

**RENTAL APPLICATION FOR THE NATIONAL GUARD ARMORY  
(Revised 07/07)**

\*Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (w) \_\_\_\_\_

**\*Individual executing Rental Application must be at least 21 years of age.**

Type of Event:

\_\_\_\_\_ Wedding Ceremony/Reception/Both (Please circle one)

\_\_\_\_\_ Organization Meeting

1. Civic Organization: \_\_\_\_\_

2. Non-Profit Organization: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Name and address for deposit refund to be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Until: \_\_\_\_\_

Anticipated number of people to be in attendance: \_\_\_\_\_

Will there be youth under the age of 18 in attendance? YES \_\_\_\_\_ NO \_\_\_\_\_

Will an admission fee be charged for the event? YES \_\_\_\_\_ NO \_\_\_\_\_

Will there be **beer** and/or **unfortified wine**? YES \_\_\_\_\_ NO \_\_\_\_\_

Will there be **alcohol** and/or **fortified wine**? YES \_\_\_\_\_ NO \_\_\_\_\_

**A copy of your ABC permit is due into this office prior to your event and the original is to be posted on the front door if beer and/or alcohol are going to be on premises. North Carolina ABC Commission phone number (919)779-0700.**

Will there be Music? \_\_\_\_\_

1. What type of instruments? \_\_\_\_\_

2. Name of Musicians: \_\_\_\_\_

Caterer's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Licensed, Or

\_\_\_\_\_ Release for non-licensed caterer completed and signed by food preparer

**Tables and chairs will not be available to renters.**

**Kitchen is not available for cooking and ice machine does not work.**

**County will open facility at 9:00 am on the day of event. Renter must close/lock facility by 2:00 am the following day and return key to the County Manager's Office next business day by 12:00 noon.**

**Rental fee is \$250.00 per day; \$50.00 will be refunded upon a satisfactory facility inspection received from the County Maintenance Department.**

**Fee waiver requests must be submitted for Board of Commissioners' authorization.**

**Renters granted a rental fee waiver (\$250.00 per day) will be required to pay a \$50 deposit to make certain the facility is cleaned and left in the same condition they find it before use. The \$50 will be refunded upon satisfactory inspection, but will not be refunded if facility has to be cleaned by the County Maintenance Department personnel or if the facility is damaged.**

**ALL RENTERS OF THE NATIONAL GUARD ARMORY ARE REQUESTED TO ADHERE TO THE AFORMENTIONED RULES AND TO INFORM THEIR GUESTS TO HONOR THEM. FAILURE TO COMPLY WITH THE RULES AND REGULATIONS GOVERNING THE RENTAL OF THIS FACILITY MAY RESULT IN YOUR NOT BEING ALLOWED TO RENT THE ARMORY IN THE FUTURE.**

**NOTE: NO FIREARMS ALLOWED IN COUNTY BUILDINGS**

**I have read and understand all rules and agree to abide by them:**

**Signature of Renter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requirements:**

\_\_\_\_\_ **Security – 2 Deputies (flat rate fee of \$100.00 per deputy up to five hours, \$20 for each additional hour per deputy.) Contact Lt. Woodard – 252-257-3364**

\_\_\_\_\_ **ABC Permit**

Please return this completed application at least 7 days prior to the rental date with rental fee of \$250.00 to:

Warren County Manager's Office  
105 S. Front Street, Warrenton, NC 27589  
(252) 257-3115

**After Hours Please Contact Maintenance Supervisor, Charles Williams @ 252-213-6002**

## RELEASE AND INDEMNITY FOR RENTER

This agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by and between *THE COUNTY OF WARREN*, hereinafter referred to as the "County" and \_\_\_\_\_  
\_\_\_\_\_ hereinafter referred to as "Licensee;"

That whereas, the National Guard Armory is leased and operated by the County; and

Whereas, Licensee has requested of the County permission to use and occupy the National Guard  
Armory the \_\_\_\_\_ day(s) of \_\_\_\_\_, 20\_\_; and

Whereas, under the terms and conditions and fees established by the County, a copy of which are  
attached hereto and made a part hereof, the County allows the use of the National Guard Armory  
for meetings, receptions, and other gatherings sponsored by certain organizations, groups and  
private individuals; and

Now, therefore, in consideration of said use being permitted by the County at the above stated  
time and date(s), Licensee does herewith release the County of any liability whatsoever for  
bodily injury sustained by the Licensee or an invitee of the Licensee and for loss of or damage to  
any personal property, and Licensee does herewith agree to indemnify and hold harmless the  
County for any and all claims or causes of action which might arise from the use of the National  
Guard Armory on the date(s) and time specified herein.

County of Warren

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Renter's Signature)

Disregard this form if your caterer is licensed.

**RELEASE FOR CATERER**

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby release the County of Warren, of any liability whatsoever that may be incurred or any damages that may be sustained on any and all claims which might arise as a result of the services I shall be rendering on \_\_\_\_\_ at the National Guard Armory for \_\_\_\_\_.

By: \_\_\_\_\_  
Caterer

Authorized Agent \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Authorized County Representative

**Inspection Report  
For the National Guard Armory**

(To be completed by the County Maintenance Department)

**Renter:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**A satisfactory facility inspection is required before the \$50.00 refund is issued:**

\_\_\_\_\_ Restrooms                      \_\_\_\_\_ Floors Swept                      \_\_\_\_\_ General Clean-up  
\_\_\_\_\_ Kitchen                      \_\_\_\_\_ Trash Cans Empty                      \_\_\_\_\_ Exterior Clean-up  
\_\_\_\_\_ Fire Extinguishers                      \_\_\_\_\_ Trash Removed from Premises

**Notes from Maintenance Department:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Inspected** \_\_\_\_\_ **Time of Inspection:** \_\_\_\_\_ **Inspected by:** \_\_\_\_\_



**To be completed by County Manager's Office Staff**

\_\_\_\_\_ Receipt of Contract and Payment                      (completed by \_\_\_\_\_)  
\_\_\_\_\_ Faxed to Maintenance for cleaning prior to event (completed by \_\_\_\_\_)  
\_\_\_\_\_ Inspection received from Maintenance after event (completed by \_\_\_\_\_)  
\_\_\_\_\_ Check Request sent to Finance for reimbursement (completed by \_\_\_\_\_)  
\_\_\_\_\_ Reimbursement check was mailed to renter                      (completed by \_\_\_\_\_)