TOWN OF HARRIETSTOWN

BUILDING AND GROUNDS USE APPLICATION

PLEASE RETURN COMPLETED FORM BUILDING AND GROUNDS

EMAIL - bldmntc@harrietstown.org

DATE OF APPLICATION_____ INDIVIDUAL _____ORGANIZATION_____

CONTACT PERSON _____

ADDRESS _____TEL. PHONE # _____

EMAIL _____

SECONDARY PERSON _____TEL. PHONE # _____

DATES AND TIMES FOR ACCESS, SET-UP AND / OR EVENTS

ACCESS WILL NOT BE GRANTED, OTHER THAN HOURS LISTED

DATE_____ DAY_____START TIME_____END TIME _____

DATE _____ DAY _____ START TIME_____END TIME _____

TOWN HALL --UPPER LOBBY____ LOWER LOBBY_____ KITCHEN_____
AUDITORIUM _____ BALCONY _____

OUTDOOR VENUES -- ELKS FIELD _____ LATOUR PARK _____

DATE RECEIVED BY BLDG. DEPT._____ RECEIVED BY _____

APPROVED BY BLDG. DEPT. DATE _____ BY _____

IS THIS A COMMUNITY EVENT OR BENEFIT? IF YES, PLEASE EXPLAIN

IS YOUR ORGANIZATION A **REGISTERED NOT FOR PROFIT ?_____**

IF YES, YOU MUST PROVIDE THE TAX EXEMPT ID # _____

FOR ALL EVENTS, YOU MUST PROVIDE A CURRENT CERTIFICATE OF LIABILITY INSURANCE FORM WITH A MINIMUM COVERAGE OF $ 1,000,000 , NAMING THE TOWN OF HARRIETSTOWN AS ADDITIONALLY INSURED WITHIN 30 DAYS OF EVENT.

EQUIPMENT AND FACILITIES NEEDED

PLEASE WRITE IN QUANTITY # IN APPROPRIATE LINES

STAGE -- STAGE AND SPOTLIGHTS __ MICROPHONES _____ LAV. MIC _____
TABLES # _____ CHAIRS #_____ PODIUM ____

AUDITORIUM FLOOR— TABLES #_____ CHAIRS #_____ MICS ____

ALL BELONGINGS FOR EVENT, SET-UP, DECORATIONS, ETC. MUST BE REMOVED FROM BUILDING AT END OF EVENT. APPLICANT OF EVENT WILL BE FULLY RESPONSIBLE.

ALCOHOL APPLICATION

DO YOU PLAN ON SERVING ALCOHOL ? _____

APPLICATION FOR SERVING ALCOHOL WILL BE PROVIDED UPON REQUEST. APPROVAL BY TOWN BOARD WILL BE ON A REGULARLY SCHEDULED BOARD MEETING. PAPERWORK MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO EVENT.

SAFETY EXIT ANNOUNCEMENT: ALL EMERGENCY EXITS WILL BE ANNOUNCED AND EXPLAINED AT THE BEGINNING OF ALL EVENTS.

ALL FIRE EXIT DOORS, ACCESS AND EGRESS DOORS WILL BE ACCESSIBLE WITH A MINIMUM OF 4 FEET IN CASE OF EMERGENCY.

IF APPLICANT FAILS TO RESPOND TO REQUESTS FROM BLDG. DEPT. TO CORRECT A SAFETY ISSUE, THE EVENT WILL BE CLOSED DOWN. THE BLDG. DEPT. REPRESENTS THE TOWN OF HARRIETSTOWN. THEY ARE RESPONSIBLE FOR THE SAFETY OF THE PUBLIC. PLEASE FOLLOW THEIR DIRECTIONS.

BALCONY : MAXIMUM SEATING IS 274. NO STANDING ALLOWED. EVENT APPLICANT WILL BE RESPONSIBLE FOR PROVIDING 3 USHERS FOR SAFETY.

NO CHILDREN UNDER THE AGE OF 10 WILL BE PERMITTED IN THE SINGLE SEATING AROUND PERIMETER OF BALCONY.

AUDITORIUM FLOOR: CAPACITY LIMITS WILL DEPEND ON EVENT SETUP. BUILDING DEPT. WILL ACCOMMODATE SEATING AND MAINTAIN FIRE CODE AND SAFETY REQUIREMENTS.

HANDICAP/WHEEL CHAIR PROVISIONS: THERE IS A HANDICAP ENTRANCE ON THE LEFT HAND SIDE OF MAIN ENTRANCE. ELEVATOR IS IMMEDIATELY INSIDE DOOR. HANDICAP REST ROOM IS ON BOTTOM LEVEL.

AGREEMENT

ANY INDIVIDUAL/ORGANIZATION, USING THE TOWN HALL FACILITY, WILL BE CHARGED IN ACCORDANCE WITH ATTACHED RATE SCHEDULE.

TOWN HALL VENUE AUDITORIUM RENTAL POLICY

PRIVATE EVENTS - $250 – 1ST HOUR, $50 EACH ADDITIONAL HOUR

NON-PROFIT/ COMMUNITY EVENTS- $250 PER DAY M-F, AFTER 4 PM

NO CHARGE DURING BUSINESS HOURS M-F 7AM – 4PM

FEE WAIVER OF ANY GROUP, ORGANIZATION, OR PRIVATE EVENT WILL BE APPROVED ON A CASE-BY-CASE BASIS BY THE TOWN BOARD. MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO EVENT DATE.

I / OR ORGANIZATION AGREE TO PAY ANY CHARGE FOR USAGE AND DEPOSITS REQUIRED, WITHIN 30 DAYS OF EVENT.

ALL EVENTS THAT INCLUDE THE SERVICE OF FOOD MUST PROVIDE A CERTIFICATE OF INSURANCE FROM THE LICENSED CATERER AND OR FOOD PROVIDER. ANY PUBLIC EVENTS MUST HAVE **NYSDOH** APPROVAL.

CONSUMPTION OF ALCOHOL IS PROHIBITED, UNLESS PRIOR APPROVAL WAS GRANTED BY THE TOWN BOARD. ADDITIONAL APPLICATION MUST BE COMPLETED. IF APPROVED, BY THE TOWN BOARD, A LIQUOR LICENSE MUST BE OBTAINED THROUGH THE **NYS LIQUOR AUTHORITY.** ONLY WINE AND BEER WILL BE ALLOWED WITH REQUIRED PERMIT. WATER MUST BE AVAILABLE ALSO.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ ALL INFORMATION AND AGREE TO TERMS.

SIGNED _____DATE _____

RECEIVED BY BLDG DEPT. AND DATE

DATE **BLDG. DEPT.**

_____ **_____**