

## ***Mackay Gardens and Lakeside Preserve Rental Rates***



Weekday (Monday – Thursday)	\$500.00 plus tax
Weekend (Friday-Sunday)	\$800.00 plus tax (Oct - June)
Weekend (Friday – Sunday)	\$600.00 plus tax (July - Sept.)
Pavilion	\$50.00 plus tax

**\*\*\* There is a \$500.00 refundable security deposit required. \*\*\***

### Additional Fees:

✓ Needing house day prior to event	\$300.00
✓ Needing 3 hours day before event for rehearsal	\$100.00
✓ Needing 2 hours next day clean up (must be out by 10:00 am)	\$50.00
✓ Rental of tables & chairs (100 chairs & 20 tables)	\$200.00
✓ <b>MANDATORY:</b> A Uniformed Police Officer (If alcoholic beverages are to be present at the event.)	\$44.00/hour

**CONTACT:** PARKS & RECREATION: OFFICE PHONE: 863-291-5272

EMAIL: [parks@mylakealfred.com](mailto:parks@mylakealfred.com)

**MACKAY GARDENS AND LAKESIDE PRESERVE  
FACILITY USE APPLICATION  
CITY OF LAKE ALFRED, FLORIDA**

**I. FACILITY INFORMATION**

Date(s) Requested: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_ **(EVENT MUST END NO LATER THAN 10:00 P.M.)**

Ceremony: \_\_\_\_\_ Reception: \_\_\_\_\_ Tent Rented? \_\_\_\_\_

Approximate number of guests attending: Adults \_\_\_\_\_ Children \_\_\_\_\_

**II. APPLICANT INFORMATION**

Name: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

I, \_\_\_\_\_ have received, read and understand the City of Lake Alfred building regulations, refunds and rules policy. I realize that my event/program will be terminated should it create any violation of the City of Lake Alfred's rules and regulations. I understand that if I should need the next morning to finish cleaning up the facility that I have already made arrangements with the Parks and Recreation office and will be completed off the premises before 10:00 a.m. I also understand that the responsible party/organization will be denied future use of all city facilities as a result of a violation of city rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**III. DEPOSIT**

**Initial Acknowledging Change  
from Original Agreement**

Security Deposit (\$500.00)	\$ _____	_____
<b>Total Received</b>	<b>\$ _____</b>	<b>_____</b>

**IV. FEES**

Facility Rental	\$ _____	_____
Table & Chairs Rental (\$200.00)	\$ _____	_____
3 hr window for rehearsal & décor (\$100.00)	\$ _____	_____
2 hr window for next day clean-up (\$50.00)	\$ _____	_____
Meetings 2 hr. minimum @ \$50.00 per hour	\$ _____	_____
7% Sales Tax	\$ _____	_____
Police Officer (1-\$44/hr.)	\$ _____	_____
<b>Total Amount Due</b>	<b>\$ _____</b>	<b>_____</b>

**MAKE CHECKS PAYABLE TO THE CITY OF LAKE ALFRED**

*For Office Use Only*

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Key Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_

Key Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_

**BUILDING INSPECTED BY:** \_\_\_\_\_

Date/Time: \_\_\_\_\_

**\*PLEASE SET THE THERMOSTAT FOR THE A/C TO 74° BEFORE LEAVING PREMISES. IF NOT SET AT THE REQUESTED TEMPERATURE YOU WILL FORFEIT YOUR DEPOSIT.\***