



Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309
Fax: 815-827-4040
Website: <http://www.villageofmaplepark.com>

Updated: November 2018

FACILITY RENTAL FEES

The Parks and Grounds encompass Washington Park and Pavilion, McAdams Pavilion, the baseball diamonds located on the S.E. corner of Willow Street and County Line Road, Gym and Kitchen located in the Civic Center at 302 Willow Street and several small parks throughout the Village.

\$100 DEPOSIT REQUIRED (to be refunded when key returned and park is clean)

Washington Park and Pavilion

Pavilion	Resident*	\$100.00
	Non-resident	\$150.00

McAdams Pavilion

	Resident*	\$100.00
	Non-resident	\$150.00

Baseball Diamonds

	Resident*	\$100.00
	Non-resident	\$150.00

Gym Rental

Open gym use	Resident*	\$20.00 per hour
	Non-Resident	\$30.00 per hour
Birthday parties & group functions	Resident*	\$100.00 per event
	Non-resident	\$150.00 per event

Civic Center Kitchen Rental (per event)

	Resident*	\$100.00
	Non-resident	\$150.00

Gym/Kitchen Package (per event)

	Resident*	\$150.00
	Non-resident	\$200.00

Liquor Permit (per event)

\$10.00

Liability Insurance Certificate Required

BOUNCE HOUSES ARE NOT ALLOWED

*The renter must be an adult 18 years or older, signing as the responsible person for the rental. A resident resides in a residence located within the Village proper and that residence is taxed by the Village of Maple Park.

RENTAL REQUIREMENTS

1. Security deposits for rentals will be required in the amount of \$100.00. This can be in the form of cash or check, but all funds will be deposited and returned once an inspection of the facility is made and deemed satisfactory.
2. Rental fee is not refundable.
3. Facility must be clean to have deposit refunded (empty all waste baskets, sweep floor, clean bathrooms, return key).
4. Liquor is not allowed on any village property without a permit, and never inside the Civic Center.
5. Absolutely no food or beverages are allowed in the Gym.
6. Absolutely no gum is to be chewed by anyone anywhere in the Civic Center building.
7. No hard balls in the gym.
8. No smoking allowed in buildings.
9. No “bounce houses” will be allowed on any village property.
10. Leagues and Liquor Applicants must show proof of liability insurance, with the Village of Maple Park as additional insured.

In some instances, Police presence may be required. If so an hourly rate at time and a half will be paid by the renter in addition to the above fees. This requirement will be at the discretion of the Village.

Park, Gym, and Kitchen Rental or questions can be addressed by calling Village Clerk Liz Peerboom at (815) 827-3309 or by e-mail at epeerboom@villageofmaplepark.com.

Forms can be obtained on our website at www.villageofmaplepark.com or from the Village office at 302 Willow Street, Maple Park.

NOTICE: SECURITY CAMERAS IN USE IN THE CIVIC CENTER



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FACILITIES RENTAL APPLICATION

NAME OF GROUP/FAMILY RENTING: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EVENT DATE: _____ Time Start: _____ Time End: _____

(BE SURE AND PUT THE TIME YOU NEED ACCESS NOT THE START OF THE FUNCTION)

WHICH LOCATION ARE YOU REQUESTING?

Washington Park McAdams Pavilion Civic Center Kitchen Gym Gym/Kitchen

Rental Purpose: _____

Approximately how many are you expecting? _____

Will you be making arrangements for a Port-A-Potty? Y N (for placement purposes)

Will there be liquor served? Y N **MUST APPLY FOR PERMIT**

EVENT DAY Contact Person's Name: _____

Contact Person's Phone Number on **EVENT DAY**: _____

Person in charge of event arrangements: _____

Phone number: _____

E-Mail Address: _____

Will you need police coverage? Y N (Liquor Permit applicants and Bike Groups only)

This form needs to be completed and returned with deposit check and rental payment to: P.O. Box 220, Maple Park, IL 60151
Please make checks payable to "Village of Maple Park." Questions? Call the Village Office at (815) 827-3309.

Pay By Credit Card: _____

Credit Card Number

Expiration

Security Code

Signature of Card Holder

Billing Zip Code

↓ VILLAGE OFFICE USE ONLY DO NOT WRITE IN THIS AREA ↓

Deposit Amount Received: _____ Check #: _____ CC: Cash:

Rent Amount Received: _____ Check #: _____ CC: Cash:

Police Amount Received: _____ Check #: _____ CC: Cash:

Staff Initials: _____



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APPLICATION FOR FACILITY RENTAL LIQUOR PERMIT

\$10.00 Fee

NO ALCOHOL IN CIVIC CENTER

Applicant's Name: _____
 Address: _____
 City/State/Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Age of Applicant: _____ Date of Function: _____
 Function Hours: _____ Start Time: _____ End Time: _____
 Description of Function: _____

Which Location are you renting?

WASHINGTON PARK MCADAMS PAVILION BASEBALL DIAMONDS

**DON'T FORGET TO ATTACH YOUR INSURANCE FORM
(CONTACT YOUR INSURANCE AGENT)**

By signing this application, the applicant confirms that no liquor will be served to anyone under the age of twenty-one (21), nor to anyone inebriated by the effects of alcohol or drugs; that liquor will not be sold in the park; that alcohol will only be served during daylight hours. Attendance shall not exceed safe capacity.

X
 _____ Signature of Applicant _____ Date

Pay By Credit Card: _____
 _____ Credit Card Number _____ Expiration _____ Security Code
 _____ Signature of Card Holder _____ Billing Zip Code

VILLAGE OFFICE USE ONLY DO NOT WRITE IN THIS AREA

Fee Paid:		Proof of Insurance Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (attach proof of insurance to this page)
Check #:		<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> E-Pay Staff Initials:



SAMPLE INSURANCE FORM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <div style="text-align: center; font-size: 1.2em;">Your Insurance Company Name</div>	CONTACT NAME: PHONE (A.C. No. Ext): _____ FAX (A.C. No.): (831) 552-3860 E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED <div style="text-align: center; font-size: 1.2em;">Your Name</div>	

COVERAGES **CERTIFICATE NUMBER:** USS378294 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (MM/DD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR CON. LIMITS/RET. LIMIT APPLIED FOR: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-RET <input type="checkbox"/> LDC	X			Date of Event	GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP. PROP. AGG. \$2,000,000.00 PERSONAL & ADV. INJURY \$1,000,000.00 EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any one fire) \$300,000.00 MED. EXP. (Any one person) \$5,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SO. OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					OWNED/ALL LIME (Excluded) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Excluded) \$
	UMBRELLA LIME <input type="checkbox"/> OCCUR EXCESS LIME <input type="checkbox"/> CLAIMS MADE LDC <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
						EACH OCCURRENCE \$ GENERAL AGGREGATE \$
						EACH OCCURRENCE \$ GENERAL AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Covered Activity:

Park Rental Additional Insured: Village of Maple Park

CERTIFICATE HOLDER <div style="text-align: center; font-size: 1.2em;">Your Name</div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: center; font-size: 1.2em;">Authorized Signature-Insurance Co.</div>
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