



**Barrie Municipal**  
**Non-Profit Housing**  
 www.bmnphc.com

Victoria Village  
 72 Ross Street, Unit 2  
 Barrie, ON  
 L4N 1G3  
 Tel: 705.727.1101  
 Fax: 705.737.4085

**Appendix 2:**

**Community Room Booking Application**

Who is in charge of the event? \_\_\_\_\_

Name of Building \_\_\_\_\_

**Tenant/Group**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail \_\_\_\_\_

Where do you want to hold the event? \_\_\_\_\_

Which space would you like to use? \_\_\_\_\_

What date is your event? \_\_\_\_\_

Start time \_\_\_\_\_ am / pm      End Time \_\_\_\_\_ am / pm

Describe event \_\_\_\_\_  
 \_\_\_\_\_

How many people will be at the event? \_\_\_\_\_

**Who** can attend?

- All tenants
- Only people who are invited
- Only some tenants
- Open to tenant and community

Will you be **servicing** liquor?    \_\_\_Yes                    \_\_\_No

Will you be **selling** liquor?    \_\_\_Yes                    \_\_\_No

Do you **charge** people money for this event?

*For example: admission, membership fees, donations.*    \_\_\_Yes    \_\_\_No

If yes, please tell us more: \_\_\_\_\_

Are you **selling** anything?                    \_\_\_Yes    \_\_\_No

If yes, please tell us more:

---

If you are booking the space for a group, what **kind of group** is it? Check as many as apply.

Tenant    Non-Profit    For Profit    Religious    Political

Does your group get financial grants?      \_\_\_ Yes   \_\_\_ No

Who gives grants to your group? \_\_\_\_\_

What is the group's **purpose**? \_\_\_\_\_

---

I have read the Terms of Agreement. I agree to follow BMNPHC rules. I know that if I break any of the rules, this contract will be cancelled.

\_\_\_\_\_  
Authorized BMNPHC staff

\_\_\_\_\_  
Person in charge of the event

\_\_\_\_\_  
Date

---

## FOR STAFF USE ONLY

Was the application approved? \_\_\_ Yes   \_\_\_ No

Does the applicant have insurance?

\_\_\_ They are covered by BMNPHC

\_\_\_ I have seen the proof of insurance

Initial: \_\_\_\_\_

\_\_\_ Fees and application sent

Initial: \_\_\_\_\_

Did the applicant pay:

\_\_\_ Damage Deposit

Initial: \_\_\_\_\_

Was the damage deposit returned to the renter? \_\_\_ Yes   \_\_\_ No

If yes, provide date: \_\_\_\_\_ Initial: \_\_\_\_\_

If no, please provide explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_