

# Community & Senior Center Building Use Application 2019

**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](mailto: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: \_\_\_\_\_

**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? Yes: \_\_\_\_\_ No \_\_\_\_\_

Will food be prepared on site? 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/>*

Will alcoholic beverages be served? 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: 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: \_\_\_\_\_

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#### *Office Use Only*

#### **Fees**

Room Fee:	_____	Room Assignment:	_____
Damage Deposit: \$50.00 (refundable)	_____		
Kitchen Fee: \$50.00 (non-refundable)	_____		
_____	_____		
_____	_____		
	_____	Total	

Approved \_\_\_ Denied \_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_