

**Beit Am Facilities Use Request Form**

Renter's name \_\_\_\_\_ Date of request \_\_\_\_\_

If applicable: Organization \_\_\_\_\_ Renter's title \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date(s) of event \_\_\_\_\_ Starting and ending times \_\_\_\_\_

Setup date and time \_\_\_\_\_ Cleanup date and time \_\_\_\_\_

Purpose of event \_\_\_\_\_

Facilities desired: \_\_\_\_\_ Social hall \_\_\_\_\_ Library \_\_\_\_\_ Classroom(s)  
\_\_\_\_\_ Sanctuary \_\_\_\_\_ Forest Sanctuary

Expected attendance \_\_\_\_\_ Expected parking \_\_\_\_\_

Open to the general public? \_\_\_\_\_ Admission fee (if any) \_\_\_\_\_

Will alcoholic beverages be served? \_\_\_\_\_

Food to be served \_\_\_\_\_ Caterer \_\_\_\_\_

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For Office Administrator use:

Date request received \_\_\_\_\_

Date payment received \_\_\_\_\_

Date submitted to Building Use Committee \_\_\_\_\_ Approval date \_\_\_\_\_

Oversight person assigned \_\_\_\_\_

OLCC temporary sales license \_\_\_\_\_ Liability insurance \_\_\_\_\_

Benton County temporary restaurant permit \_\_\_\_\_

Post-event inspection: Date \_\_\_\_\_

Condition (include detail of specific issues) \_\_\_\_\_

Charges assessed for cleaning and/or damage \_\_\_\_\_