

# CORNER VIEW RESTAURANT & BAR

## PARTY CONTRACT

### Guest Count:

A guaranteed guest count is due three days prior to the event and is not subject to reduction. Corner View will be prepared to serve an overage of up to 5% over the guaranteed number of guests.

### Deposits & Cancellation Policy:

A credit card is required to secure an event reservation. For cancellations 24 hours or less before the event, the credit card below will be charged 75% of the estimated bill. For cancellations 2 to 3 days before the event; the credit card below will be charged 50% of the estimated bill.

Cancellation 3 or more days before the event, the credit card below will be charged a \$10.00 per person fee (on expected guest count). **All changes to the expected number of guests must be made by email or in writing and need to be verbally confirmed with the Corner View event coordinator.** Should guaranteed guest count drop more than 10% of expected guest count, full per person charges will apply to the shortage.

### Sales Tax & Service Charges:

California State Law (#1603G) requires that sales tax be computed on all food & beverages, but not on service or rentals. An 20% service charge will be added to all food and beverage orders.

### Beverages:

All food and beverages must be purchased solely through Corner View Restaurant & Bar and consumed on the premises. All In-House set menu prices include non-alcoholic beverages. Corkage fees are available as well as hosted or no-host bars. Corkage fees are \$10.00 per 750ml bottle. Larger format bottles will be charged on the same scale. Corner View reserves the right to refuse alcohol service to anyone not presenting a valid ID.

### Additional Charges:

All functions include tablecloths and napkins. Any extra equipment or 'special requests' that need to be rented will be billed in addition to the food, beverage and service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Expiration: \_\_\_\_\_

Contact / Company: \_\_\_\_\_

Event Date: \_\_\_\_\_

Expected Guests count: \_\_\_\_\_

Please fax completed and signed form to 805-546-9185