

KITCHEN RENTAL AGREEMENT

FRUITDALE GRANGE

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE: _____ EMAIL: _____

DATE(S) OF USE: _____

HOUR IN: _____ HOUR OUT: _____

PRODUCT: _____

RATE PER HOUR: \$ 10 TOTAL DUE: \$ _____ SINGLE USE MONTHLY

CLEANING DEPOSIT REQUIRED: YES NO AMOUNT OF DEPOSIT: \$ _____

*CLEANING DEPOSIT MUST BE PAID BY CHECK/CASH SEPERATELY FROM RENT. DEPOSIT WILL BE REFUNDED AT THE END OF YOUR EVENT IF NO CLEANING IS NECESSARY FOR GRANGE STAFF.

YOU MUST:

KITCHEN COUNTERS AND SINKS USED NEED TO BE SANITIZED AFTER USE
WIPE ALL TABLES AND CHAIRS DOWN AS NEEDED
SWEEP FLOORS AND SPOT MOP AS NEEDED
BATHROOMS ARE LEFT CLEAN
ALL TRASH IS EMPTIED AND FRESH BAGS REPLACED IN RECEPTICLES
ANY DISHES/UTENSILS USED ARE WASHED PROPERLY AND PUT AWAY

RULES:

YOU MUST HAVE A FOOD HANDLERS LICENSE AND ABIDE BY ALL RULES AND REGULATIONS OF THE JOSEPHINE COUNTY PUBLIC HEALTH DEPARTMENT
PLEASE KEEP EXTERIOR DOORS CLOSED WHEN NOT LOADING/UNLOADING
LOCKER SPACE MAY BE AVAILABLE FOR MONTHLY RENTERS.
NO LONG TERM REFRIGERATED STORAGE IS AVAILABLE
PLEASE...IF ANYONE SMOKES, USE THE OUTSIDE ASHTRAY AND NOT THE GROUND!

** YOU ARE REQUIRED TO PROVIDE INSURANCE ADDING THE FRUITDALE GRANGE AS AN ADDITIONAL INSURED. AMOUNT WILL BE DETERMINED AT THE TIME OF BOOKING. COPY MUST BE EMAILED TO: fruitdale379@gmail.com NO LATER THAN 5 DAYS BEFORE YOUR BOOKING.