	STAFF USE ONLY	
	Not for Profit:	
	For Profit:	
	Date Approved/App	roved by:
	JNTY PUBLIC LIBRARY SYS [®] I FOR USE OF MEETING ROO	
Name of Group:		
Primary Purpose of Group and its Functio	ons:	
Date of Meeting:		
Time of Meeting (Beginning and Ending T	imes):	
Number in Group (80 Maximum)		
REPRESENTATIVE MAKING REQUEST Name:	Title/Position:	
Address:		
City/State/Zip		
Home Phone:	Business Phone:	
Email Address:		
The undersigned, on behalf of the above org comply with the rules governing public use of applicant accepts full responsibility for any data applicant further agrees to hold harmless, employees, officers and agents from any and any way whatsoever from, allegedly arising frorganization.	of a Seminole County Public Libra mages to the library's facilities or e release and indemnify, Semino d all claims, losses, damages, or l	ary System meeting room. The equipment during such use. The le County, its Commissioners, lawsuits for damages, arising in
	Name of Applicant	Date

Applicant's Last Name _____

Patron LC# _____

DATE	TIME	INITIALS	MEETING ROOM POLICY VERIFICATION
			No organization or individual may
			conduct financial transactions or perform fee
			based services on county property.
			I understand these conditions:
			Patron Initials:
			Date:
			For Internal Use:
			Is patron a Seminole county resident and at least
			18 years with a SCPL card in good standing?
			YES NO
			Is this a "for-profit" business?
			YES NO
			Are meetings free and open to the public?
			YES NO
			Are there any fees charged to attend or
			participate in meetings?
			YES NO
			Will financial transactions be conducted on the
		†	premises?
			YES NO
			Please circle:
			ELIGIBLE NOT ELIGIBLE
			LIBRARIANS INTIALS:
			DATE: