

OFFICE OF THE COUNTY ADMINISTRATOR

1 Public Square, Room 210
www.darcosc.com

Darlington, South Carolina 29532

843-398-4100
FAX 843-398-9679



Application For Reservation Of Darlington County Owned Facility **Grooms Building, 528 Cartersville Highway, Lamar, SC 29069**

Please complete this application **a minimum of two (2) weeks** prior to the proposed event. Submit application and payment to the County Administrator's Office, 1 Public Square, Room 210, Darlington.

Today's Date: _____

Building Requested: Grooms Building – Lamar

Kitchen: Yes No

Date Requested: _____ Beginning/Ending Time: _____

(Not available after 9 pm)

Type of Event: _____

Name of Organization/Individual: _____

Will Admission Be Charged? Yes___ No___ Proceeds To Be Used For: _____

Name, Address & Telephone Number of Applicant:

Name: _____

Address: _____

Phone #: _____ Alt. Phone _____ Email _____

I agree to personally assume the responsibility for all charges, liability and to insure enforcement of all rules governing the care and use of the **Grooms Building in Lamar**.

FEE SCHEDULE (Fees Must Be Paid In Advance)

Banquet Room: \$150 per day

Kitchen Area/Equipment: \$100 per day

Clean-up Fee: \$50 (refundable if sufficient clean-up is done)

Signature of Applicant

Make checks payable to **Darlington County Treasurer. ***NO** Reservation will be made until application and payment have been **received at least 2 weeks before the event**. *Applicant must be at least **21 years of age**. ***NO Alcoholic Beverages** allowed on premises. *This facility is available for use from 9 a.m. to 9 p.m. (**weekends**). *Facility is to be left in the same condition in which it was found in order to receive refund of Clean-up Fee, which will be mailed to address on file following building inspection. All clean-up fee refunds should be requested at the County Administrator's Office following event. *This form **MUST** be on the premises at all times *This facility seats approximately 50 people. For banquet room & kitchen areas only. For assistance, call **Andrew Smith at 843-616-1990**.*

County Use

Total Fee Paid: _____ Approved/Disapproved Name _____ Date _____