



## APPLICATION FOR USE OF THE UPTON TOWN HALL

### OFFICE OF THE BOARD OF SELECTMEN

One Main Street, Suite 1 Upton, MA 01568

\_\_\_\_\_  
Date

\_\_\_\_\_  
Event Manager/Applicant Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Event Manager/Applicant Address

\_\_\_\_\_  
Event Manager/Applicant Email Address

\_\_\_\_\_  
Organization Representing

\_\_\_\_\_  
Address Organization

\_\_\_\_\_  
Name of Event/purpose

\_\_\_\_\_  
Event Date

#### GROUP DESCRIPTION

☐ Town      ☐ Private      ☐ Non-Profit (ST-5 needed)

#### AREA REQUESTED

- ☐ Main Hall (capacity 500)  
☐ Little Town Hall Meeting Room (capacity 49)  
☐ Board of Selectmen Conference Room (capacity 10)  
☐ Lower Level Conference Room (capacity 20)

Hours of use requested \_\_\_\_\_

Do you require time to keep sets, scenery or equipment in place for performances?

\_\_\_\_\_ YES how long \_\_\_\_\_ NO

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

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

Is an admission fee to be charged? ☐ Yes ☐ No

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

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***

Will you require the use of:

☐ Chairs ☐ Tables ☐ Overhead lighting ☐ Other

Would you need access to wifi? ☐ Yes ☐ No

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

- 
- ☐ I have read and accept the Rules and Regulations for Use of Town Hall effective September 1, 2014, 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

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### 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

### ***FOR TOWN USE ONLY***

Custodial Services required? ☐ Yes ☐ No

***Police Chief/designee*** ☐ ***Approved*** ☐ ***Denied***

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

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

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

***Fire Chief/designee*** ☐ ***Approved*** ☐ ***Denied***

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

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

\_\_\_\_\_/\_\_\_\_\_

***Town Manager/designee*** ☐ ***Approved*** ☐ ***Denied***

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

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature Date