**Section 1510.APPENDIX A ARMORY RENTAL CONTRACT WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. | | ARMORY: | | | | | | | | |  | | | | | | | | | | | | MANAGER: | | | | | | | |  | | | | | | | | | |  | | | | |
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| 2. | | LESSEE (Complete name of Organization) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | | ADDRESS: | | | | | | | | |  | | | | | | | | | | | | | , | |  | | | | | | | | | | | , |  | | | | | | |
|  | |  | | | | | | | | | | Street | | | | | | | | | | | | |  | | City | | | | | | | | | | | | Zip | | | | | | |
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|  | | PHONE: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | IF APPLICABLE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Illinois Tax Number | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Federal Tax-Exempt Number | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Not-For-Profit Certification Number | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 3. | | PERSONS AUTHORIZED TO REPRESENT LESSEE:  (Contract will be mailed to this address for signature.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | SSN: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | City, St, Zip: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Phone: | | | | | | | Business: | | | | | |  | | | | | | | | | | Home: | | | | |  | | | | | | |  | | | | | | | | |
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| 4. | | DESCRIBE IN DETAIL HOW THE ARMORY WILL BE USED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| 5. | | WILL THERE BE INCOME TO THE LESSEE BEECAUSE OF THIS USE THROUGH: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | a. | | | Ticket sales | | | | | | | | | | | | | |  | | | | | | |  | | | | | Program sales | | | | | | | | |  | | | |  | |
|  | | b. | | | Sale of Advertising | | | | | | | | | | | | | |  | | | | | | |  | | | | | Concessions | | | | | | | | |  | | | |  | |
|  | | c. | | | Contributions | | | | | | | | | | | | | |  | | | | | | |  | | | | | Vending | | | | | | | | |  | | | |  | |
|  | | d. | | | Subletting | | | | | | | | | | | | | |  | | | | | | |  | | | | | Other | | | | | | | | |  | | | |  | |
| 6. | | HOW IS THE LESSEE USING THE INCOME FROM THIS RENTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. | | ESTIMATED NUMBER OF PEOPLE ATTENDING THE EVENT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | DATE/HRS REQUESTED: | | | | | | | | | | | | | | | | | | | | (attach schedule sheet if required) | | | | | | | | | | | | | | | | | | | | | | | |
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| Date(s) | | | | | | | | | | | | | | | | | | Time (From – To) | | | | | | | | | | | | | | | | | Total # Hours | | | | | | | | | | |
| 9. | | Will alcohol be served | | | | | | | | | | | | | |  | | | | | | | | | | | | or sold | | | | |  | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | | Yes or No | | | | | | | | | | | |  | | | | | Yes or No | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | | AREAS OF ARMORY TO BE RENTED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Assembly area: | | | | | | | | | | |  | | | | | | | (Includes supporting hallways and restrooms | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Classrooms: | | | | | | | | | | | Room numbers or identification | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | | INSURANCE | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I understand I MUST submit a certificate of insurance as proof of liability and property damage coverage along with the signed contract. I understand also that if liquor is to be served, I will be required to show proof of Dram Shop Insurance. The insurance certificate must reflect that liability and property damage/loss coverage has been extended to the armory being rented. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | RENTAL CHARGES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | a. | | | | | Total number of hours this rental (to be multiplied times the hourly rate shown in Appendix B which includes routine clean-up and security charges). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | b. | | | | | Subletting fees (if applicable). Number of spaces to be sublet: \_\_\_\_; at $\_\_\_\_\_each, for a total of $\_\_\_\_\_. DMAIL fee – 15% of total: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | c. | | | | | Total number of hours Armory Manager administration (preparation of payrolls and rental oversight) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | d. | | | | | Adjustments to rental charges (to be multiplied times the hourly fee for that service as shown in Appendix B); may be adjusted upward or downward: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
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|  | | | | | | | 1. | | | | Total of number of hours clean-up required: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | a) | | | By DMAIL janitorial personnel | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | |  | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | |  | | | | | | | | | b) | | | By personnel hired by DMAIL pursuant to contractor's authorization | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 2. | | | | Total number of hours security required: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
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|  | |  | | | | | | | | | a) | | | By security personnel during normal duty hours | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | |  | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | |  | | | | | | | | | b) | | | By personnel hired by DMAIL during non-duty hours pursuant to contractor's authorization | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | | How is contract to be paid: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | a. | | | | Paid in advance in full when contract is signed (required payment method for all one-time use rentals and lessee's option for all others) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
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|  | | b. | | | | \*Semi Annually | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | c. | | | | \*Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
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|  | | d. | | | | \*Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
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|  | \* Lessee's option for all leases except one-time use rentals – payments will be due 15 days after each billing from DMAIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have read the foregoing and understand the charges for my rental will be determined by the Office of the Adjutant General upon receipt of this worksheet, and that a contract will be prepared and forwarded to me for my signature. I further understand that I am under no obligation to enter into this contract when forwarded to me for signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | |  | | | | | | | | | | Lessee's Signature | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I recommend approval of the proposed rental on the term described on this worksheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | |  | | | Armory Manger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ALL QUESTIONS MUST BE ANSWERED TO ENSURE PROMPT PROCESSING OF CONTRACT, IF NOT APPLICABLE ENTER N/A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |