



Application for Use of a Municipal Hall Meeting Room (Skyline, Panorama and Committee Room)

District of North Vancouver
Clerk's Department

355 West Queens Road, North Vancouver, BC V7N 4N5

Phone: 604-990-2211 or Email: meetingroombookings@dnv.org

Form submission: By email or to address above or Fax: 604-984-9637

COMPLETION: To ensure legibility, please complete (type) online then print. Sign the printed copy and submit to the department and address indicated above.

CONTACT INFORMATION

Name of organization: _____

Name of contact person: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Purpose of Meeting: _____

Is this District of North Vancouver related business? Yes No

If yes, please describe: _____

Preferred date(s): _____ Preferred time: _____ to _____

Request for one time use or ongoing (weekly/monthly)? _____

Number of people to attend: _____

Do you have commercial general liability insurance? Yes No

If yes, provide a Certificate of Insurance with the District of North Vancouver added as an Additional Insured (Minimum \$2 million per occurrence)

ADDITIONAL INFORMATION

Please use this space to describe your group and include any other relevant information.

Attach separate sheet if additional space is required

TERMS AND CONDITIONS

1. Leave room in a clean and tidy condition.
2. Must report any damage or deficiencies caused by or noted during your use.
3. Limited to the hours requested (no early arrival or late departure).
4. Alcohol is not permitted on the premises.
5. Food and drink (other than water) are not permitted in the Council Chamber.
6. If no other concurrent District business coincides with the requested hours, you will be responsible for all costs incurred by the District for your use, such as security, repairs due to damage and/or cost of cleaning, and any call out of Facility Manager.
7. I understand that decisions regarding the granting of use of Municipal Hall meeting space will be made in accordance with established District policy. That single or ongoing use does not guarantee the right to future use, and the District may cancel or revoke any approved meeting request at its sole discretion upon reasonable notice.
8. I acknowledge and agree that I am fully responsible for all persons using the facility pursuant to this agreement, and, without limiting the foregoing; I acknowledge and agree that the District is not responsible for the provision of first aid equipment, supplies or service.
9. Notwithstanding any negligence on the part of the District or its employees or agents, I, on behalf of all persons using the facility pursuant to this Agreement, hereby release the District of North Vancouver (the "District") from any and all claims arising from or relating to our use of the facility, agree to assume all liability for our use of the facility, and agree to indemnify the District and hold it harmless from and against any claims, damages, expenses and losses that may arise, or be made or brought against or suffered or incurred by the District, as a result of or in relation to our use of the facility.

Print Name

Signature

Date

The personal information collected on this form is done so pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another Act. Further information may be obtained by speaking with The District of North Vancouver's Manager of Administrative Services at 604-990-2207 or at 355 West Queens Road, North Vancouver.

FOR CLERK'S OFFICE USE ONLY

Is the requested date(s) and time available? Yes No

Certificate of commercial general liability insurance provided (DND is added)? Yes No Amount: \$ _____

Approved Not approved

Conditions if approved or reasons for rejection: _____

Name, as signature (Clerk or Deputy Clerk)

Date

Meeting room assigned: Skyline (formerly room A) Panorama (formerly B) Committee Room

Applicant contacted on (date): _____ Contacted by: _____