



Event: _____

Time Rented: _____

Room(s) Rented: _____

Contact Person: _____

Contact Person Phone: _____

1. DOORS OF FACILITY WILL BE LOCKED AND NO PERSON WILL ENTER BUILDING UNTIL BELOW CHECKLIST HAS BEEN COMPLETED.
2. CONTACT PERSON WILL COME TO OFFICE IMMEDIATELY UPON ARRIVAL ON PREMISES TO MEET WITH RENTAL STAFF ON DUTY. FAILURE TO DO SO WILL RESULT IN COMPLETE FORFEITURE OF DEPOSIT.
3. RENTERS AND STAFF ON DUTY WILL WALK PREMISES AND GO OVER BELOW CHECKLIST. RENTERS WILL REPORT ANY PROBLEMS OR DISCREPANCIES TO STAFF ON DUTY IMMEDIATELY FOR RESOLUTION.
4. STAFF ON DUTY WILL CHECK ROOM HOURLY. IF AT ANY POINT THE EVENT IS NOT IN COMPLIANCE WITH RENTAL RULES AND REGULATIONS, STAFF ON DUTY WILL IMMEDIATELY SHUT DOWN EVENT AND ST. PETE BEACH POLICE DEPARTMENT WILL BE CALLED TO VACATE PREMISES.
5. RENTERS WILL LEAVE ROOM IN THE SAME CONDITION THEY RECEIVE IT.
6. NO ITEMS WILL BE BROUGHT INTO THE CENTER PRIOR TO CONTRACTED RENTAL TIMES.
7. RENTERS WILL REMOVE ANY/ALL ITEMS BROUGHT IN TO THE ROOM, INCLUDING BAGGED TRASH.
8. NO ITEMS BELONGING TO THE CITY OF ST. PETE BEACH WILL BE REMOVED.
9. AT TEN (10) MINUTES PRIOR TO CONTRACTED RENTAL END TIME LISTED ABOVE, CONTACT PERSON WILL COME TO OFFICE TO MEET WITH RENTAL STAFF ON DUTY.
10. RENTAL STAFF AND CONTACT PERSON WILL DO EXIT CHECKLIST BELOW. ALL AREAS MUST BE CLEAN TO THE STANDARDS OF THE CITY, AS COMMUNICATED BY RENTAL STAFF ON DUTY. FAILURE TO COMPLY WILL RESULT IN COMPLETE FORFEITURE OF DEPOSIT.

BEFORE RENTAL (Renter Initials)	AFTER RENTAL (Staff Initials)	HOURLY STAFF CHECK
Stairways: Clean of debris/stains		Time: _____
Patio Area: No broken tables and chairs Clean of debris All cigarette butts in receptacles		Time: _____
Lobby: Nothing removed from lobby Clean of debris No City property damaged		Time: _____
Kitchen: Clean of food/beverages No City property damaged Floors clean of debris/spills		Time: _____
Boca Ciega: Floors clean of debris/spills No City property damaged Wall paint clean and unchipped Storage closet clean		Time: _____
Room set up: Long _____ Round _____ Chair _____		Time: _____
Trash: Trash cans empty of all trash No trash anywhere on floors No food anywhere on premises		Time: _____
Decorations: No decorations in room No linens in room No chair covers in room		Time: _____
TIME IN: _____ TIME OUT: _____ <i>*using room outside of contracted hours will result in additional charges</i>		Time: _____

Signature of Renter _____ Date _____