

**Pickering Health Complex Community Center/Commercial Kitchen  
Lease Agreement**

Persons/businesses using the kitchen are subject to the following rules, regulations and policies as well as all State and Local laws and ordinances. Failure to comply may result in the lessee's security deposit being forfeited and the use or the future use of the facility being denied.

1. Unless given special permission the facility is not available for:
  - Any activity that involves the use of hazardous materials and/or weapons.
  - Public events for which the Hickory County Health Department leadership deems the facility unsuitable.
2. Use of the facility name for purposes of publicity or branding shall be cleared with the Hickory County Health Department leadership prior to publication.
3. Smoking is prohibited anywhere on the Pickering Health Complex Campus.
4. Storage of supplies or products is not included in this lease, but may be negotiated separately.
5. All set up and tear down shall be handled by lessee.
6. Alcoholic beverages shall not be consumed in the facility or on park grounds. Alcohol may be used for culinary purposes.
7. Use of the facility does not constitute sponsorship or endorsement of lessee or lessee's activities or products.
8. No physical changes are permitted to the facility or its surroundings.
9. No nails or tacks may be used. Tape must be removed.
10. Lessee shall leave the facility and equipment in clean and good condition and shall return all tables, chairs, and equipment to their original position; all trash shall be removed and placed in the campus dumpster; floors should be swept; spills should be mopped up; restrooms are to be left as clean as you found them.
11. Lessee shall be responsible for reimbursing the Hickory County Health Department for any and all damage to its furniture, equipment and/or the facility.
12. Lessee shall abide by all local and state laws and ordinances, including all fire and health regulations when using the facility.
13. Lessee warrants that, its employees and guests will hold the Hickory County Health Department and the Friends of Hickory County Health Department harmless from any, and all liability resulting from lessee's use.

**Reservations**

The facility is available for rent 24/7. It is a shared use facility and may be rented to more than one lessee, but no more than two, at a time (with the exception of when exercise classes are in session). Reservations are required for access and are available on a first-come, first-serve basis. The Hickory County Health Department reserves the right to preempt or cancel reservations/rentals if an emergency arises.

## **Fees**

The rental fee for use of the community center alone, is \$25 per hour, not to exceed \$100 per day.

Rental fee for the kitchen facility is \$50 per hour, not to exceed \$200 per day.

Over-night storage shall be a flat rate of \$25. The market does not guarantee storage space unless agreed to prior to the rental.

Lessee is responsible for ensuring that coolers, refrigerators and freezers are tightly closed to ensure maintenance of proper temp and that kitchen is securely locked when not occupied.

The kitchen is inspected annually by a neighboring local public health agency, however lessee is responsible for any additional inspections or licensing required by law.

All lease fees and deposits are due and payable to the Hickory County Health Department at the time of application.

The Hickory County Health Department reserves the right to waive fees and/or deposits. All fees are subject to review and change.

# Pickering Health Complex Community Center/Commercial Kitchen Application

\*\*\*Please Print\*\*\*

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Day of Event \_\_\_\_\_

Beginning Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Requestor/Contact: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proposed use of the facility: \_\_\_\_\_

Community Center use (No Kitchen): \_\_\_\_\_ x \$25 per hour = \_\_\_\_\_

Community Center and Kitchen use: \_\_\_\_\_ x \$50 per hour = \_\_\_\_\_

Fee enclosed: \_\_\_\_\_

*Person responsible for payment:* \_\_\_\_\_

*Signature of person responsible for payment:* \_\_\_\_\_

*Billing address and telephone number of person responsible for payment (and to whom deposit should be refunded):*

\_\_\_\_\_  
\_\_\_\_\_

I have read the rules regarding use of the Community Center/Commercial Kitchen and agree to comply with them. I warrant that the persons using the kitchen are thoroughly familiar with the use of the equipment and will comply with all safety, food safety rules and all rules in the lease agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date