



KITCHEN FACILITIES RENTAL AGREEMENT

In order to pursue with your request, it is important that you read and fill out this form completely. Failure to do so may result in a delay on your request.

Name/Nombre: _____

Address/Direccion: _____

Phone Number/Numero de telefono: _____

Date of Rental/Fecha de renta _____

CFM Class Provider: _____ Date Issued: _____

- Servesafe
- Prometric
- NRFSP
- Fresno County

Community Center Kitchen Rental Hours:

- Tuesday-Thursday 9am-4:30pm
- Friday-Monday- Not available

Kitchen must be left in the same order and condition as received. Biola Community Services District will not provide any products or materials needed to clean the rented kitchen facility.

1. Due to insurance requirements NO District employee will be allowed to donate time to supervise activities.
2. Staff will inspect facility after clean-up and deposits will be returned with the next scheduled Bills Payable approval (30-45 days)
3. Smoking is NOT permitted inside the Community Center building

Applicant does hereby for his/her and all parties claiming under him/her release and discharge the Biola Community Services District from and against all said losses, damages, claims or liability.

Application Fee: ___\$10.00

Rental Fee Non Refundable: ___\$25.00 per hour

Cleaning Deposit: ___\$50.00

Total Due: _____

Total Paid: _____

APPLICANTS SIGNATURE: _____ DATE: _____

Biola Community Services District
4925 N Seventh St
P.O.Box 57
Biola, Ca 93606