ARMORY HALL RENTAL APPLICATION

1- Name of group or person: __________________________________________________________

2- Purpose of public hall rental: ______________________________________________________

3- Event DAY: ________________ Event DATE: ________________ Event HOURS: ________________

4- Expected maximum # of people at any one time: ________________________________
   (Should expected # not be accurate the rental fee will be adjusted accordingly)

5- General questions regarding your event (check each box):
   a- Are you charging admission: yes____ no____
   b- Are you selling food, drink and/or merchandise: yes____ no____
   c- Will there be alcoholic beverages consumed or sold: yes____ no____
   d- Will there be a raffle held: yes____ no____
   (a State Police license may be required)
   (NOTE: A Town liquor license is required when alcohol is sold separately from the cost of admission.)

6- Equipment/Stage:
   a- There are 14 tables (3'x6') and 80 folding chairs available without charge
   b- Additional tables or chairs required: # tables: _____ # chairs: ______
   c- STAGE: available only upon request

7- Kitchen equipment: (check each box)
   a- Refrigerator: ________ b- Stove top: ______ c- Oven: ________

8- Fire/Police:
   Are they required by law: yes____ no ________
   (NOTE: Use of the 1896 Room, East Turret or West Turret rooms are not included in the rental fee and are not to be used during this event.)

9- Name/address of insurance provider when alcohol is served or more than 150 people will be in attendance:
   __________________________________________
   (A copy of the Certificate of Insurance must be attached to this Rental Application)

10- Name/contact information:
    __________________________________________
    Phone #:________________________ Email: _________________________________

11- FEES for renting Armory Hall:
    Maintenance fee: $ _______ 50.00 (can be returned)
    Public Hall rental fee: $__________
    Additional chairs/tables: $_______
    Town Event fee: $ _______ 15.00
    Kitchen: $____________
    Other: $____________
    TOTAL: $__________ (payable 30 days prior to event)

APPLICANT organization/name: (please print) ________________________________

APPLICANT address: __________________________________________________________________

APPLICANT signature: __________________________ date: __________

HWA: (authorized signature) __________________________ date: __________