

**ST. MARY'S COUNTY GOVERNMENT
FACILITIES RENTAL CONTRACT**

COVER SHEET

LESSOR: St. Mary's County Department of _____

LESSEE: Name _____

Address _____

Contact Person _____

Email _____

Phone Number _____

SPACE BEING RENTED: _____

MAXIMUM OCCUPANCY: _____

Event Date: _____

Rental Start Time: _____

Rental End Time: _____

Attendance (estimate): _____

Purpose: _____

Group Name: _____

Contact Person: _____

Address: _____

Email: _____ Fax: _____

**ST. MARY'S COUNTY GOVERNMENT
FACILITIES RENTAL CONTRACT
COVER SHEET (CON'T)**

Will there be food? Yes No

If so, will it be sold to the public Yes No

If served to the public, please provide a copy of the required Health Department license.

If catered, please provide Caterer's name and provide a copy of the caterer's license _____

Will there be alcohol? Yes No

If so, will it be served to the public Yes No

If served to the public, please provide a copy of required liquor license.

RENTAL FEE _____

DEPOSIT _____