



# TOWNSHIP HALL RENTAL APPLICATION

Submit this application to: Watab Township Clerk  
660 75<sup>th</sup> Street NW  
Sauk Rapids, MN 56379  
[watabts@gmail.com](mailto:watabts@gmail.com)  
320-240-2270

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

Township Resident: YES NO

Circle Type of Organization: Private Family Event Non-Profit Organization

Government Organization For-Profit Business

Other: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Event Begins at: \_\_\_\_\_

Event Ends at: \_\_\_\_\_

Set-up Time: \_\_\_\_\_

Number of People: \_\_\_\_\_

Will alcohol be served? YES NO

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- ALL APPLICANTS MUST READ THE RENTAL AGREEMENT POLICY AND SIGN THE ACKNOWLEDGEMENT FORM
- PLEASE PAY THE RENTAL FEE AND DAMAGE DEPOSIT IN TWO SEPARATE CHECKS AND SUBMIT WITH YOUR APPLICATION
- PROOF OF INSURANCE AND ACKNOWLEDGEMENT FORM MUST BE SUBMITTED WITH THE APPLICATION
- CONFIRMATION WILL BE SENT UPON RECEIPT OF ALL APPLICATION MATERIALS

*The Township reserves the right to deny any application subject to room and staff availability.  
Call the Township Clerk with questions or to make inquiries about available dates.*

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**For Office Use Only**

Rental Fee Paid: \$ \_\_\_\_\_

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

Check # \_\_\_\_\_

Damage Deposit Paid: \$ \_\_\_\_\_

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

Check # \_\_\_\_\_

Acknowledgement Form Received: \_\_\_\_\_

Proof of Insurance Provided for Rentals by Individuals: \_\_\_\_\_

Date Rental Approved: \_\_\_\_\_

Deposit Returned: \_\_\_\_\_