



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Rental Prequalification Request

Check One: Commercial
Non - Profit

SCHOOL		SCHOOL NO.	REQUEST FOR FISCAL YEAR /
NAME OF LESSEE		NAME OF CONTACT PERSON	CONTACT PHONE NUMBER () -
ADDRESS (Street, City, State, Zip Code)			
EMAIL ADDRESS			

I. Lessee Pays for: Facility Rental Custodial Labor Food Service Labor (required if kitchen is utilized)
 Event Security Event Insurance - **REQUIRED** Other _____

II. Facility Requested _____ Date _____

III. Purpose _____

IV. Waiver Request In-kind Contribution

Lease activities that directly benefit district students may be prequalified at a reduced fee. If lessee is requesting a waiver, provide a statement below as to how District students benefit. If good or in-kind services are being recommended to reduce charges, the value of these goods or services to this school must be real and identifiable and nearly equal to the fee reduction. The District's portion of the calculated fee must be paid.

V. The Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 and liability insurance have been discussed with the lessee. _____

INITIAL

VI. Check list: These documents are required to be attached with the lease agreement.

Liability Insurance Sales Tax Exempt Certification Health Department
 Non-Profit Documentation Status of Corporation Caterer's License or certificate

SIGNATURE OF PRINCIPAL OR APPROVED DESIGNEE

DATE

PERSON COMPLETING FORM

() -

TELEPHONE NUMBER

FOR OFFICIAL USE ONLY

Approved by the Superintendent/Designee

SIGNATURE OF SUPERINTENDENT/DESIGNEE

DATE