



**OFFICE USE ONLY**

Discount Elig:  EE  BOD  501c3  
 Waiver Approved:  Yes  No  
 App Rcvd: \_\_\_\_\_  
 Dep Rcvd: \_\_\_\_\_  
 Rent Rcvd: \_\_\_\_\_  
 Liquor Lic: \_\_\_\_\_  
 COI Rcvd: \_\_\_\_\_

**Facility Rental Agreement**

**Renter Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Rental Details**

- Full Facility – Weekday       Conference Room Only
- Full Facility – Weekend       Great Room Hall Only

Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

501(c)(3) Organization?  Yes  No

Operating under fiscal sponsorship?  Yes  No

If yes, Fiscal Sponsor: \_\_\_\_\_

Is your event a fundraiser requiring a Liquor License?  Yes  No

**Terms of Agreement**

This agreement sets forth the rental terms between the Renter and Molokai ‘Ohana Health Care, Inc. dba Molokai Community Health Center (MCHC) and remains valid until the event is completed and all conditions are met.

**Use Areas**

**- Full Facility:**

- Includes indoor Great Room, outdoor patio, kitchen, tables, chairs, and restrooms
- Does not include conference room use
- Weekday Use: 12:00 PM – 12:00 AM
- Weekend Use: Friday 12:00 PM to Sunday 12:00 PM
- Check-out: Walk-thru inspection and Key Return by Monday at 8:30 AM

**- Great Room Hall**

- Business Hours: 8:00 AM – 5:00 PM Monday to Friday
- After Hours: 5:00 PM Monday to Friday
- Weekends: By Special Request
- Includes indoor Great Room, tables, chairs, and restrooms

**- Conference Room**

- Weekday Use: 8:00 AM – 5:00 PM Monday to Friday
- Includes indoor Conference Room and restrooms
- Discount does not apply to Conference Room use

**Non-Profit Discounts**

501(c)(3) organizations or fiscally sponsored programs may submit a written request for fee reduction. Requests must demonstrate alignment with MCHC’s mission and values.

**Payment & Cancellation Policy**

- Payment and deposit are due on the day of booking to secure the date. \*Please provide two separate checks.
- Checks must match the Renter’s name/address. No third-party checks accepted.
- \$25 fee for returned checks.
- Cancellations must be made in person at least 15 business days prior to the event for a full refund. Any cancellations beyond 15-day period will incur a \$25 courtesy fee.

**Security Deposit / Rental Fees (subject to change)**

- Fees vary depending on the area(s) of use and the type of event.
- Security deposits are refundable within 15 business days after the event, provided all conditions and cleaning requirements are met.
- Fees are subject to change without prior notice.

**Rules & Regulations**

1. No staples, tacks, or nails on facility property.
2. Kitchen must be cleaned. No deep fryers allowed. All food products must be removed.
3. Rooms and patio must be cleaned, lights off, and all trash removed.
4. Grounds and parking areas must be cleaned.
5. Restrooms must be cleaned.
6. Maintain all property to ensure good condition.
7. Climbing on Banyan Tree is prohibited.
8. Curfew is 12:00 AM. Please be mindful of surrounding neighbors.
9. Alcohol, drugs, and smoking prohibited unless explicitly approved with a liquor license.
10. Political events must include a disclaimer in all media: 'This event is not endorsed by Molokai Community Health Center or affiliated with MCHC’s Community Civic Engagement Program (CCEP).'
11. Certificate of Liability Insurance (\$1M per occurrence / \$2M aggregate) required for all large scale community events.

**Disclosure and Agreement**

By signing below, Renter agrees to abide by all applicable laws, MCHC policies, and the rules outlined above. The Renter accepts liability for damage, cleaning fees, or any losses incurred during facility use.

Renter agrees to defend, indemnify, and hold harmless MCHC, its officers, board, and employees against any claims arising from this agreement.

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

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

MCHC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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