



The Village of Brighton

Incorporated 1869
206 S. Main Street
P. O. Box 458
Brighton, IL 62012
(618) 372-8860
Fax (618) 372-0190

Tamara Jenkins, Clerk

Matthew P. Kasten, Mayor

Ashley Lievers, Treasurer

BRIGHTON MUNICIPAL BUILDING HALL RENTAL CONTRACT

Applicant is liable for any and all damages incurred.
Deposit money will not be returned if any damage occurs.

- _____ No alcohol in the building
- _____ No nails on the auditorium walls, doors, tables, or ceiling. No tape on the doors.
- _____ Renter to set up and take down all tables and chairs (Return clean and back against the wall)
- _____ All trash to be taken out to the dumpster at the rear of the building.
- _____ Floors must be swept and mopped, if needed (broom and mop in janitorial closet in hall, right of men's restroom)
- _____ Everything in the kitchen can be used **EXCEPT** both Deep Fryers.
- _____ Kitchen counters and sinks must be cleaned. No food left behind. All items used must be washed and put away.
- _____ Both Men and Women's Bathrooms must be cleaned, toilets flushed, counters clean, and trash taken out.
- _____ Cancellation: Notice of cancellation must be received at the City Clerk's Office at (618)372-8860 no later than one week in advance of the event. Failure to do so will forfeit the deposit fee. The rental fee will be returned.
- _____ Obtaining Entry: **PLEASE NOTE:** If doors are locked, please call the Officer on Duty at (618)372-8112 if no response call Village Clerk at (217)730-6455.

I acknowledge and understand the above rental agreement as put forth by the Village of Brighton.

Signature: _____ Date: _____

If for any reason you need to cancel your Rental Reservation, please let the Clerk know one week in advance from event date.

BRIGHTON MUNICIPAL BUILDING HALL APPLICATION

Hall & Kitchen - \$125 plus a \$125 deposit.

*Deposit will be returned following inspection after event date.

NAME: _____
(Please print)

ADDRESS: _____
(Street or P O Box) (City) (State)

PHONE: _____

E-MAIL: _____

REQUESTED DATE TO USE THE HALL: _____

Start & End Time: _____

If check is returned from bank there will be a \$35 return check fee.

I agree to all of the terms of this contract and application.

Signature: _____

Date: _____

OFFICE USE ONLY

Amount Paid: \$ _____ Date Paid: _____

Received by: _____

Hall inspection completed-Deposit returned

Date: _____

Picked up

Hall inspection completed-Deposit retained

Signature of deposit recipient if picked up.