



KARIBIB TOWN COUNCIL

Environmental Health Department

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19Kalk Street

P. O. Box 19
Karibib, Namibia

RENTAL AGREEMENT OF KARIBIB TOWN COUNCIL HALL

1. Town Hall
2. Usab Hall

Name/ Organization:

Address: Tel/Cell No.:

Date of Use: Time (from) (to)

Intended use:

Number in attendance: Will alcohol be served? Yes/No.....

Responsible person:

CONDITIONS TO COMPLY:

1. Cleaning of the Hall

- a. Sweeping all floors
- b. Cleaning all counters and tables
- c. Putting away all tables and chairs used accordingly
- d. Turning off all lights
- e. Cleaning all spills

2. **NO SMOKING IS PERMITTED WITHIN THE HALL BUILDING AT ANY GIVEN TIME.**

3. Garbage

- a. All waste generated should be disposed of in the bins available at the hall. **EXCEPT** Food waste to be disposed of at the Karibib Town Council dumping site and covered accordingly.

4. COVID-19 SOP'S

- a. Attendance register should be kept which includes: Name, contact number and the Town where the individual resides.
- b. All attendees to wear masks at all times
- c. Hand sanitizers to be made available at the entrance.
- d. 1.5 meter spacing to be practice at all times.
- e. All tables, chairs and any other equipment belonging to Karibib Town Council should be sanitized prior to handing over.
- f. Maximum gathering number to be adhered at all times.

5. Other:

- a. Use of nails, tacks, staples or tape on the walls is **PROHIBITED**.
 - b. Excessive noise is **PROHIBITED**.
 - c. All decorations to be removed after the event.
 - d. All damages to the premises, building and equipment to be reimburse to the Karibib Town Council within five (5) working days.
 - e. To accept the premises in its present condition and return it in like condition.
 - f. To vacate the premises at the scheduled time.
 - g. To notify Karibib Town Council 72 hours in advance of any cancellation. Failure to notify may result in forfeiture of all rental payments made.
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FOR OFFICE USE ONLY

Inspection Done:

Signature LED Department:.....Date Stamp

Payment Received:

Signature Finance Department:.....Date Stamp

Approved: Office of the CEO:.....Date Stamp