



## Community Center Room Use Application

*Great Room • Program Room • Kitchen*

9 Milford Street, Upton, Massachusetts 01568  
508.529.4558

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Date

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Event Manager/Applicant Name

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Telephone Number

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Event Manager/Applicant Address

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Event Manager/Applicant Email Address

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Organization Representing

---

Address Organization

---

Name of Event/purpose

---

Event Date

### GROUP DESCRIPTION

Town     Private     Non-Profit (ST-5 needed)

### Room Requested

Great Room (capacity 95)  
 Program Room (capacity 12)  
 Kitchen (capacity TBD)

What is the maximum number of expected attendees? \_\_\_\_\_

*(Events with over 50 attendees require their application to be reviewed by the Upton Police/Fire Dept to determine needs.)*

What is the predominate age group of the expected attendees? \_\_\_\_\_

Event Hours (include set-up and clean-up time): \_\_\_\_\_

*(Renters and guests must depart the building on time. Renters must follow Library's Public Service and Unattended Children Policies)*

List Any Equipment or Support Needed (A/V, Sound, Wi-Fi):

*(Explanation and Training on equipment and lighting will be required.)*

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Is an admission fee to be charged? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are tickets being sold in advance for this event? \_\_\_\_\_ Yes    \_\_\_\_\_ No

## Application for Use of the Upton Community Center

Will you be serving alcoholic beverages?  Yes  No  
Attach one day liquor license **required**

Will you be serving food?  Yes  No  
Attach food permit **required**

Custodial Services required?  Yes  No

Will you require the use of:  Chairs  Tables  Lighting  Other

Special requests \_\_\_\_\_  
\_\_\_\_\_

I have read and accept the Rules and Regulations for Use of the Community Center effective April 4, 2023, and will comply with all requirements therein.

I certify under penalty of perjury that I shall be responsible for the proper observance of all laws and conditions governing this application; all information contained in this application is true and correct; and this permit is being sought for the exclusive benefit and use of the non-profit sponsor/incorporated charitable organization and its members.

I understand a Certificate of Liability Insurance, with the Town as an additional named insured, must be submitted to the Town Manager's Office prior to the issuance of the final permit. General liability coverage shall be in the amount of at least \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury liability and \$1,000,000 per occurrence and \$2,000,000 aggregate for property damage liability.

\_\_\_\_\_ / \_\_\_\_\_  
Event Manager/Applicant Signature Date

### LIABILITY DISCLAIMER

By exercising the privileges of this permit, the permit is potentially exposed to significant liability for injuries and damages to persons. Your acceptance and exercise of this permit will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the permit and the precautions appropriate to avoid injuries, damage, and liability to others with your legal and/or insurance advisors. The Town of Upton shall not be liable to the permit holder or others if injury or damage shall result from the exercise of the permit.

I, \_\_\_\_\_, in consideration of having been granted a permit, hereby agree to defend, indemnify and hold harmless the Town of Upton ("Town"), its officers, boards, employees and agents, from any liability for any and all loss, damage, cost, claim, expense, compensation and cause of action arising out of, or in connection with, the issuance or exercise of the permit granted to me by the Town of Upton.

\_\_\_\_\_ / \_\_\_\_\_ Event  
Manager/Applicant Signature Date

# Application for Use of the Upton Community Center

## **FOR TOWN USE ONLY**

**Police Chief**

**Approved**     **Denied**

Detail required?  Yes  No    \$ \_\_\_\_\_

Additional requirements \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fire Chief**

**Approved**     **Denied**

Detail required?  Yes  No    \$ \_\_\_\_\_

Additional requirements \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Town Manager/designee**

**Approved**     **Denied**

Additional requirements \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date