

**Application for use of the South Sioux City Public Library  
Meeting Room**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Space to be used: **Meeting Room** or **Café** (Please circle one)  
*(Meeting spaces are available for use during days/hours of operation for the library.)*

Date(s) to be used: **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

Purpose of use: \_\_\_\_\_ **Non-profit use:** \_\_\_\_\_  
*(Cost of Meeting space is \$ \_\_\_\_\_. Non-Profit usage is free of charge.)*

Number of people using room: \_\_\_\_\_ (Room Capacity is 45) - \_\_\_\_\_ (Initial)

Meeting Room Key #: \_\_\_\_\_ Initials of responsible agent - \_\_\_\_\_  
*(Responsible agent will be charged a replacement cost of \$50.00 for misplaced or lost meeting room keys.)*

**Additional items requested for use :**

*(There is an additional \$25.00 charge for use of any or all of these items.)*

\_\_\_\_\_ easel                      \_\_\_\_\_ laptop computer

\_\_\_\_\_ LCD projector        \_\_\_\_\_ overhead projector

Usage Fee: \_\_\_\_\_

Additional Fees: \_\_\_\_\_

**Total Due:** \_\_\_\_\_ **Paid :** Cash or Check (circle one) **Staff Initial:** \_\_\_\_\_

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

*(Usage fees must be paid 3 days in advance to secure the space to be used.)*

**\* The responsible agent has read the South Sioux City Public Library Annex Policy regarding use of space/equipment and agrees to abide by its rules.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_