

Atkinson Community Center

4 Main Street Atkinson, NH 03811 (603)362-5531

APPLICATION FORM – USE / RENTAL CONTRACT

Mailing Address 21 Academy Avenue Atkinson NH 03811
E-mail Address commrec@atkinson-nh.gov

Day: _____ Date: _____ Start Time: _____ End Time: _____

ROOM (please check all appropriate boxes):

- Banquet Room
- Meeting Room 1
- Meeting Room 2
- Trinity Room
- Kitchen

Estimated number of people: _____

Name: _____ Telephone: _____

Address: _____

E-mail Address: _____

Type of Function / Organization: _____

AMOUNT DUE: Please see Page 2 for rental fee information.

Upon registration, 2 separate checks and a copy of certificate of insurance (for Non-profit organizations) are required along with this application form. Please make your checks payable to the "Town of Atkinson".

- Hall rental \$ _____ Check # _____
- Security deposit \$ 50.00 Check # _____
- A copy of certificate of insurance for non-profit groups Yes No

SECURITY DEPOSIT: A security deposit of **\$50.00** is required for **ALL** rentals (the security deposit may be waived for non-profit organizations at the discretion of the Community Center Director or the Recreation Commission. The security deposit will be returned, less any cleaning expense incurred by the Town that is required to restore the facility to its pre-rental condition. Non-profit organizations are encouraged to make donations towards ongoing facility maintenance. The security deposit will be forfeited if the event is canceled within 10 days of the reserved date.

NOTE: Police presence is required if alcohol will be served at your event. Please contact the Atkinson Police Department at 603-362-4001 for further information.

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RENTAL FEES AND CERTIFICATE OF INSURANCE

	Atkinson Non-Profit	Atkinson Resident	Non -Resident	Non Atkinson Non-profit
Room	HOURLY RATES			
Banquet Room (Capacity 120) Includes use of kitchen	\$0	2 hours minimum \$75, + \$25/hour	2 hours minimum \$100, + \$50/hour	2 hours minimum \$100, + \$50/hour
Security Deposit \$50**	Yes	Yes	Yes	Yes
Certificate of Insurance	Yes	No	No	Yes

Kitchen Only	0	\$10 per hour	\$15 per hour	\$ 10 per hour
Room 1 (Capacity 12)	0	\$5 per hour	\$10 per hour	\$ 5 per hour
Room 2 (Capacity 24)	0	\$10 per hour	\$20 per hour	\$ 10 per hour
Security Deposit \$20 ***	No	No	Yes	No
Certificate of Insurance	Yes	No	No	Yes

RENTERS RESPONSIBILITIES

1. Pick up/sign out key(s) at Town Hall, Selectmen’s Office @ 21 Academy Ave.
2. Ensure that the space rented is left in a clean and orderly condition. Please fill out the two Check Lists on page 3 and return that page with key after the function.
3. The cost to repair damage, destruction, or loss of Center property will be billed to the person(s) named on page 1. Please do not drag tables or chairs across the floors.
4. It is the renter’s responsibility to report any damage found or incurred to the Community Center Director.
5. All doors and windows must be shut and locked, lights shut off, A C shut off, and heat turn down to 62 degrees at the conclusion of your event.
6. The Center/Recreation Committee reserve the right to cancel or deny the use of the facilities to anyone, at any time, at their discretion. All deposits and fees will be returned.
7. All personal items and/or equipment must be removed from the Center at the end of your event. The Center/Town cannot be held responsible for any item left behind.
8. After your function – drop the key(s) in the Center’s drop box or promptly return to the Town Hall, Selectmen’s Office.
9. The renter shall save and hold the Town of Atkinson, its officers, directors, employees, agents, contractors and subcontractors harmless for any and all injuries, damages, claims, costs and expenses arising out of the renter’s operations, and arising out of the premises occupied by the renter and not attributable to the sole negligence of the Town.
10. If a function is cancelled, the deposit and rental fee will be refunded in full if the Center is notified at least 10 days in advance.

I have read the above contract and agree to the conditions and terms specified therein. This booking will remain tentative-subject to cancellation by the center/committee, until this contract is signed and received by the center.

Customer Signature

Date

Center Representative

Date

Atkinson Community Center

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CUSTOMERS' CHECK LISTS - Return completed form to 4 Main St, Atkinson, NH 03811

	Room Rental Check List.	Check
1	Pick up key at Town Hall, Selectmen's office and sign book properly. Selectmen's Office hours: Mon ~ Friday, 8:00AM to 4:00PM	
2	DO NOT DRAG tables, chairs, or any kind of hard objects across the floor.	
3	Do not put anything on walls or ceiling. NO GLITTER.	
4	The entire area used must be cleaned and neat when you leave.	
	- Tables and chairs wiped and put them back in places.	
	- Chairs stacked and placed on front wall.	
	- Floors swept and any spills wiped up.	
	- Take trash out of all barrels and dispose in dumpster and put in new trash liners. You can find the trash liners on bottoms of trash barrels or in the kitchen cabinet.	
5	All personal equipment must be taken with you. Center/Town is not responsible for any items left behind.	
6	The person(s) named on the application form has responsibility to report any damages, destruction, or loss of Center property. These will be billed to the person(s) named on the application form.	
7	All AC units must be shut off.	
8	All lights off.	
9	All doors and windows must be shut and locked.	
10	After the function, lock the entry door and drop the key In the Center's key drop box located next to the office door or return to the Town Hall, Selectmen's office.	

	Kitchen Check List	Check
1	Do not drain any grease, coffee grounds, food scraps into the sink, or you will be charged \$75.00. Only water can go through the grease trap below the sink. <u>Please scrape all grease, food scraps & coffee grounds into the trash barrel.</u>	
2	Clean what you used - ovens, stove, griddle, microwave.	
3	All pots, utensils, etc., washed, wiped and put away.	
4	Check refrigerator (clean and take all the items you brought in).	
5	Wipe counter and work areas.	
6	Sweep floor and mop if necessary.	
7	Take out trash and put new liners for next group.	

of tables used - rectangular: _____ round: _____ # of chairs used: _____

Customer Name (print): _____ Date: _____

Customer Signature: _____

Office Use Only

Center representative _____ Date: _____

Returned key Yes No Key # _____