

**ARBOUR VILLAGE CO-OPERATIVE HOME INC.**  
**REQUEST TO RESERVE MEETING ROOM**

Name: .....

Address : .....

Phone #: .....

Date Meeting Room Required: ..... Time Required: ..... am./pm.

I have been informed by the Co-op Representative (Name) ..... that the meeting room cannot be rented past **6.30pm (Sunday through Thursday) past 9:30pm (Friday and Saturday) and past 11:00pm. (Friday and Saturdays) during the month of Ramadan and the month of December** and that the keys must be handed in before that time. I am aware that if I fail to do so, I will lose my deposit and I will not be able to use the meeting room in the future. I understand that alcohol will not be served, unless a valid liquor permit or license is in place for service of alcohol, which must be provided at the time of booking. I am aware that the meeting room **will not be rented from December 23<sup>rd</sup> - January 2<sup>nd</sup> (Both Days Included).**

By signing my name below, I acknowledge that I am responsible for the use of the Meeting Room on the above noted date and for the conduct of any persons that attend this function. I am also aware that it is my responsibility to clean/mop the meeting room and washroom prior to handing in the keys.

Signature: .....

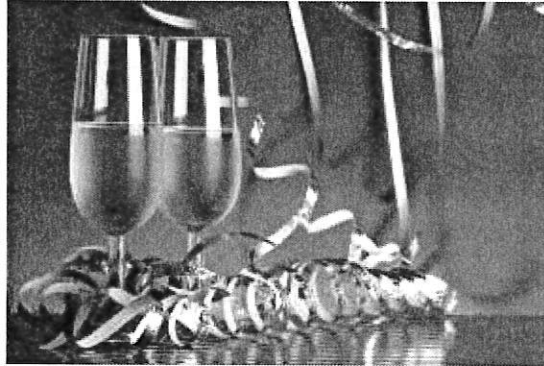
Date: .....

Authorized use only

Date this form was received completed	
Amount received as security deposit	\$20.00 Y / N
Amount received as rental fee	\$25.00 Y / N
Date reservation was confirmed	
Security Deposit Received by Member	\$20.00 Y / N
If Yes - Signature of Member	
Signature of Designated Co-op Representative	



## Party Alcohol Liability



This program provides protection when lawsuits are brought against individuals, organizations or companies who host single/multi-day functions with alcohol service. \*Events with live entertainment OR sports **DO NOT** qualify for this policy\* DJ's are not considered as live entertainment

### **Designed for**

Event hosts who are holding reception type events in a rented facility. A valid liquor permit or licence must be in place for service of alcohol.

### **Coverage**

We offer limits of liability from \$1,000,000.00 to \$5,000,000.00 with a \$500.00 deductible (some exceptions may apply).

Coverage included: Commercial General Liability, Host Liquor Liability, Tenant's Legal Liability (\$500,000.00) & Non-Owned Auto.

### **Having a wedding?**

You might want to look at our NEW Wedding guard package. It includes three(3) 24 hour periods of liability coverage as well as cancellation coverage and much more. The cost is comparable to our Party Alcohol rates; be sure to check it out!

### **Examples of events**

Weddings, Jack & Jills, banquets, socials, dances, cocktail parties, Christmas parties, euchre nights and more.

\*Annual coverage available for monthly/weekly events\*

[Apply Now](#) [Policy details](#)

### **Contact information**

2 Norfolk St. South  
Simcoe, Ontario N3Y 2V9

Phone: 1-800-265-8098 / Fax: 519-428-5661

**NOTICE OF WITHDRAWAL FROM MEMBERSHIP**

Arbour Village Co-operative Homes Inc.

Address of Member Unit      Unit # and Street: \_\_\_\_\_  
City: \_\_\_\_\_

List each person in the household

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date of Withdrawal      \_\_\_\_\_

Terms

I/We hereby give notice of my/our intention to withdraw from membership in the co-op and to surrender my/our occupancy rights effective on the date for withdrawal set out above.

I/We understand the I/we must deliver up vacant possession and occupation of my/our unit on or before that date.

I/We understand and acknowledge that this agreement may be enforced by a Writ of Possession (Eviction order) if I/we fail to vacate the premises on the date for withdrawal as set out above.

Signature of Member

Member 1. \_\_\_\_\_

Member 2. \_\_\_\_\_

Member 3. \_\_\_\_\_



***Schedule B: Long-Term Guest Agreement***  
**Arbour Village Co-operative Homes Inc.**

All members and the long-term guest must sign.

**Names of members:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names of long-term guest:** \_\_\_\_\_  
\_\_\_\_\_

**Unit address:** \_\_\_\_\_  
\_\_\_\_\_

**Start date:** \_\_\_\_\_

**End date:** \_\_\_\_\_

**Terms of agreement:**

1. The co-op agrees that the long-term guest can live in the member's unit as a part of the member's household starting on the Start Date stated in this agreement. If a date is filled in for the End Date, the long-term guest agrees to leave the member's unit on or before the End Date. The long-term guest must have written permission from the co-op and the member to stay longer.
2. The member is still responsible to the co-op for all housing charges and all the member's obligations to the co-op.
3. The long-term guest agrees not to break any of the terms of the member's Occupancy Agreement or any co-op by-laws.
4. The long-term guest acknowledges that the co-op only allows members and their households to occupy co-op units. The long-term guest acknowledges that being a long-term guest does not give the member a right to the unit or any other unit or position on the co-op's internal or external waiting lists.
5. The long-term guest agrees to leave the member's unit if the member or the co-op requests it. The long-term guest will be entitled to written notice to leave the unit.
6. The long-term guest must immediately leave the unit when the member's occupancy rights end.

7. The long-term guest acknowledges that the unit is a member unit under the *Co-operative Corporations Act* and that the long-term guest is not a tenant under the *Residential Tenancies Act*.
8. The member and the long-term guest acknowledge and understand that the long-term guest cannot pay anything to the member, such as key money, and the only payment permitted is a fair share of the housing charges. Any other payment is against the law.
9. The long-term guest agrees that the co-op, through its employees or agents, can receive credit information about the long-term guest from any credit agency or other source.

**Signatures:**

Date: \_\_\_\_\_ *Print name of member:* \_\_\_\_\_

Date: \_\_\_\_\_ *Print name of member:* \_\_\_\_\_

Date: \_\_\_\_\_ *Print name of member:* \_\_\_\_\_

Date: \_\_\_\_\_ *Print name of long-term guest:* \_\_\_\_\_

Date: \_\_\_\_\_ *Print name of long-term guest:* \_\_\_\_\_

Date: \_\_\_\_\_ *Arbour Village Co-operative Homes Inc.*  
 By: \_\_\_\_\_  
*Print name:*  
*Title:*