



VILLAGE OF SHORTSVILLE * RENTAL APPLICATION

Complete and return this form with your \$25 deposit to: Village of Shortsville

6 East Main Street
P.O. Box 218
Shortsville, NY 14548

Area to be Reserved: (check one)

Banquet Room _____ Budd Park _____ Gazebo _____

NAME of Applicant: _____
Village Homeowner

ADDRESS: _____

_____ PHONE : _____

TYPE OF EVENT: _____

EVENT DATE: _____ FROM: _____ AM/PM TO: _____ AM/PM

APPROXIMATE NUMBER OF PEOPLE: _____

Will alcohol be served/available ? _____ . * If YES, please see attached, and sign that you as the applicant are aware it will be at the event.

Signature for alcohol

By signing this application, you have agreed to the attached policy of renting from the Village of Shortsville. You take full responsibility of any damages and any liability resulting from this event.

Signature of Applicant: _____
Village of Shortsville Homeowner

Date