



# RISING TIDE CO-OP

## Community Kitchen Facilities Use Request

Name of person and/or organization: \_\_\_\_\_

Kind of activity \_\_\_\_\_

Facility requested: Meeting Space \_\_\_\_\_ Kitchen and Meeting Space \_\_\_\_\_

*Please note that set-up and clean-up time must be included in the hours.*

Date(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Date(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Postal mailing address of organization/user: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of responsible person: \_\_\_\_\_ (Please print)

Signature of responsible person \_\_\_\_\_

Date \_\_\_\_\_ Phone number: \_\_\_\_\_

### **General Procedure**

1. Individuals or organizations (users) wishing to use this facility must fill out this request and return it to Rising Tide Co-op at least fourteen (14) days in advance of the intended use.
2. Fees: Nonprofits - meeting space - \$15 hr.(negotiable) ; Kitchen + meeting space - \$25. per hour For-profits - meeting space \$25; kitchen + meeting space - \$40/hr.
3. No smoking is permitted in the building.
4. You are expected to return the Kitchen/meeting space to the condition in which you found it.
5. **All organizations (users) will be required to have liability insurance. A certificate of liability, listing Rising Tide Co-op as “additionally insured” must be mailed (Rising Tide Co-op, 323 Main Street, Damariscotta, ME 04543), emailed (customer@risingtide.coop) or hand delivered to Rising Tide prior to final approval.**

In accordance with this policy, permission to use the facility is granted.



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\_\_\_\_\_ date\_\_\_\_\_

Authorized Rising Tide Co-op Representative

\_\_\_\_\_ **Certificate of Liability received**