

TOWN OF WASHINGTON
APPLICATION FOR USE OF BRYAN MEMORIAL TOWN HALL

ORGANIZATION OR APPLICANT: _____

RESPONSIBLE PERSON: _____

ADDRESS: _____

PHONE: _____

FOR THE PURPOSE OF: _____

I/WE WOULD LIKE TO RESERVE BRYAN MEMORIAL TOWN HALL FOR THE FOLLOWING DATE/S: (THE TOWN HALL IS ONLY AVAILABLE FRIDAY NIGHT, SATURDAY AND SUNDAY.)*

SETUP DATE: _____ TIME: _____

DATE OF ACTUAL EVENT: _____ TIME: _____

FEES: DEPOSIT: \$200
DAILY FEE: \$100/day

FEES FOR TOWN-BASED YOUTH GROUPS FOR ACTIVITIES INVOLVING YOUTH ONLY WILL BE WAIVED.

PERMISSION FOR USE OF BUILDING IS NOT GRANTED UNTIL APPLICATION IS APPROVED BY THE BOARD OF SELECTMEN.

*PLEASE NOTE: THE MAIN HALL IS CLOSED DECEMBER 15 THROUGH MARCH 15 DUE TO HIGH HEATING COSTS. THERE WILL BE NO EXCEPTIONS.

NO FOOD OR DRINK OF ANY KIND MAY BE SERVED IN THE FOYER UNLESS THE FLOOR IS COVERED.

A CERTIFICATE OF LIABILITY INSURANCE WITH LIMITS OF AT LEAST \$500,000 NAMING THE TOWN OF WASHINGTON AS AN ADDITIONAL INSURED MUST BE SUBMITTED WITH THIS APPLICATION. BY SIGNING THIS APPLICATION, YOU AND/OR YOUR ORGANIZATION CLAIMS FULL RESPONSIBILITY FOR THE CARE OF THE BUILDING, REMOVAL OF TRASH, RESULTING CLEANING, DAMAGES AND/OR INJURY THAT MAY RESULT FROM THE USE OF THIS BUILDING. YOU AND/OR YOUR ORGANIZATION WILL HOLD THE TOWN OF WASHINGTON HARMLESS FOR SAME. YOU WILL COMPLY WITH THE REGULATIONS AS REQUIRED AND WILL LEAVE THE BUILDING IN THE SAME OR BETTER CONDITION THAN WHICH IT WAS FOUND. YOU HAVE CONTRACTED WITH THE WASHINGTON RESIDENT TROOPER REGARDING USE OF CONSTABLES, IF REQUIRED. YOU AGREE THE BUILDING WILL BE RETURNED TO ITS ORIGINAL STATE BY NOON OF THE DAY FOLLOWING THE EVENT. IF A NORMAL WORKDAY IMMEDIATELY FOLLOWS MY EVENT, YOU ASSURE THE BUILDING WILL BE READY THE SAME EVENING AS THE EVENT.

I HAVE READ THE REGULATIONS INVOLVED WITH THIS APPLICATION AND WILL COMPLY.

RESPONSIBLE PARTY DATE: _____

DEPOSIT: _____

DATE RECEIVED: _____

INSURANCE CERTIFICATE: _____

DATE RECEIVED: _____

PLEASE READ THESE REGULATIONS CAREFULLY PRIOR TO SIGNING. YOUR SIGNATURE INDICATES YOU AND YOUR ORGANIZATION WILL COMPLY WITH THE REGULATIONS AND INSURES THAT YOU WILL BE LEAVING THE BUILDING IN THE SAME OR BETTER CONDITION.

- BOOKINGS MAY NOT BE MADE MORE THAN SIX MONTHS IN ADVANCE OF EVENT.
- SEPARATE CHECKS SHOULD BE MADE PAYABLE TO THE TOWN OF WASHINGTON FOR DEPOSIT AND RENTAL. DEPOSIT WILL BE RETURNED PROVIDED BUILDING IS LEFT AS REQUIRED.
- KITCHEN MAY BE USED FOR SET UP AND CLEAN UP ONLY. APPLICANT MUST PROVIDE OWN DISHES AND SILVERWARE. BULK OF FOOD PREPARATION MUST TAKE PLACE AT ANOTHER LOCATION. THE STOVE MAY BE USED FOR REHEATING OF PREVIOUSLY PREPARED FOOD.
- ARRANGEMENTS FOR OBTAINING AND RETURNING KEY(S) SHOULD BE MADE WITH THE TOWN CLERK DURING REGULAR BUSINESS HOURS. KEY(S) MUST REMAIN IN THE POSSESSION OF PERSON RESPONSIBLE FOR BUILDING. **PLEASE RETURN THE KEY THE FIRST BUSINESS DAY AFTER USE.**
- USE ONLY EQUIPMENT AND FACILITIES FOR WHICH YOU HAVE APPLIED.
- PROVIDE ADEQUATE SUPERVISION OF CHILDREN AT ALL TIMES.
- PLEASE LEAVE FACILITY IN THE SAME OR BETTER CONDITION:
 - A. WIPE SPILLS IMMEDIATELY FROM FLOORS.
 - B. WIPE SPILLS FROM WALLS WITH PLAIN WATER ONLY
 - C. REPLACE CHAIRS, TABLES AND OTHER EQUIPMENT TO THEIR ORIGINAL LOCATION.
 - D. TIDY BATHROOMS, REMOVE TRASH AND TURN OFF LIGHTS!
 - E. SWEEP AND DAMP MOP MAIN HALL, KITCHEN AND MAIN LOBBY.
 - F. TAKE CARE TO PREVENT SCRAPING AND SCUFFING OF FLOORS. DO NOT DRAG CHAIRS AND TABLES.
 - G. WHEN LEAVING, PLEASE:
 - TURN OFF ALL INDOOR LIGHTS.
 - LOCK ALL DOORS AND CLOSE ALL WINDOWS. (PLEASE CHECK WINDOWS THAT YOU DID NOT USE, ESPECIALLY BATHROOMS.)
 - REMOVE ALL TRASH FROM PREMISES.
 - PROMPTLY REPORT DAMAGE, ACCIDENT OR UNUSUAL SITUATION TO THE OFFICE OF THE FIRST SELECTMAN (868-2259). APPLICANTS ARE RESPONSIBLE FOR ANY COSTS DUE TO DAMAGES INCURRED.
- TACKS, NAILS, PAINT-REMOVING TAPES OR ANY TYPE OF DEFACING MATERIALS ARE NOT TO BE USED IN THE BUILDING.
- THE PIANO IN THE MAIN HALL OF THE TOWN HALL MAY BE USED; HOWEVER, IT IS THE RESPONSIBILITY OF APPLICANT TO HAVE IT TUNED IF NECESSARY. THE PIANO IN THE SMALL HALL UPSTAIRS IS FOR USE BY THE WASHINGTON GRANGE ONLY.
- A PERMIT IS REQUIRED FOR TENTS. PLEASE CHECK IN LAND USE OFFICE.
- TAKE NOTE OF FIRE EXTINGUISHERS AND FIRE EXITS. **IF YOUR EVENT IS OPEN TO THE PUBLIC, YOU MUST CHECK WITH FIRE MARSHALL DONALD ETHERINGTON (868-7451) TO BE SURE SET-UP, DECORATIONS, BAR LOCATION, ETC. ARE NOT IN VIOLATION OF FIRE PREVENTION LAWS.**
- EVERY EFFORT MUST BE MADE TO KEEP FRONT DRIVEWAY CLEAR FOR CONDUCTING TOWN HALL BUSINESS. ALL DELIVERIES SHOULD BE MADE VIA THE REAR DOOR OF THE MAIN HALL, UNLESS DIMENSIONS OF ARTICLES ARE TOO LARGE TO FIT THROUGH THAT DOOR.
- IT IS REQUESTED REAR PARKING LOT BE USED DURING TOWN HALL HOURS AS WELL AS WHEN BUSINESSES ARE OPEN.
- TOWN HALL CUSTODIAN IS JOHN GUENIAT. YOU MAY FEEL FREE TO CONSULT WITH HIM CONCERNING OPERATIONAL PROBLEMS, I.E. LIGHTING, WIRING, USE OF LADDERS, ETC. PRIOR TO EVENT; HOWEVER, **HE IS NOT AVAILABLE FOR SETUP, MOVING OF TABLES, ETC. DURING THE NORMAL BUSINESS HOURS.**
- BAR MAY BE SET UP IN MAIN HALL ONLY. **PLEASE NOTE** THE APPLICANT INCURS ALL RESPONSIBILITY FOR THE USE OF ALCOHOL AND THE TOWN EXEMPTS ITSELF FROM ANY LIABILITY INCURRED AS A RESULT OF THE USE OF ALCOHOL.**
- A CERTIFICATE OF LIABILITY INSURANCE NAMING THE TOWN OF WASHINGTON AS AN ADDITIONAL INSURED WITH LIMITS OF LIABILITY OF \$500,000 (COMBINED LIMIT OF BODILY INJURY AND PROPERTY DAMAGE) MUST BE RECEIVED BEFORE APPLICATION IS APPROVED
- IT IS UNDERSTOOD THE TOWN IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY OR DAMAGE INCURRED AS A RESULT OF THIS EVENT.
- PLEASE CHECK CAPACITY NUMBERS FOR EACH ROOM USED. **DO NOT EXCEED THESE NUMBERS!**
- CONTACT RESIDENT TROOPERS OFFICE TO DETERMINE IF THESE SERVICES ARE REQUIRED. FEES WILL BE CHARGED THROUGH THAT OFFICE.
- PER STATE LAW, THERE IS NO SMOKING ALLOWED IN THE BUILDING!

Provided Courtesy of Arthur H. Howland & Associates, P.C. Civil Engineers & Land Surveyors Call Hel (860) 254-9346

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/10/01

PRODUCER
LITCHFIELD PERSONAL LINES
 82 H BENNETT SQUARE
 SOUTHURY CT 06488

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED
Name & address of Insured

- COMPANY A COVENANT INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

COVERAGE
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LENGTS
A	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> HOMEOWNERS	HLT0026891	10/15/00	10/15/01	GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGO \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<input type="checkbox"/> NC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

Sample

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS *Town of Washington is named as additional insured with regards to event being held on (date) at Bryan Memorial Town Hall.*

CERTIFICATE HOLDER
Town of Washington

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEM. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Robin Fleischer CC C