

Charles City County  
Parks & Recreation



## SOCIAL CENTER RENTAL CHECKLIST

Estimated # of Attendees: _____ Actual # of Attendees: _____ ABC License Posted: _____		Applicant Name: _____ Event Time: _____ to _____		Set-up Time: _____ Clean-up Time: _____
SOCIAL CENTER	PRE-CHECKLIST	RENTAL QUESTIONS		POST-CHECKLIST
Trash	<input type="checkbox"/>	Have all plates and trash been removed? Has trash been placed in the dumpster outside?		<input type="checkbox"/>
Tables/Chairs	<input type="checkbox"/>	Have the tables and chairs been wiped?		<input type="checkbox"/>
Floors	<input type="checkbox"/>	Have the floors been spot swept? Have spills been mopped up?		<input type="checkbox"/>
Kitchen Counters	<input type="checkbox"/>	Are the kitchen counter tops clean? Have the counter tops been wiped down?		<input type="checkbox"/>
Stove Top Clean and turned off	<input type="checkbox"/>	Is the stove clean? Is the stove off?		<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	Is the refrigerator clean and free of renter's food?		<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	Is the microwave clean? Is anything left inside?		<input type="checkbox"/>
Warmer	<input type="checkbox"/>	Is the warmer clean? Are ten (10) trays located inside?		<input type="checkbox"/>
Sink	<input type="checkbox"/>	Are the sinks off and clean? Are they dripping?		<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	Is the ice scooper in its proper holder?		<input type="checkbox"/>
Decorations	<input type="checkbox"/>	Have all decorations been removed?		<input type="checkbox"/>
Other	Is there any information about your rental space that should be noted prior to your rental?			

Renter Signature: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Deputy Signature: \_\_\_\_\_