**Section 1510.APPENDIX A ARMORY RENTAL CONTRACT WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | ARMORY: |  | MANAGER: |  |  |
|  |  |  |  |  |  |
| 2. | LESSEE (Complete name of Organization) |  |
|  |  |
|  |
|  | ADDRESS: |  | , |  | , |  |
|  |  | Street |  | City | Zip |
|  |
|  | PHONE: |  |
|  |
|  | IF APPLICABLE: |
|  |  |  |  |  |  |
|  | Illinois Tax Number |  |
|  |
|  | Federal Tax-Exempt Number |  |
|  |
|  | Not-For-Profit Certification Number |  |
|  |
| 3. | PERSONS AUTHORIZED TO REPRESENT LESSEE:(Contract will be mailed to this address for signature.) |
|  |
|  | Name: |  |
|  |
|  | SSN: |  |
|  |
|  | Address: |  |
|  |
|  | City, St, Zip: |  |
|  |
|  | Phone: | Business: |  | Home: |  |  |
|  |
| 4. | DESCRIBE IN DETAIL HOW THE ARMORY WILL BE USED: |  |
|  |  |
|  |  |
|  |  |
| 5. | WILL THERE BE INCOME TO THE LESSEE BEECAUSE OF THIS USE THROUGH: |
|  |
|  | a. | Ticket sales |  |  | Program sales |  |  |
|  | b. | Sale of Advertising |  |  | Concessions |  |  |
|  | c. | Contributions |  |  | Vending |  |  |
|  | d. | Subletting |  |  | Other |  |  |
| 6. | HOW IS THE LESSEE USING THE INCOME FROM THIS RENTAL: |
|  |  |
|  |  |
|  |
| 7. | ESTIMATED NUMBER OF PEOPLE ATTENDING THE EVENT: |  |
|  |
| 8. | DATE/HRS REQUESTED: | (attach schedule sheet if required) |
|  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Date(s) | Time (From – To) | Total # Hours |
| 9. | Will alcohol be served |  | or sold |  |  |
|  |  | Yes or No |  | Yes or No |  |
|  |
| 10. | AREAS OF ARMORY TO BE RENTED: |
|  |
|  | Assembly area: |  | (Includes supporting hallways and restrooms |
|  |
|  | Classrooms: | Room numbers or identification |  |  |
|  |
| 11. | INSURANCE |  |  |  |
|  |
|  | I understand I MUST submit a certificate of insurance as proof of liability and property damage coverage along with the signed contract. I understand also that if liquor is to be served, I will be required to show proof of Dram Shop Insurance. The insurance certificate must reflect that liability and property damage/loss coverage has been extended to the armory being rented. |
|  |
| 12. | RENTAL CHARGES: |
|  |
|  | a. | Total number of hours this rental (to be multiplied times the hourly rate shown in Appendix B which includes routine clean-up and security charges). |  |  |
|  |
|  | b. | Subletting fees (if applicable). Number of spaces to be sublet: \_\_\_\_; at $\_\_\_\_\_each, for a total of $\_\_\_\_\_. DMAIL fee – 15% of total: |  |  |
|  |
|  | c. | Total number of hours Armory Manager administration (preparation of payrolls and rental oversight) |  |  |
|  |
|  | d. | Adjustments to rental charges (to be multiplied times the hourly fee for that service as shown in Appendix B); may be adjusted upward or downward: |  |  |
|  |
|  | 1. | Total of number of hours clean-up required: |
|  |
|  |  | a) | By DMAIL janitorial personnel |  |  |
|  |  |  |  |  |  |
|  |  | b) | By personnel hired by DMAIL pursuant to contractor's authorization |  |  |
|  |
|  | 2. | Total number of hours security required: |  |  |
|  |  |  |  |  |  |
|  |  | a) | By security personnel during normal duty hours |  |  |
|  |  |  |  |  |  |
|  |  | b) | By personnel hired by DMAIL during non-duty hours pursuant to contractor's authorization |  |  |
|  |
| 13. | How is contract to be paid: |
|  |
|  | a. | Paid in advance in full when contract is signed (required payment method for all one-time use rentals and lessee's option for all others) |  |  |
|  |
|  | b. | \*Semi Annually |  |  |
|  |
|  | c. | \*Quarterly |  |  |
|  |
|  | d. | \*Monthly |  |  |
|  |
|  | \* Lessee's option for all leases except one-time use rentals – payments will be due 15 days after each billing from DMAIL |  |  |
|  |
| I have read the foregoing and understand the charges for my rental will be determined by the Office of the Adjutant General upon receipt of this worksheet, and that a contract will be prepared and forwarded to me for my signature. I further understand that I am under no obligation to enter into this contract when forwarded to me for signature. |
|  |
|  |  |  |  |
|  |  |  | Lessee's Signature |
|  |
| I recommend approval of the proposed rental on the term described on this worksheet. |
|  |
|  |  |  |  |
|  |  |  | Armory Manger |
|  |
| ALL QUESTIONS MUST BE ANSWERED TO ENSURE PROMPT PROCESSING OF CONTRACT, IF NOT APPLICABLE ENTER N/A. |