



**APPLICATION/CONTRACT TO USE SETTLE GYMNASIUM  
1146 Washington Street, Shelbyville, KY 40065**

This contract applies to the Settle Gym and parking lot area only.  
It does not include outside grounds or the tennis court.

Requesting Organization \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

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

Proposed Activity: \_\_\_\_\_

Will fee or admission be charged? Yes \_\_\_ No \_\_\_

Capacity of Gym: 1080 (standing room) 971 (\*seated in chairs) 453 (\*tables & chairs)  
**\*Tables and chairs are not included with rental.**

Estimated Attendance: \_\_\_\_\_ Will food/non-alcoholic drink be served? Yes \_\_\_ No \_\_\_

**Alcoholic drinks can only be served if using a Caterer holding a current business license to operate in the City of Shelbyville. Caterer is required to have an Alcohol License from State ABC Board. Caterer must have liability insurance in the amount of \$1,000,000 naming the City of Shelbyville as an additional insured on the Certificate of Insurance.**

Signature of Caterer \_\_\_\_\_ Date \_\_\_\_\_

My signature below indicates that I have read the conditions of the contract (attached) and I agree to abide by the conditions. **Copy of Certificate of Insurance naming City of Shelbyville as an additional insured must be returned with signed application.** Application will not be approved if City of Shelbyville is not named as additional insured on your Certificate of Insurance.

Signature of Contact Individual \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED BY:**

Signature of Mayor or designee \_\_\_\_\_ Date \_\_\_\_\_

**\$40 Reservation Fee Must Be Included with Rental Application**

Rental Fee \$ \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

**Please make checks payable to:  
City of Shelbyville  
Mail or Deliver to 315 Washington Street, Shelbyville, KY 40065**