

**Mandel Public Library
of West Palm Beach
Meeting Room Application**

Return your application in person or mail to
411 Clematis Street, WPB, FL 33401 or Fax to
(561) 868-7706 / Inquires, call (561) 868-7716

Incomplete applications may result in a processing delay

Organization/Group Name _____

Address _____ City/State/Zip _____

Type of organization: Business Community Government Individual Non-profit Other:_____

Name of Authorized Representative of Organization/Group _____

E-mail Address _____

Address _____ City/State/Zip _____

Day Phone () _____ Evening Phone () _____

Fax Number () _____ Alt. Phone () _____

Alternate Contact Name _____ E-mail Address _____

Day Phone () _____ Evening Phone () _____

Title of Meeting: _____

Purpose or Subject of Meeting (*be specific, e.g. film screening, panel discussion, lecture, musical recital, etc.*)

Intended Audience: Organization Members Company Employees Clients General Public Other:_____

Meeting Room Types/Names: **Clematis Room:** 50 Seat Meeting Room (no tables) **Hibiscus Room:** 16-18 seat Conference Room (with tables) **Iris Room:** 8-10 Seat Conference Room (with tables) **Auditorium:** 156 Seat Auditorium (no tables)

Please check appropriate time block(s). Specify program time in the block.
Please attach additional dates, if needed.**

Date of Meeting	Estimated Attendance	9:30 am -1 pm Mon-Sat.	2 pm - 5 pm Mon. - Thu. 2 pm-4:45 pm Fri. – Sat.	6 pm-8:15 pm Mon. – Thu.	1 pm – 4:45 pm (Sunday Only)	Meeting Room Requested

** please refer to rental rates for time blocks

Will there be any items for sale, charges, fees, donations, or other expenses for attendance or participation?
(restrictions, fees and sales tax may apply)

YES NO If YES, explain _____

Will there be any food items served? **(restrictions, fees and sales tax may apply)**

YES NO

If YES, please select type Light refreshments Boxed meals/Party trays Catered

Further explanation/name and contact information of catering company: _____

The Auditorium, Clematis and Hibiscus rooms are equipped with an LCD projector, screen and built-in speakers which can be used for a rental fee. Will you be using this equipment? **(restrictions, fees and sales tax may apply)**

YES NO

Will you need to also rent additional equipment such as a laptop and/or DVD combo for the room?

(restrictions, fees and sales tax may apply)

YES NO Check one: Laptop _____ DVD _____ Both _____

If NO, please list any equipment you may be bringing on your own **(refer to [equipment rental rates](#))**

Will there be any literature or handouts provided at this meeting?

YES NO

If YES, please attach any literature which is under consideration for distribution at the meeting.

If your group would like to know more about the Mandel Public Library, check this box and someone will call you regarding a brief presentation during your meeting time.

All programs and meetings scheduled during library hours shall conclude 15 minutes prior to library closing. Doors to meeting rooms must remain unlocked during public programs allowing for public participation.

Any individual and/or organization distributing materials, showing movies, or performing plays, etc. is required to warrant that it will secure all necessary performance/copyright licenses and indemnify the library for any failure on their part to do so.

The applicant shall be responsible for setting up and the subsequent cleaning of the meeting room after their activities have concluded to its original condition. Any costs incurred in the removal of undisposed food or additional cleaning will result in being charged a cleaning fee and sales tax may apply (more information see [rental rates and fees for meeting rooms](#)). Damage to library property or facilities shall be paid for by the organization using such property or facilities.

Applications will be accepted beginning **November 15** (for January through April dates) and **March 15** (for May through August) and **July 15** (for September through December).

I have read and understand the **Mandel Public Library** meeting room guidelines and regulations (see [Meeting Room Policies and Regulations](#)) and agree to abide by them. **Sales tax will be collected. Non-profit groups must provide proof of non-profit status. A copy of a certificate of exemption is also required to waive sales tax.**

Applicant signature _____ Date _____

BELOW THIS LINE FOR LIBRARY PERSONNEL ONLY

Applicable Fees:

Rental Fee \$ _____ Category # _____ Time Slot: 1) Mon-Sat 9:30-1:00 ___ 2) Mon-Sat 2:00-4:45 ___ 3) Mon-Thu 6:00-8:15 ___ 4) Sun 1:00-4:45 ___

Cleaning Fee \$ _____ Light Refreshments # _____ Boxed Meals/Party Trays # _____ Catered Meals # _____

Audiovisual Equipment Fee \$ _____ LCD Projector: Auditorium _____ Other Rm _____ / Laptop _____ DVD _____ Both _____

Staff Support Fee \$ _____ Total Hours _____ Security Fee \$ _____ Total Hours _____

Subtotal \$ _____ Sales Tax \$ _____ Fees Collected \$ _____

Staff Member _____ Approved _____

Comments: _____