Please Email, Fax, Mail or Deliver this form to:
Farmington Community & Senior Center
321 New Britain Avenue, Unionville, CT 06085
Phone: 860-675-2490x5 Fax: 860-675-2560
Email: boucharda@farmington-ct.org
Please Use Subject Line: Building Use

Initial Fees based on 4 hour time block.
Fees will be determined after approval of application.

Organization: __________________________ Date of Application: ____________

Community ________ Civic ________ Town Affiliated ________ Farmington Non-Profit ________
Regional Non-Profit ________ Profit/Private/Condo ________ Open to the Public? ________

☐ If non-profit, please attach copy of tax exempt documentation

# Resident Members in Organization: ____________ # Non-residents ____________

Town(s) Represented: ____________________________________________________________

Percentage of Farmington Residents: ____________

Type of Program: ______________________________________________________________

Will tickets for admission be sold? ____________ Admission Charge: ____________

Is it a Fundraiser? ______ Name of Foundation/Benefactor? ________________________

NOTE: If building use is for a fundraising event, the Building User certifies that all proceeds from the event will be used for a recognized educational, civic, or charitable purpose. When admission is charged to an event using Town facilities, the Building User will be responsible for the collection and payment of any and all taxes on admission and will account for any tax due by filing the necessary State of Connecticut forms and paying any applicable taxes to the State. Non-profit users charging admission may be exempt from tax requirements, if they make application for exemption through the Connecticut State Tax Department.

Will there be a raffle? ____________ (Permit must be included) Price Raffle Tickets ____________

Describe raffle ________________________________________________________________

Date(s) Room Needed __________________________________________________________

Setup: ______ am/pm Meeting Starts: ______ am/pm Breakdown: ________ am/pm

Estimated Attendance: ____________

Name of Responsible Contact: __________________________________________________

Street, City, Zip: _____________________________________________________________

Home Phone: __________________________ Cell Phone: ____________________________

Email Address: __________________________________________________________________

Revised 2/10/2016
**Kitchen Use:**
Indicate items that you would need to use in the kitchen:
Refrigerator_____ Freezer_____ Stove/Oven_____ Warming Unit_____ Dishwasher_____ Sink_____

*Please note that kitchen will be locked if no kitchen use is indicated.*

Will food or beverages be served?  
<--- Please select ---  
Yes: ______  No: ______

Will food be prepared on site?  
<--- Please select ---  
Yes: ______  No: ______

Who will bring in food (members/Caterer) 
____________________________________________

Menu: 
____________________________________________

Name of Caterer: 
____________________________________________

☐ Copy of Caterer Insurance Liability must be attached to application  
☐ Copy of Temporary Food Service Permit if required must be attached to application  

For more information, visit the Farmington Valley Health District Website: [http://www.fvhd.org/](http://www.fvhd.org/)

Will alcoholic beverages be served?  
<--- Please select ---  
No: ______

Yes: ______

☐ Copy of Temporary Liquor Permit attached (available only to Non-Profit Organizations)  
☐ Copy of Off-Premises Caterer Liquor Permit attached

Possession and consumption of alcohol shall be in strict compliance with applicable State law. The building user is responsible for understanding the alcoholic beverage provider’s role, responsibilities and obligations.

**Indicate Building Equipment Required:**
Tables: #6 Ft Round (Community Room Only) _______ #6 Ft Rectangle _______

#Chairs _______ Podium ____ Microphone _______ Piano _______

Other ________________

Will additional equipment (tables, chairs etc.) be brought in? _______

*Delivery & removal time must be prearranged with Senior Center Staff. Items must not interfere with Senior Center activities.*

Items to be delivered: __________________________

Company/person: ___________________________ Phone: ___________________________

Equipment Delivery Time: _____AM/PM  
Removal Time: ___________ AM/PM

*It is the responsibility of the organization/group renting the facility to set up and break down the requested tables and chairs or you can hire a staff member for an additional $50.00*

Do you want to hire staff for Setup & Break down Fee:  
<--- Please select ---  
Yes: _______  No: _______

All equipment, property, walls and furnishings must be kept clean and undamaged. Any person or group causing damage or loss will be required to pay a damage fee. Building must be cleaned before leaving and trash properly disposed in dumpster. Furniture should be returned to its proper place; all equipment and facilities left in the same condition.

☐ Diagram of room setup must be attached
**INSURANCE REQUIRED**: All groups must provide a certificate of insurance with at least $1,000,000 per occurrence general liability coverage including bodily injury, personal liability, and property damage. The Town of Farmington, 321 New Britain Ave., Unionville 06085 must be named as additional insured on the certificate. Please indicate use of building (i.e. meetings, events, monthly, etc.).

Town affiliated groups (town departments and those appointed by the town) will be covered by the Town of Farmington insurance.

☐ **Copy of Insurance Certificate of Liability must be attached to application**

Town of Farmington, 321 New Britain Ave., Unionville 06085 must be named as additional insured!

**INDEMNIFICATION**

I/We hereby agree to, at all times, indemnify and save harmless the Town of Farmington, its agents, employees, and public officials from and against all damages, judgments, legal fees, expenses and claims which the Town of Farmington, its agents, employees and officials may suffer because of the use of Town of Farmington facilities by the organization indicated on this application, except when injury or damage directly results from negligence solely of the Town of Farmington, its agents, employees, or officials. The existence of insurance shall in no way limit the scope of this indemnification.

I/We have read and understand the rules and regulations established by the Town of Farmington on the use of public facilities and agree to comply with said rules and regulations.

I/We further agree to be responsible for the payment of the fees as shown and any and all additional cost or fees incurred by us in complying with the aforementioned rules and regulations.

Applicant’s Signature: ______________________________ Date: __________________

 Büroverwendung

**Fees**

Room Fee: ______  Room Assignment: ______________
Damage Deposit: $50.00 (refundable) ______
Kitchen Fee: $50.00 (non-refundable) ______

______________________________ ______
______________________________ ______
______________________________ ______

__________ Total

Approved __ Denied ___ By: ______________________________ Date: __________