

# Scioto Township Trustees

ROSS COUNTY, OHIO

164 SOUTH WATT STREET • P.O. BOX 1975 • CHILLICOTHE, OHIO 45601 • (740) 775-1431

STEPHEN NEAL, FISCAL OFFICER  
JOHN WETZEL

## HALL RENTAL AGREEMENT

PAUL CORCORAN  
WILLARD TAYLOR, III

### Monday --- Friday 9:00 am to 4:00 pm

(6 hours maximum rental)

Entire Hall \$150.00

### Monday ---- Thursday after 5:00 pm -- 12 am

(6 hours maximum rental)

Entire Hall \$200.00

**\$100.00 Security deposit is required the day of rental**

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### Friday --- Sunday

(6 hour maximum rental)

(All renters must be out by 12:00 pm)

Entire Hall \$370.00

### Cancellation Policy

**A \$25.00 service charge will be assessed for all cancellations:**

30 days prior	Full refund Minus \$25 fee
15 days prior	50% refund Minus \$25 fee
7 days prior	No refund

**\$100.00 security deposit is due by the last business day prior to rental**

You may enter the hall at 10:00am on Saturday

You may enter the hall at 10:00am on Sunday

**(If you need set time before your 6hr rental time there is a \$25.00 fee)**

### Hall Rules

\* All rental fees must be paid prior to rental

\*The Kitchen may be used

**\*No Confetti, glitter, helium balloons, candles, bird seed, rice straw, or tape, nails or staples in the dry wall.**

\*Do not slide tables across the floor, lift to move

\*Scioto is not responsible for accidents or loss of personal property

\*If renter is not out by the agreed time subject to lose your security deposit.

\*No weapons policy will be strictly enforced

\* No deep frying inside the Hall.

\*All rents must comply with all Covid-19 Health requirements during event

\*Scioto Township is a non smoking facility

I, \_\_\_\_\_, enter into this agreement with Scioto Township, 164 S Watt St. Chillicothe, Ohio 45601. The date of my event is mo. \_\_\_\_\_, day \_\_\_\_\_, \_\_\_\_\_ year, for the rental of the hall. The time of my event is: being \_\_\_\_\_ am/pm. End \_\_\_\_\_ am/pm. All rental payment will be paid within 5 days from the date of signing this agreement. If fees are not paid within 5 days of this day my reservation will be canceled. **I understand a \$100 security deposit is required prior to the day of event. If not paid no event, must be cash, money order. NO PERSONAL CHECKS WILL BE ACCEPTED.** This deposit is refundable upon inspection of the hall. In the event the hall does not meet inspection requirements my deposit will be held. If damages exceed my deposit I will be held responsible for the full extent of damages. I have read, understand and agree to the rental agreement, rules and rates above.

\_\_\_\_\_  
Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scioto Township Representative

\_\_\_\_\_  
Date

To the fullest extent permitted by law I agree to defend, pay in behalf of, and hold harmless Scioto Township, Ross County, Ohio against any and all claims, demands, suits, losses, including all connected therewith, for any damage which may be asserted, claimed or recovered against or from the Scioto Township, it's elected and appointed officials, Covid -19, bodily injury and death: and/or property damaged, including, loss of use thereof, which arises out of the alleged negligence of Scioto Township and/ or in any way connected or associated with this contract.

\_\_\_\_\_  
Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scioto Township Representative

\_\_\_\_\_  
Date

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JOHN WETZEL

PAUL CORCORAN  
TOM STRAUB

## Scioto Township Hall Rental Information

To be completed by every renter

1. Briefly describe the event/function you will be having:

\_\_\_\_\_

2. Will you be charging admission? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

3. Will alcohol be consumed? \_\_\_\_\_

4. If you answered yes to #2 & #3, do you have a liquor permit? \_\_\_\_\_  
(a copy of the permit is to be provided the date of your rental)

5. What type of signage will you be using on the exterior of the building  
to advertise your event/function?

\_\_\_\_\_

6. As the renter you assume the responsibility for any and all damages to  
the facility

7. The Scioto Township Board of Trustees reserves the right to refuse or  
cancel the use of our facility to any event/function that is contrary to  
our purpose.

Rental Date \_\_\_\_\_

Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

Scioto Township Representative \_\_\_\_\_