City of Valley City, North Dakota
Application to use National Guard Building

The undersigned hereby makes application to the City of Valley City, North Dakota for use of a City Building in Valley City and agrees to comply with the requirements of the City's Ordinances.

NAME OF APPLICANT/ORGANIZATION: _____

INTENDED USE OF THE PREMISES: _____

DATE(S) REQUESTED: _____

OPENING BUILDING TIME: _____ **CLOSING BUILDING TIME:** _____

ROOM TO BE USED *(Absolutely no storage of items)*: _____

CONTACT NAME: _____ **PHONE:** (_____) _____

ADDRESS: _____

EMAIL: _____

FEE: $_____ + **$125.00 Deposit** to accompany application

$20 for 1 ½ hours
$200 per day
$150 per day for multiple events

TOTAL ENCLOSED: $_____

Before submitting the completed application and fee, please note that it is the renter's responsibility to verify the availability of the building and/or room with the National Guard and obtain the required National Guard signature below.
SFC Chris Senff at (701) 845-6721 or christopher.r.senff.mil@army.mil

National Guard Signature: _____

INDEMNIFICATION AGREEMENT

I UNDERSTAND THAT I OR THE GROUP/ORGANIZATION THAT I REPRESENT WILL BE RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF ANY DAMAGE TO THE BUILDINGS OR PROPERTY, AND THEREBY WILL LEAVE THE FACILITY IN THE SAME CLEAN CONDITION AS WAS WHEN FIRST ENTERED THE BUILDING. A DEPOSIT FEE OF $125.00 MUST ACCOMPANY APPLICATION AND WILL BE RETURNED TO APPLICANT AFTER EVENT IF PRECEEDING CONDITIONS ARE MET.

I AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS THE CITY OF VALLEY CITY, ITS AGENCIES, OFFICERS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OF ANY NATURE, INCLUDING COSTS, EXPENSES, AND ATTORNEYS' FEES, WHICH MAY IN ANY MANNER RESULT FROM OR ARISE OUT OF THIS AGREEMENT.

I ALSO AGREES TO INDEMNIFY, SAVE, AND HOLD THE CITY OF VALLEY CITY HARMLESS FROM ALL COSTS, EXPENSES, AND ATTORNEYS' FEES INCURRED IN ESTABLISHING AND LITIGATING THE INDEMNIFICATION COVERAGE PROVIDED HEREIN.

I HAVE READ AND AGREE TO THESE CONDITIONS

APPLICANT SIGNATURE: _____ **DATE:** _____

Return Form and Payment To:
Valley City Auditor
220 3rd St. NE
Valley City, ND 58072

For Office Use Only:
_____ Payment Received
_____ Notified Commissioners & Administrator
_____ Conditions Met for Deposit Return

Revised 07.22.2026