



## Olde Towne Depot Facility Rental Application for Wedding Receptions

### Contact Information:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Event Information:

Date of Event: \_\_\_\_\_  
Event Description: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

*Theatre seating accommodates 85-90; banquet seating accommodates 60-64*

Event Duration (includes setup and cleanup): \_\_\_\_\_ until \_\_\_\_\_

Onsite Contact for Day of Event: \_\_\_\_\_ Phone: \_\_\_\_\_

*For wedding receptions, the Olde Towne Depot will be closed to the public for the entirety of the event.*

I, \_\_\_\_\_, have read the policies and procedures for use of the Olde Towne Depot and agree to abide by them. I understand that I am responsible and liable for any damages to City property that may occur during my usage. I also understand I should immediately report any problems to the Olde Towne Depot or Main Street Clinton staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Application must be received at least one month prior to the event. Once the application has been received, the Olde Towne Depot Manager will contact the individual above to approve or deny the event. If approved, deposit will be due within three business days. **The date will not be held until the deposit has been received.** The remaining balance must be paid no later than two weeks before the event. All cancellations forfeit the deposit.*

### For Olde Towne Depot Staff only:

Approval/Denial (Olde Towne Depot Manager): \_\_\_\_\_

Date Notified of Approval/Denial: \_\_\_\_\_

Date Deposit Received (50% of total): \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Date Balance Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_



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Facility Rental	\$ 550.00	Up to 4 hours	\$ _____
	\$ 1,250.00	Up to 8 hours	\$ _____
	\$ 1,750.00	Up to 12 hours	\$ _____
4' Square Tables	\$ 10.00ea	___ tables x \$10.00 =	\$ _____ <span style="float: right;"><i>4 available</i></span>
5' Round Tables	\$ 10.00ea	___ tables x \$10.00 =	\$ _____ <span style="float: right;"><i>8 available</i></span>
6' Rectangular Tables	\$ 10.00ea	___ tables x \$10.00 =	\$ _____ <span style="float: right;"><i>6 available</i></span>
Schoolhouse Chairs	\$ -----	___ chairs x ----- =	\$ _____ <span style="float: right;"><i>90 available</i></span>

*Tables and chairs will be set up by Olde Towne Depot staff. After the event has been approved, a setup diagram must be submitted.*

Audio	\$ 25.00	Setup only	\$ _____
Projector and Screen	\$ 25.00	Setup only	\$ _____

Total rental fee: \$ \_\_\_\_\_

Damage Deposit \$150.00 \$ \_\_\_\_\_

*Damage deposits are due within three days of submitting the rental application. The date will not be held until the deposit has been received. The damage deposit will be refunded once the building and equipment have been approved upon inspection following the event. Deposits must be paid by cash or check. The damage deposit must be paid separately from rental fee, i.e. if paying with check, two separate checks must be submitted*

*Capacity:*

Theater Seating Accommodates 85 – 90  
 Banquet Seating (Eight 5' Round Tables) Accommodates 60-64

*Checks made payable to: City of Clinton*

**Return pages 1, 2, 5, & 6 of the Facility Rental Application to the Olde Towne Depot, located at 281 East Leake Street, or by mail:**

**Olde Towne Depot  
 P. O. Box 156  
 Clinton, MS 39060**



## Olde Towne Depot Facility Rental Policies & Procedures

### *About the Olde Towne Depot*

Olde Towne Depot, constructed in 2017 and completed in February 2018, is home to the Main Street Clinton offices and serves as a Welcome Center to Olde Towne. It is a replica of Clinton's historic train depots and exists to promote the historic character of Olde Towne.

This building may be used for business meetings, organization luncheons, receptions, showers, etc.

### *Capacity:*

Theater Seating Accommodates 85 – 90

Banquet Seating (Eight 5' Round Tables) Accommodates 60-64

### *Policies and Procedures*

Application must be received at least one month prior to the event. Application may be delivered to the Olde Towne Depot (281 East Leake Street) or mailed to the Depot at P. O. Box 156, Clinton, MS 39060. Once the application has been received, the Olde Towne Depot Manager will contact the applicant to approve or deny the event. If approved, the deposit will be due within three business days. **The date will not be held until the deposit has been received.** The remaining balance must be paid no later than two weeks before the event. All cancellations forfeit the deposit.

Applicants must be 21 years or older to rent the Olde Towne Depot.

The reserved date may not be shared with or reassigned to another individual, business, organization, or group without approval by the Olde Towne Depot Manager.

A damage deposit must be paid with cash or check. The damage deposit must be paid separately from rental fee, i.e. if paying with check, two separate checks must be submitted. This deposit will be refunded once the building and equipment have been approved upon inspection following the event. The individual submitting the application will be held responsible for any damage or loss of property. This individual will also be responsible for reporting damage, injury, or missing equipment and will pay for damages done to the property or equipment.

Event setup may begin no earlier than 9:00 a.m., and all events should be over by 9:00 p.m. with cleanup completed no later than 10:00 p.m.

The use of additional equipment, fixtures, etc. must be approved by the Olde Towne Depot Manager. No tape, thumbtacks, or staples may be used on walls or ceilings. No decorations may be left without approval from the Olde Towne Depot Manager.

*...Policies and Procedures cont'd*

The golf cart may not be used under any circumstances.

The facility must be left in the condition in which it was found. Trash must be taken out and tables must be wiped clean. No food may be left in the kitchen, freezer, or refrigerator. The cleanup check list must be completed and signed prior to vacating the premises.

City of Clinton and Main Street Clinton events will have priority. The Olde Towne Depot Manager reserves the right to limit events at the Depot.

No tobacco products of any kind may be used in the building or on the premises. Drugs are not allowed on the premises. City and state ordinances regarding the use of public buildings must be observed.

No open flames are permitted within the building or on the premises.

Olde Towne Depot, City of Clinton, and Main Street Clinton will not be held liable for any articles lost, stolen, or damaged.

Renters will be required to execute a hold harmless agreement and may be required to provide certificate of insurance.

*Contact Information*

Olde Towne Depot  
[www.oldetownedepot.com](http://www.oldetownedepot.com)  
601.924.0113  
[depot@clintonms.org](mailto:depot@clintonms.org)

Physical Address:  
281 East Leake Street  
Clinton, MS 39056

Mailing Address:  
P. O. Box 156  
Clinton, MS 39060

Olde Towne Depot Manager:  
Ashley Hammack  
[ahammack@clintonms.org](mailto:ahammack@clintonms.org)  
601.924.0113

Assistant Events Coordinator:  
Liz Sellers  
[lsellers@clintonms.org](mailto:lsellers@clintonms.org)  
601.924.0113

**Olde Towne Depot**  
**Hold Harmless and Indemnification Agreement**  
*For use or rental of City property*

In consideration for the use or rental of City property,

\_\_\_\_\_  
(Organization/Applicant)

does hereby agree and obligate him/her and their organization to save, hold harmless, and indemnify the City of Clinton, Mississippi, and its duly elected officials, agents, servants, and employees, from any and all claims, civil actions, damages, expenses and costs of every kind and character, whether at law or equity, or otherwise, arising from or related to the operation or the activities associated with this event and specifically agrees to indemnify the City of Clinton, Mississippi, and its duly elected officials, agents, servants, and employees from all damages and expenses of whatsoever kind, including but not limited to any expenses incurred by it related to any such claim, civil action or damages.

Witness my signature this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

