

OSCODA COUNTY DISTRICT LIBRARY
 430 W. Eighth Street, Mio MI 48647
 989-826-3613 / Fax: 989-826-5461

OSCODA COUNTY DISTRICT LIBRARY
 APPLICATION FOR COMMUNITY ROOM USE

Name of Organization/Individual: _____

Organization Representative: _____

Address of Organization/Individual: _____

Phone: _____ E-mail: _____

Date(s) Requested: _____

Hours Desired: _____

Type of Activity: _____

Anticipated No. in Attendance: _____ (Room Capacity 40 or 20 with tables and chairs)

Fee Schedule: Fees are determined the Library Board or Library Director

Category 1	No Charge	Library uses and co-sponsored programs	Library sponsored or co-sponsored cultural events, library programming and library educational events, Literacy Council, Mio Study Club
Category 2	No Charge	Oscoda County Resident, Educational, Cultural, Informational or Governmental/Civic Activities, US Governmental designated non-profits	Homeowners associations, public lectures, panel discussions, workshops and other similar functions, tutoring. Non-profit documentation will be required.
Category 3	\$25.00/day	For-Profit Organizations/Businesses in Oscoda County	For-profit businesses of Oscoda County residents or businesses located with the same
Category 4	\$25.00/day	Non-Resident	Non-resident individuals, businesses, or organizations. , Public lectures, panel discussions, workshops and other similar functions, tutoring. Non-profit documentation will be required.
Category 5		No usage permitted	For-profit groups or organizations soliciting or selling products or services are not eligible to use the Library Community Room

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Persons, organizations, groups, or businesses using the Community Room agree to hold the Oscoda County District Library harmless from any injury, loss, damage, liability, costs or expense that may arise during, or be caused by use of the Library facilities or grounds. The organization/individual agrees the room will not be used for commercial purposes or for financial gain.

Special equipment request: _____

The Library may cancel any reservation at any time for any reason.

Rules and policy are subject to change.

I HAVE READ AND UNDERSTAND THE POLICY ON THE USE OF THE OSCODA COUNTY DISTRICT LIBRARY COMMUNITY ROOM AND AGREE TO ABIDE BY ITS REGULATIONS AND THAT MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE TO THE FACILITY OR DAMAGE OR LOSS OF LIBRARY EQUIPMENT.

Printed name of Applicant: _____

Signature of Applicant: _____ Date ___/___/___

Approved by: _____ Date ___/___/___
(Library Director or Board President)

**Return this contract with payment no later than one week prior to your meeting date.
LIBRARY HOURS: M-F 9:00 am – 5:30 pm; Saturday -Closed; Sunday – Closed
Questions? Call 989-826-3613**

OFFICE USE ONLY

Date Received _____ Approved Date _____ Denied Date _____
Date Notified _____ Door Code Issued _____
Room charged received _____ Kitchenette use _____