Patron LC# _____

STAFF USE ONLY Not for Profit:

For Profit:

-or Profit:

Date Approved/Approved by:

SEMINOLE COUNTY PUBLIC LIBRARY SYSTEM APPLICATION FOR USE OF MEETING ROOM

Date of Application:

Name of Group:

Primary Purpose of Group and its Functions:

Date of Meeting:

Time of Meeting (Beginning and Ending Times):

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 organization, acknowledges that he or she has read and agrees to comply with the rules governing public use of a Seminole County Public Library System meeting room. The applicant accepts full responsibility for any damages to the library's facilities or equipment during such use. The applicant further agrees to hold harmless, release and indemnify, Seminole County, its Commissioners, employees, officers and agents from any and all claims, losses, damages, or lawsuits for damages, arising in any way whatsoever from, allegedly arising from, or related to the use of the library's facility hereunder by the organization.

Name of Applicant

Date

PLEASE NOTE: All requests for refunds must be submitted in writing to the Library Services Division Manager for review and processing.

MEETING ROOM P	INITIALS	TIME	DATE
No organization or indiv			
conduct financial trans			
based services on coun			
I understand these con			
Patron Initials:			
Date:			
For Internal Use:			
Is patron a Seminole co			
18 years with a SCPL ca			
YES			
Is this a "for-profit" bus			
YES			
Are meetings free and o			
YES			
Are there any fees char participate in meetings			
YES			
Will financial transaction			
premises?			
YES			
Please circle:			
ELIGIBLE NOT ELIGIB			
LIBRARIANS INTIALS: _			
DATE:			

OLICY VERIFICATION

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actions or perform fee ty property.

ditions:

ounty resident and at least ard in good standing?

NO

iness?

NO

open to the public?

NO

ged to attend or ?

NO

ons be conducted on the

NO

BLE