

- Atkinson Community Center

APPLICATION FORM – USE / RENTAL CONTRACT - Effective April 1, 2017

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

E-mail Address: commrec@atkinson-nh.gov

Mailing Address: 21 Academy Avenue Atkinson NH 03811

Reservation Day and Date: _____ Start Time: _____ End Time: _____

Name: _____ Telephone: _____

Address: _____

E-mail Address: _____

Type of Function / Organization: _____

Requested room(s) / area (please check all appropriate boxes):

- Banquet Room & Kitchen Kitchen only Other _____
 Meeting Room 1 Meeting Room 2 Meeting Room 3

Estimated number of people: _____

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

Upon registration, 2 separate checks and a copy of certificate of insurance (See CERTIFICATE OF INSURANCE below) are required along with this application form. Please make your checks payable to the "Town of Atkinson".

- Hall rental- include set-up and clean up time : \$ _____ Check / Money order # _____
- Security deposit \$ 150 - Banquet Room / \$ 50 - Room 1, 2, 3 or Kitchen only: Check / Money order # _____

CERTIFICATE OF INSURANCE Yes No

The Town of Atkinson reserves the right to require liability insurance for any event held at the Recreation Facility. A certificate of liability insurance, when required, must be obtained in the amount of \$1,000,000 for each occurrence, with the Town of Atkinson (21 Academy Avenue Atkinson NH 03811) named as an additional insured and must not exclude liquor liability. For events at which alcohol is present a Waiver of Liability must also be provided. The certificate of liability insurance can be obtained from your own insurance company or you can contact EBI (Entertainment Brokers International) and obtain the liability insurance through their TULIP (Tenant Users Liability Insurance Policy) program. Please go to <http://www.nhlgc.org/LGCWebSite/PDFDocuments/Programs/TulipProgram.pdf> if you are interested in purchasing insurance through the TULIP program.

SECURITY DEPOSIT: Initial _____

A security deposit is required (check or money order only) \$150 for Banquet Room and \$50 for Room 1, 2, 3 and Kitchen only. This will be held until the event is over and facility has been inspected by an authorized representative and found to be in acceptable condition. The deposit check will be returned or destroyed within 10 days provided all regulations were followed and no additional charges were incurred. 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.

ALCOHOLIC BEVERAGES: Initial _____ Yes No

Alcoholic beverages are NOT allowed in the facility except when adherences to the following town requirements are followed.

- A paid Police Detail must be arranged by contacting Atkinson Police Department at their non-emergency number (603)362-4001 at least two weeks prior to the event.
- The renter must provide a certificate of liability insurance at least two weeks prior to the event. Please see CERTIFICATE OF INSURANCE section for further details

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RENTAL FEES

Room	Atkinson Non-Profit	Atkinson Resident	Non -Resident	Non Atkinson Non-profit
Banquet Room (Capacity 120) Includes use of kitchen	\$0	4 hour minimum \$150 + \$25/hour	4 hours minimum \$250 + \$50 /hour	4 hour minimum \$150 + \$25/hour
Security Deposit \$150	Yes	Yes	Yes	Yes
Certificate of Insurance	Yes	See Certificate of Insurance section	See Certificate of Insurance section	Yes

Kitchen only, if Banquet room is not in use.	0	\$20per hour	\$30 per hour	\$ 20 per hour
Room 1 and 3 (Capacity 12)	0	\$10 per hour	\$20 per hour	\$10 per hour
Room 2 (Capacity 24)	0	\$20 per hour	\$30 per hour	\$20 per hour
Security Deposit \$50	No	No	Yes	No
Certificate of Insurance	Yes	See Certificate of Insurance section	See Certificate of Insurance section	Yes

RENTERS RESPONSIBILITIES

1. Pick up/sign out key(s) at Town Hall, Selectmen's Office @ 21 Academy Avenue during the office hours Monday to Friday between 8 am and 4 pm a few days prior to your reservation.
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 – make sure to shut off all the lights, close all the windows and lock up all the doors then drop the key(s) in the Center's key drop by the office door 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 _____

Community Center Representative _____

Date _____

----- **FOR OFFICE USE ONLY** -----

RENTAL FEE RECEIVED: **DATE:** _____ **AMOUNT:** \$ _____ **CHECK #** _____

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DEPOSIT FEE RECEIVED: _____ DATE: _____ AMOUNT: \$ _____ CHECK # _____

SPECIAL INSTRUCTIONS: _____

CUSTOMERS' CHECK LISTS - Return completed form with key.

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. (603) 362-5266	
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, make sure to lock the entry door first then drop the key In the Center's key drop 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. Please scrape all grease, food scraps & coffee grounds into the trash barrel.	
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: _____

Failure to adhere to the above conditions may result in retention of your deposit and denial of future requests to use the Recreation Facility. Please be considerate and respectful of this building and to all who share this building. Thank You.

NOTE: Keep this form until the date of your event. At the conclusion of your event go through list and check off. Please return this sheet with the key once your event has concluded.

Customer Name (print): _____ Date: _____

Customer Signature: _____

Office Use Only
Center representative _____ Date: _____

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Returned key Yes No Key # _____