

Joanna's Banquet Rental Agreement

Date of event _____ Day of the week _____ Type function _____
Name _____
Email _____
Address _____
Start time _____ Ending time _____ Telephone _____ / _____

The following is a listing of specific terms/arrangements that will be discussed in detail.

Hall Rentals

_____ (5 hours) \$ 600.00 + tax Extra time \$120.00 per hour ____.
_____ (3 hours) \$ 400.00 + tax Extra time \$120.00 per hour ____.
\$200.00 non refundable deposit is required at the time of booking.

BAR All Alcohol or beverages will be purchased through Joanna's.

Bartender Fee is \$100. Requires a minimum sales of \$200.00 of beverage purchases

Tab Bar _____ **Cash Bar** _____ **kegs** _____

All tab and cash bar sales subject to sales tax & 20% Gratuity, included with kegs

NOTE: Staff will not serve alcoholic beverages to minors, adults serving minors, patrons who cannot prove age with valid picture identification, and patrons who appear intoxicated. The Management reserves the right at our own discretion to cease serving Patrons who violate rules and to close the bar with no refund.

China/Silverware (for dinner only) \$3.00 additional per person _____

NOTE: Entry for decorating is approximately one (1) hour prior to scheduled event time. Clean up of the hall will be completed no later than one-half hour past rental time. This will include everything except for vacuuming. An additional assessment fee will be incurred for additional time.

Confetti or Bubbles and no Tape on any of the walls or furniture items are permitted

Signing of this agreement indicates that all aspects of the hall rental have been discussed and understood, also indicates that the customer will abide by all regulations of the rental. The owner of Joanna's Banquet will not be held liable for any lost, stolen or damaged personal items or be held liable for any personal injuries. The signing of this agreement indicates that the customer will abide by all local, state and federal regulations and laws. Any fines, penalties or legal ramifications will be the sole responsibility of the customer.

Date signed

Customer Signature

Booked by / date

Amount of deposit _____ Method of payment _____ Check# _____ Cash \$ _____

Location 145 Main Street Somersville, CT 06072

(Mailing Address: 435 South Road, Somers, CT 06071)

www.joannasbanquets.com 860-763-5060

Please sign and return contract with deposit.

This date stated in the above contract will be held for a maximum of one week after verbal conformation.

Division of Joanne's LLC