



Village of Maple Park

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

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

Updated: January 6, 2022

FACILITY RENTAL FEES

Applicable to parks, grounds and buildings that include Washington Park and Pavilion, McAdams Pavilion, the baseball diamonds located on the southeast corner of Willow Street and County Line Road, and several small parks throughout the Village; the Classroom, Board Room, Gym and Kitchen located in the Civic Center at 302 Willow Street.

\$100 DEPOSIT REQUIRED (to be refunded when key returned and park/facility 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/Classroom/Board Room Rental (per event)

	Resident*	\$100.00
	Non-resident	\$150.00

Gym/Kitchen Package (per event)

	Resident*	\$150.00
	Non-resident	\$200.00

Liquor License Permit (per event)**

\$10.00

**Liquor not permitted in the Civic Center

Certificate of Insurance (COI) and Endorsement or Confirmation of Insurance Coverage is Required for all rentals.

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 liquor license permit, and never inside the Civic Center.
5. Absolutely no food is allowed in the Gym.
6. Absolutely no gum is to be chewed by anyone anywhere in the Civic Center building.
7. Drinking water is allowed in the gym; however, any spills must be cleaned up immediately.
8. No hard balls (i.e., softballs, baseballs, bocce balls) in the gym.
9. No smoking allowed in buildings.
10. No “bounce houses” will be allowed on any Village property.
11. Waiver (Adult/Minor) Forms – Must be filled out and turned in **prior** to the start of the first use of any of the facilities.
12. Rentals of the baseball diamonds require a schedule of practices, games, etc. to be submitted to the Village Clerk upon submission of the rental application.
13. Keys, if applicable, for any of the facilities to be rented will be issued to the Contact Person listed on the rental application, and will be the sole responsibility of that person named. Keys **must** be returned in order to receive security deposit back.
14. **Businesses, Leagues, Ball Teams, non-profit organizations and Liquor Applicants must provide a Certificate of Insurance, and Endorsement form CG 2026 0413. In the Description of Operations Section of naming the Village of Maple Park as an additional insured, with the following statement also included: The Village of Maple Park, its officials, employees, and agents as additional insured for the use of (state facility being used) for (state purpose of use) beginning on (state dates of operation for the event(s) and ending on (state ending date of event(s)).**
15. **For families renting facilities for gatherings, a Certificate of Insurance is not needed; however, the Facilities Rental Applicant must complete the Confirmation of Insurance Coverage form.**
16. If a request for a fee, deposit and/or insurance waiver is being made, Applicant must mark the Facilities Rental Application accordingly. The application will be reviewed and the Applicant will be informed of the decision. If the Applicant’s request for a waiver is denied, the Applicant must submit the deposit, fees and provide the Certificate of Insurance or Confirmation of Insurance Coverage forms **prior** to using the facility.

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.

Rental Questions - Can be addressed by calling the Village Clerk at (815) 827-3309 or by e-mail at villageclerk@villageofmaplepark.com. Forms can be obtained on our website at www.villageofmaplepark.org or from the Village office at 302 Willow Street, Maple Park.

NOTICE: SECURITY CAMERAS IN USE IN THE CIVIC CENTER

VILLAGE OF MAPLE PARK FACILITY RENTAL APPLICATION REQUIREMENT CHART

Examples of Facility/Park Use

Application Requirements	Family Gym Rental	Girl Scouts Use of Gym** or Classroom	Family Use of Washington Park for Party w/Alcohol*	Boy Scout Use of Classroom	Walkers Use of Gym (Mon. - Fri.)+	Little League Use of Ballfields	Men's League/ Tournament Use of Ballfields w/Alcohol	Men's Basketball League Use of Gym	Business Use of Kitchen or Classroom
Facility Rental Application	X	X	X	X		X	X	X	X
Facility Rental Liquor Permit Application			X				X		
Adult Use Waiver	X	X			X	X	X	X	
Minor Use Waiver	X	X			X	X			
Certificate of Insurance w/Endorsements		X	X	X		X	X	X	X
Confirmation of Insurance Coverage	X		X						
Schedule Showing Dates of Practices and Games						X	X	X	
Deposit Required	X	X	X	X		X	X	X	X
Fee Required	X	X	X	X		X	X	X	X
Liquor License (Temporary) Fee Required			X				X		

*Applicant should request Certificate of Insurance from insurance company first, if company will not issue a Certificate, Applicant should complete a Confirmation of Insurance Coverage form.

**Gym use requires Adult and Minor Waivers be submitted.

+Walkers are permitted in the gym from November 1- April 30.



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APPLICATION FOR FACILITY RENTAL LIQUOR PERMIT

\$10.00 Fee

NO ALCOHOL IN THE 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:

Certificate of Insurance W/Endorsements or Confirmation of Insurance Attached:

Yes No

Check #:

Check Cash Credit Card E-Pay

Staff Initials:

Liquor License issued: Yes No

Date Issued:

Liquor License Given to Applicant w/Copy to

Police Department: Yes No

Date Given:



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**CIVIC CENTER
GYM/KITCHEN
BASEBALL FIELDS**

GROUP NAME: _____

DATE OF GATHERING: _____

PERSON RESPONSIBLE: _____

PHONE NUMBER: _____

GYM/KITCHEN, BASEBALL FIELDS USE WAIVER – ADULTS

As participant in this event, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including loss of life, damages or loss that I may sustain as a result of participating in any and all activities connected with or associated with such gathering.

I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the Village of Maple park and its officers, agents, servants, and employees from any and all claims resulting from injuries and including loss of life, damages and losses sustained by us and arising of our, connected with, or in any way associated with the activities of the gathering.

I confirm that I am of legal age to sign on behalf of myself.

Please Print

Signature

Please Print

Signature

Please Print

Signature

Please Print

Signature

Please Print

Signature

Please Print

Signature

Please Print

Signature

Please Print

Signature

Signature of Responsible Party

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND
RETURNED PRIOR TO START OF ACTIVITIES**



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CIVIC CENTER GYM/BASEBALL FIELDS

GROUP NAME: _____

REVENUE: \$ _____

SUPERVISOR: _____

OPEN GYM/BASEBALL FIELDS WAIVER – MINOR

SCHEDULED START DATE: _____

SCHEDULED END DATE: _____

As participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including loss of life, damages or loss that I may sustain as a result of participating in any and all activities connected with or associated with such program.

I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the Village of Maple Park and its officers, agents, servants, and employees from any and all claims resulting from injuries and including loss of life, with or in any way associated with the activities of the program.

MINOR'S NAME: _____

ADDRESS: _____

PHONE #: _____

I confirm that I, as a parent, guardian, spouse, or head of household, am of legal age to sign on behalf of my family and/or dependents.

PARENT OR GUARDIAN'S SIGNATURE: _____

PRINT PARENT OR GUARDIAN NAME: _____

DATE OF SIGNATURE: _____

THIS DOCUMENT MUST BE COMPLETED, SIGNED AND RETURNED PRIOR TO START OF ACTIVITIES



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CONFIRMATION OF INSURANCE COVERAGE

This confirmation is only applicable to an individual/family Park Facility Rental Applicants. This is not applicable to non-profit organizations, businesses, leagues, ball teams and/or business liquor license applicants.

**CIVIC CENTER
GYM/KITCHEN
BASEBALL FIELDS**

APPLICANT NAME: _____

DATE OF GATHERING: _____

FACILITY BEING USED: _____

PHONE NUMBER: _____

As participant in this event, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including loss of life, damages or loss that I or other participants at this gathering may sustain as a result of participating in any and all activities connected with or associated with such gathering.

I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the Village of Maple Park and its officers, agents, servants, and employees from any and all claims resulting from injuries and including loss of life, damages and losses sustained by us and arising of our, connected with, or in any way associated with the activities of the gathering.

I, _____, confirm that I have health insurance and homeowner's insurance.

Signature

Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

Your Insurance Company Name

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Your Name

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOSILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

MUST INCLUDE THE FOLLOWING STATEMENT: The Village of Maple Park, its officials, employees, and agents as additional insured for the use of (state facility being used) for (state purpose of use) beginning on (state start date for the event(s) and ending on (state ending date of the event(s)).

CERTIFICATE HOLDER

Your Name

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Authorized Signature/Insurance Company