |
|--------------------------------------------------------------|-----------------------------------|
| Signature of Renter | Date |
| APPROVAL | |
| Signature of CCME Representative | Date |
| Original: CCME file () Copy: One to Renter () | |

| FUNCTION INFORMATION | |
|---------------------------------------------------------------------------------------------------|--------------------|
| DATE: TIME: _ | |
| TYPE OF FUNCTION: | |
| DATE OF FUNCTION: | |
| FACILITY RENTING: BANQUET ROOM/ | |
| NAME: | |
| ADDRESS: | |
| PHONE: () | FILING # LOT # |
| DEPOSIT: \$200.00 RECEIVED CHECK | X. NO |
| NON-REFUNDABLE USE FEE: \$100.00 | RECEIVED CHECK. NO |
| SIGNATURE OF RENTER: | |
| SIGNATURE OF CCME REPRESENTATIVI | E: |
| STATUS OF FACILITY PRIOR TO THE FULL ACCEPTABLE: UNACCEPTA (PLEASE EXPLAIN) | ABLE: |
| NOTE: Any unacceptable issues will be rectified walk-through may be conducted prior to the functi | |
| FOR OFFICE USE ONLY: | |
| STATUS OF FACILITY AFTER THE FUNC ACCEPTABLE: UNACCEPTA | |
| (PLEASE EXPLAIN) | |
| STATUS OF KITCHEN HARDWARE AFTE ACCEPTABLE: UNACCEPTABI (PLEASE EXPLAIN) | |
| DEPOSIT RETURN DATE: RETURNED BY: | |

WALKTHROUGH CHECKLIST

PRIOR TO FUNCTION

| | | KITCHEN HARDWARE INVENTORY | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|-------------|
| KITCHEN HAR | RDWARE INVENTORY | ☐ Steam tables/inserts Returned | |
| | oles/inserts Requested | Number of steam tables | |
| | nber of steam tables | Number of 4" steam pans/lids used | |
| | nber of 4" steam pans/lids used nber of 2 ½" steam pans/lids used | Number of 2 ½" steam pans/lids used | |
| _ | - | = 2 /2 periorated steam pair | |
| _ | orated steam pan | ☐ Round chafer with lid and inserts | |
| ☐ Round cha | afer with lid and inserts | CONDITION OF KITCHEN | |
| CONDITION O | F KITCHEN | ☐ Mop kitchen floors | |
| ☐ Mop kitcl | hen floors | ☐ Wipe off all surfaces | |
| \square Wipe off | all surfaces | ☐ Clean out sinks | |
| ☐ Clean out | t sinks | | |
| CONDITION | F BANQUET ROOM/LOUNG | CONDITION OF BANQUET ROOM/LOUNGE | |
| ☐ Vacuum | - | - vacuum carpets | |
| _ | • | ☐ Mop dance floor | |
| ☐ Mop dane | | \sqcup Wipe off tables | |
| ☐ Wipe off | | ☐ Table/chairs placed in original layout | |
| | airs placed in original layout ecloths on each table | with tablecloths on each table | |
| | | ☐ Chairs placed at each table | |
| ☐ Chairs placed at each tableCONDITION OF RESTROOMS (MAIN | CONDITION OF RESTROOMS (MAIN LEVEL/BALCONY LEVEL) | | |
| | | | LEVEL/BALCO |
| ☐ Clean/toi | lets/floors | ☐ Trash cans emptied (Do not leave wet/dirty | |
| ☐ Trash cans emptied (Do not leave wet/dirty diapers in trash cans, please take them home w you). | diapers in trash cans, please take them home with you). | | |
| | | | |
| Renter Signature | e Date | Renter Signature Date | |
| | | Menter Dignature Date | |
| CCME Represer | ntative Date | CCME Representative Date | |
| | | | |

AFTER THE FUNCTION