



**STAKE  
YOUR  
CLAIM**

**BEATRICE**  
CITY • BOARD OF PUBLIC WORKS

**CITY HALL**

400 Ella Street | Beatrice, NE 68310  
Phone: 402.228.5200 Fax: 402.228.2312

**BEATRICE PUBLIC LIBRARY**

100 North 16<sup>th</sup> Street | Beatrice, NE 68310  
Phone: 402.223.3584 Fax: 402.223.3913

**Beatrice Public Library Meeting Room Request Form**

Public/Non-Profit Organization \_\_\_\_\_ Private/For Profit Organization \_\_\_\_\_

Group/Organization \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

Email Address \_\_\_\_\_

Activity/Purpose of Meeting \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Time of Meeting \_\_\_\_\_ Number Expected \_\_\_\_\_

Time of Booking (include time for set-up and clean-up) \_\_\_\_\_

Will the kitchenette be needed? YES \_\_\_\_\_ NO \_\_\_\_\_

The contact person has received and read the Meeting Room Policy and agrees on behalf of the group that they will abide by these rules and indicates this by signing below:

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

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Fees/Deposit:

**\$100.00 Rental Fee (for private or for-profit groups)**

has been received on (date) \_\_\_\_\_ by (initials) \_\_\_\_\_

**\$60.00 deposit (for all meeting room rentals)**

Deposit returned \_\_\_\_\_ or retained \_\_\_\_\_ on (date) \_\_\_\_\_ by (initials) \_\_\_\_\_

Exemptions from Deposits and Rental Fees: Any City-sponsored event.

Deposits are only refundable if the room is returned to its posted arrangement on the chart in each meeting room.