

2593 N. Railroad Street
PO Box 1459
Winterville, NC 28590



Phone (252) 756-2221
www.wintervillenc.com

**RENTAL APPLICATION
TOWN OF WINTERVILLE
COMMUNITY ROOM**

Name of individual/group renting the Community Room: _____

Name of group representative submitting the application: _____

Address: _____

Phone number: _____ Proposed use of facility: _____

Expected number of attendees (maximum 126) _____ Date of Rental: _____

Set up Time: _____ Time: _____ End Time: _____

I understand that as the individual/representative of the group renting the Community Room, I assume full responsibility for any and all damages occurring during the times stated above and will enforce compliance with all rules contained in the attached RULES FOR USE OF THE COMMUNITY ROOM.

Signature

Date

FOR TOWN USE ONLY

Finance Department

Rental payment amount: \$ _____ Circle One: Check (Check # _____), cash or credit

Security deposit amount: \$ _____ Circle One: Check (Check # _____), cash or credit

Date received: _____ Received by: _____

Police Department

_____ The building was found to be properly cleaned and undamaged. Recommend refund of deposit.

_____ The building was not properly cleaned and/or was damaged as noted below. Recommend charge of \$ _____ be made against deposit and an additional charge of \$ _____ be made for necessary cleaning and/or repairs to facility.

Finance Department

Date refunded: _____ Refunded by: _____

Refund received by: _____ Date: _____

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Rules For Use Of Community Room

1. Reservations must be made a minimum of 24 hours in advance.
2. The legal maximum occupancy for the room is 126 persons (standing room only).
3. Rental use may not begin before 7am or extend beyond 11pm.
4. Smoking, possession of firearms and alcohol consumption are strictly prohibited.
5. No amplified sound is allowed.
6. No charges for admission are allowed.
7. No profanity is allowed.
8. No activity is allowed that disrupts the operation of the Police-Fire-EMS activities.
9. No tape or adhesive may be attached to the walls or ceilings.
10. No activity may be conducted which damages the rooms.
11. Users must leave the rooms in the condition in which they found them.
12. No agency, individual, or group may reserve the rooms for more than one day each month.
13. Call 756-1105 or 830-4141 prior to departure for inspection and ask an officer to inspect the room.
14. Trash must be taken out, floors swept and/or mopped and left clean for the next renter.
15. If you use the refrigerator, you must leave it clean and empty.
16. Place chairs in chair rack so floor can be adequately swept.
17. Must be 18 years or older to rent.
18. No outdoor grilling.

Fee Schedule

1. Payment can be made at the Town Hall by check, cash, money order or credit card.
2. The in-town rental fee shall be \$225.00 per day, plus a refundable \$200.00 deposit. (Taxpayers in the town limits)
3. The out-of-town rental fee shall be \$300.00 per day, plus a refundable \$200 deposit.
4. Security deposit refunded if the room is left clean and undamaged. In the event the above rules are violated, a portion or all of your deposit will not be refunded.
5. Please allow three (3) weeks for your deposit to be mailed or available for pick up.
6. Cancellations require a notice of two business days prior to scheduled event in order to have fees and deposits refunded.
(Please allow up to three (3) weeks for the refund of the rental fee)

General Information

The Police Department will manage the reservation of rooms, will open and close the rooms, and will terminate rentals if necessary in order to enforce the rental rules. If a termination occurs, neither the rental payment nor the deposit will be refunded. **FAILURE TO CALL THE POLICE DEPARTMENT PRIOR TO DEPARTURE FOR INSPECTION AND LOCK UP WILL RESULT IN DEPOSIT FORFEITURE.** To view the facility, please come to the Police Department between 8:00a.m. and 5:00p.m. Monday – Friday. If problems occur during room rental, please call 756-1105 or 830-4141.

Prep Area and Provisions

The kitchen area has counter top space, a sink, a refrigerator and several electrical outlets. Please note that no cooking apparatus is provided. Cleaning materials and trash bags are provided and can be found in the cabinet located in the bathroom foyer. **All trash must be placed in trash bags and taken to the trash cans located beside the building and floors must be swept and spot cleaned if necessary.**

The Town provides a total of 79 chairs and 12 - 30x96 inch rectangle tables. Renters may provide additional tables and/or chairs, keeping in mind the legal maximum capacity limitations. Please sign and date acknowledging that you have read and agree to observe the rules for use of the community room.

Name: _____ Date: _____

Received by Authorized Town Representative: _____ Date: _____

Revised: 06/13/25

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WINTERVILLE POLICE DEPARTMENT

P.O. Box 1459
2593 N. Railroad St.
Winterville, NC 28590
Phone: (252) 756-1105

Community Room Rental Checklist

<u>Arrival</u> (Renter)		<u>Departure</u> (Officer)
<input type="checkbox"/>	<u>Kitchen</u>	
<input type="checkbox"/>	Refrigerator cleaned	<input type="checkbox"/>
<input type="checkbox"/>	Countertops cleaned	<input type="checkbox"/>
<input type="checkbox"/>	Floor mopped	<input type="checkbox"/>
<input type="checkbox"/>	Mop bucket emptied	<input type="checkbox"/>
<input type="checkbox"/>	Trash emptied	<input type="checkbox"/>
	<u>Main Area</u>	
<input type="checkbox"/>	Tables cleaned	<input type="checkbox"/>
<input type="checkbox"/>	Floor mopped	<input type="checkbox"/>
<input type="checkbox"/>	Trash emptied	<input type="checkbox"/>
<input type="checkbox"/>	Trash liners replaced	<input type="checkbox"/>
<input type="checkbox"/>	Walls/ceilings free of balloons/tape/décor	<input type="checkbox"/>
	<u>Restrooms</u>	
<input type="checkbox"/>	Toilets flushed	<input type="checkbox"/>
<input type="checkbox"/>	Floor cleaned	<input type="checkbox"/>
<input type="checkbox"/>	Trash emptied	<input type="checkbox"/>
	<u>Walls</u>	
<input type="checkbox"/>	Free of damage	<input type="checkbox"/>

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Signature: _____ Date: _____

Comments:

Officer's Signature: _____ Date: _____