

# Application and Permit For Use of Parish Facilities

Jehovah Lutheran Church  
 1566 Thomas Avenue • Saint Paul MN 55104  
 (651) 644-1421 • jehovahlutheran@msn.com

Applicant	
Contact Person	
Street Address	
City/State/Zip	
Contact Phone No.	Contact Cell No.
E-Mail Address	

Principal Venue Requested	
Additional Rooms Requested	
Purpose for use of Facility	
Date(s) Requested	
Time (Hours) Requested	
Facility Doors Open	Facility Doors Closed

**Complete Below if Different from Above**

**Estimated Number of Participants**

Supervisor of Activity	
Address	
Phone No.	Cell Phone No.
Email Address	

Children	Youth	Adult	Total
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**Special Set-Up Instructions:**

**TERMS OF AGREEMENT**

I hereby certify that I am an agent of the above named organization and have been authorized to accept in their name the responsibility for observance of the rules and regulations of Jehovah Lutheran Church as a condition to the issuance of this permit. I further certify that I have understood the general rules and regulations for facility use.

I understand that this permit may be revoked or cancelled by the Parish at any time with or without cause and that in the event of such revocation or cancellation there shall be no claim or right to damages or reimbursement on account of any loss, damage, or expense incurred by the organization I represent.

Indemnity of Lessor by Lessee: Lessee hereby agrees to hold Lessor harmless against all claims, damages, or causes of action for damages and related expenses arising out of, or brought on account of, injury to any person or persons or property or loss of life, resulting from Lessee's occupancy of, and use of, the premises and its operations therein. Lessor agrees that lessee has provided protection in the amount of \$300,000 against this obligation to hold Lessor harmless through the insurance coverage purchased by Lessee as set forth in this application.

Signature of Applicant/Agent	Date
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**Proof of Insurance** Please attach certificate of insurance.

Insurance Company:  
 Policy No. & Certificate:

**Confirmation of Space Availability**

Parish Administrator	Date
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**Approval for Special Services**

Facility Manager	Date
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Site/Event Manager Assigned

Custodian Assigned

**ESTIMATED FEES**

	Fee
<b>Venue</b>	
Principal Venue	
Additional Venue(s)	
<b>Equipment</b> (See Schedule A, Part III)	
Microphones	
Sanctuary Aisle Candles	
Portable Projection Screen	
Slide/Overhead Projector	
TV/VCR/DVD	
Portable Coat Rack	
Other	
<b>Staff Services</b>	
Event Sound Technician	
Security Personnel	
<b>Kitchen</b> (See Schedule B)	
Kitchen Use Fee	
Special Services Fee	
<b>Total Estimated Fees</b>	
<b>PAYMENT OF FEES</b>	
Deposit	
50% of Contract Estimate	
Balance Due	

*Full and final payment due within 30 days after date of invoice*

