



## Application for Use of a Municipal Hall Meeting Room (Skyline Meeting Room)

District of North Vancouver  
Clerk's Department

355 West Queens Road, North Vancouver, BC V7N 4N5

Phone: 604-990-2211 or Email: [meetingroombookings@dnv.org](mailto:meetingroombookings@dnv.org)

Form submission: By email or to address above or Fax: 604-984-9637

**COMPLETION: To ensure legibility, please complete (type) online then print. Sign the printed copy and submit to the department and address indicated above.**

### CONTACT INFORMATION

Name of organization: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred date(s): \_\_\_\_\_ Preferred time: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Request is for: One time use ☐ Weekly ☐ Monthly ☐ Number of people to attend: \_\_\_\_\_

Is this organization based in the District of North Vancouver? Yes ☐ No ☐

Does this organization serve residents of the District of North Vancouver? Yes ☐ No ☐

If yes to either, please describe: \_\_\_\_\_

Do you have commercial general liability insurance? Yes ☐ No ☐

If yes, provide a Certificate of Insurance with the District of North Vancouver added as an Additional Insured  
(Minimum \$2 million per occurrence)

### ADDITIONAL INFORMATION

**Please use this space to describe your group and include any other relevant information.**

Attach separate sheet if additional space is required

## TERMS AND CONDITIONS

1. Leave room in a clean and tidy condition.
2. Must report any damage or deficiencies caused by or noted during your use.
3. Limited to the hours requested (no early arrival or late departure).
4. Alcohol is not permitted on the premises.
5. If no other concurrent District business coincides with the requested hours, you will be responsible for all costs incurred by the District for your use, such as security, repairs due to damage and/or cost of cleaning, and any call out of Facility Manager.
6. I understand that decisions regarding the granting of use of Municipal Hall meeting space will be made in accordance with established District policy. That single or ongoing use does not guarantee the right to future use, and the District may cancel or revoke any approved meeting request at its sole discretion upon reasonable notice.
7. I acknowledge and agree that I am fully responsible for all persons using the facility pursuant to this agreement, and, without limiting the foregoing; I acknowledge and agree that the District is not responsible for the provision of first aid equipment, supplies or service.
8. Notwithstanding any negligence on the part of the District or its employees or agents, I, on behalf of all persons using the facility pursuant to this Agreement, hereby release the District of North Vancouver (the "District") from any and all claims arising from or relating to our use of the facility, agree to assume all liability for our use of the facility, and agree to indemnify the District and hold it harmless from and against any claims, damages, expenses and losses that may arise, or be made or brought against or suffered or incurred by the District, as a result of or in relation to our use of the facility.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The personal information collected on this form is done so pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another Act. Further information may be obtained by speaking with The District of North Vancouver's Manager of Administrative Services at 604-990-2207 or at 355 West Queens Road, North Vancouver.

## FOR CLERK'S OFFICE USE ONLY

Is the requested date(s) and time available? Yes ☐ No ☐

Certificate of commercial general liability insurance provided (DNV is added)? Yes ☐ No ☐ Amount:     \$    

Approved ☐ Not approved ☐

Conditions if approved or reasons for rejection: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name, as signature (Clerk or Deputy Clerk)

\_\_\_\_\_  
Date

Applicant contacted on (date): \_\_\_\_\_

Contacted by: \_\_\_\_\_