



EDMOND TOWN HALL GYMNASIUM RENTAL APPLICATION

Edmond Town Hall Board of Managers
45 Main Street
Newtown, CT 06470

Phone: (203) 270-4285
Fax: (203) 270-4287
Email: rentals@edmondtownhall.org

Date of Use: _____ Start Time: _____ End Time: _____

Organization: _____ Email: _____

Person in Charge: _____ Phone: _____

Email Address: _____

Address: _____

Additional Rental Space Required (indicate space and time needed): _____

Will you be renting a Bounce House?: YES or NO

*Bounce houses must be provided by renters and removed by the rental end time. An additional fee will be incurred if it is picked up after your event concludes. **Rental time includes setup and breakdown of tables and chairs.*

For Office Use:

| | | |
|-----------------------------|---|---|
| Room Rental Fee: | Date Due: Received: | Form of Payment: Check Credit Card |
| Security Deposit Amount: | Date Due: Received: | Form of Payment: Check Credit Card |
| Refund of Security Deposit: | Date Due: Received: Refunded: | Form of Payment: Check Credit Card |

Please check all that apply below:

1. Will food be served to the public or is this a private event for your guests only?

Private Event _____ Public Event _____ (Yes, members of the public can attend)

2. Will alcoholic beverages be served? Yes _____ No _____

3. Will alcoholic beverages be sold? Yes _____ No _____

Please initial next to each of the following items that you have provided:

_____ Submit Certificate of Insurance for your event.

_____ Submit Event Registration to the Fire Marshal, if your event has 100 or more people.

_____ Submit a Newtown Health Department Form, if you answered "yes" to question number 1 above. Contact the Health Department at (203)270-4291.

Your rental fee is due upon booking your reservation. Please see the rate sheet for rental rates and room capacity. **Checks should be made payable to: ETH, Board of Managers.**

A refundable security deposit of \$50 is due 30 days prior to your reservation date. At that time you must also provide a certificate of insurance.

This facility closes at 10pm Mon-Thurs and 11pm Fri-Sun. The security deposit will be returned, provided the facility is left as it was found and the time constraints are adhered to. The deposit will be returned or forfeited at the discretion of the Edmond Town Hall administration.

If alcohol will be sold, an appropriate liquor license/permit must be provided at least two weeks prior to the scheduled event as well as a certificate of liquor liability insurance in the minimum of \$1 million.

If cancellation occurs, more than 30 days prior to the scheduled event, a full refund will be provided. If cancellation occurs within 30 days of the event and the premises can be relet, a full refund will be provided. Otherwise a credit will be offered to use towards a future rental date.

Lessee acknowledges that the premises are historic in nature and the heating and air conditioning systems are subject to malfunctions. Lessee agrees that if there is a failure of the air conditioning and/or heating systems that no refunds or credits will be provided.

Lessee Signature: _____ Date: _____

Printed Name: _____

ETH Representative Signature: _____ Date: _____



INDEMNITY HOLD HARMLESS AGREEMENT

The Town of Newtown is pleased to be able to offer the Edmond Town Hall for rental to our residents and other local companies and entities.

The Board of Managers of the Edmond Town Hall of the Town of Newtown works very hard to maintain this facility to ensure that it is a clean and safe place available for the enjoyment of all our residents. It is an unfortunate reality that injuries do sometimes occur while the premises are rented to others.

The Edmond Town Hall Board of Managers and the Town of Newtown do not provide supervision over the activities or events that take place during a short-term rental of their facility. To that end, it is not the intention of the Town of Newtown to assume liability for bodily injury that might occur during a short-term rental. Instead, it is the intent of the Town of Newtown to transfer liability by contract to the individual or entity that is renting the facility. Additionally, the Town of Newtown has specific insurance requirements that must be adhered to.

Accordingly, please read the following Indemnity/Hold Harmless Clause:

DEFINITIONS:

1. Lessee: The person or entity requesting to rent the facility.
2. Landlord: The Town of Newtown, Borough of Newtown and all elected or appointed boards and commissions and authorities, officials, directors, officers, employees and volunteers, all when acting or deemed to be acting within the scope and performance of their duties.
3. Premises: The facility that is the subject of the rental.
4. Term: The time during which the facility is rented to the lessee.

Lessee will indemnify and hold the Landlord harmless from all claims arising from or in connection with (i) the rental, leasing, occupancy or use of the Premises, or any condition created in or about the Premises during the Term; (ii) any act, omission or negligence of Lessee or the partners, directors, officers, agents employees or invitees of the Lessee; (iii) any accident, injury or damage whatsoever occurring in or at the Premises including claims arising out of any type of virus, bacteria, or any other microorganism that induces or is capable of inducing physical distress, illness or disease. Lessee hereby expressly indemnifies Landlord for the consequences of any negligent act or omission of Landlord, its agents, servants and employees. Unless such act or omission constitutes gross negligence or intentional misconduct.

My signature below will serve as proof that I have read all of the above information and fully understand the intent of the Indemnity/Hold Harmless Agreement.

Printed Name of Individual or Entity Requesting Rental

Signature: _____ Date: _____



RENTER REGULATIONS

To promote the health and safety of your guests, our staff, and other users of this space, we require that you follow the guidelines below when renting space at ETH.

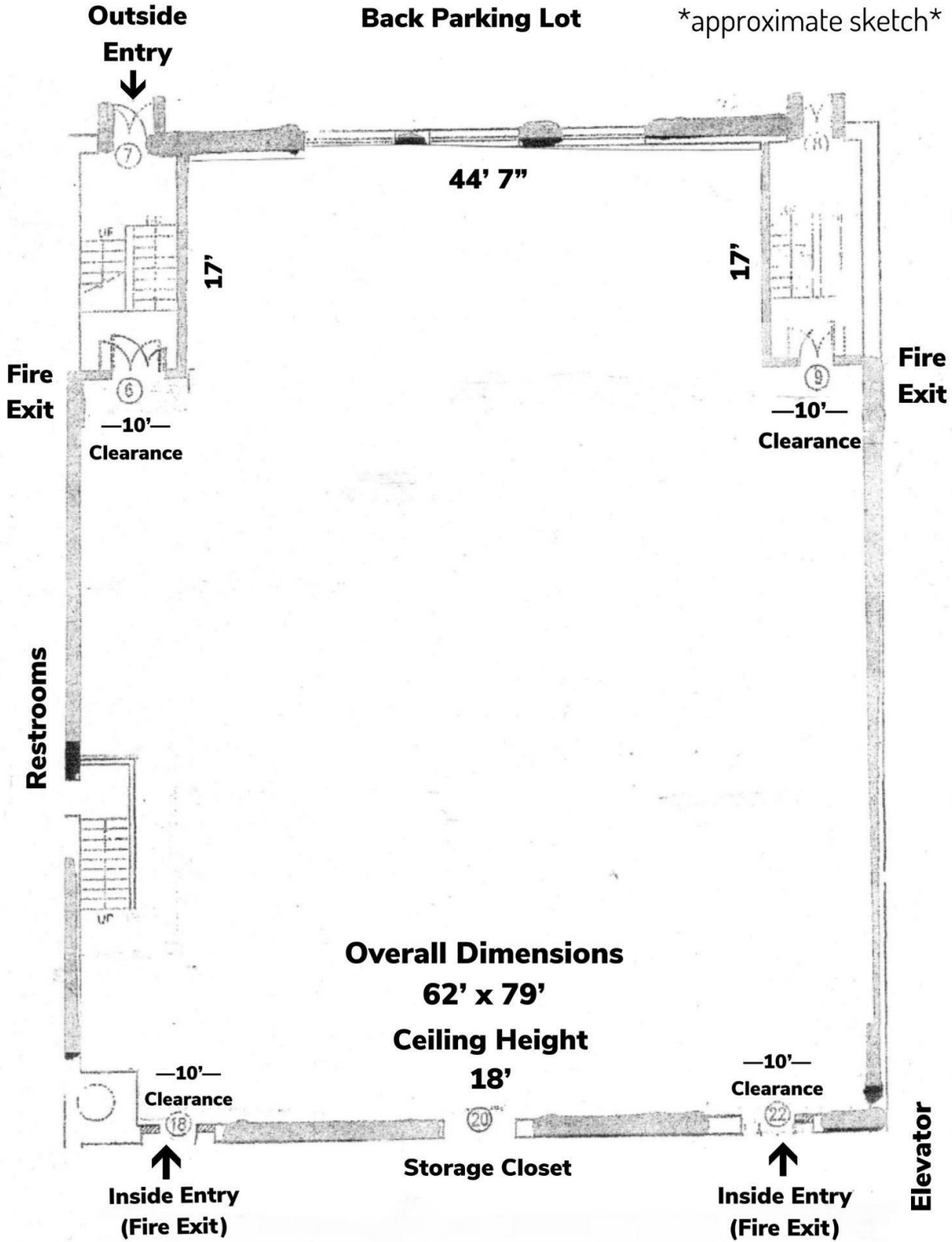
1. All events or activities in the building must have an assigned overseer to ensure that all health guidelines are followed. The person renting the space will be considered the overseer and will be responsible for making sure that their guests follow all regulations. The signer of this document will also be the overseer.
2. Edmond Town Hall also reserves the right to require for events, renters and guests any regulations mandated by local, state and/or federal officials.
3. Edmond Town Hall reserves the right to cancel your event if the directive from local and state health officials requires it or if the event is deemed unsafe and/or participants are not following mandated guidelines.
4. **Maximum Number of People:** 286 Tables & Chairs, 613 if Chairs Only
5. No machines – fog, bubbles, smoke, etc.
No strings of lights
No skateboards or bicycles
No tape on floor
Do not sit on tables. Tablecloths required for coloring/crafts
Do not climb or sit on windowsills or ballet barre
Do not adjust window blinds
6. FIRE CODE: All doors must remain closed at all times. Do not prop doors open.
7. NO SMOKING in the building
8. Music must be kept at a reasonable level.
9. Adequate adult supervision at all times:
 - a. One adult per 10 guests
 - b. Monitor restrooms CLOSELY
 - c. Guests are to remain in the Gymnasium, not in the stairwells, hallways or outside the building.
10. Guests are expected to behave while in the building and on the grounds.
11. Please make sure your guests are aware that the event is INSIDE the gymnasium, not anywhere else inside or outside the building.
12. The Gym must be left clean, garbage bagged, and floor swept. Tables and chairs must be put away. There is a large sweeping mop and dustpan for your use near the entry lobby. Tables and chairs must be placed back on their carts.

Management reserves the right to “SHUT DOWN” any party not abiding by these requirements. A refundable security deposit of \$50 is required, however all-day or larger events may require a \$200 security deposit. **A partial or full refund of the deposit is solely at the discretion of ETH Management.**

Your Name: _____ Date: _____

Signature: _____

GYMNASIUM FLOOR PLAN





PAYMENT INFORMATION

Edmond Town Hall accepts personal checks, debit and credit cards or cash. Cash payments must be made in person during office hours. All other payments may be made by mail or email using this form. **We do not accept payment without contracts.**

The rental fee for your event is due 7 days after your reservation is approved. We do not accept payment without paperwork.

To pay by check, please mail a check with your paperwork or drop off to:

Edmond Town Hall-Board of Managers
45 Main Street
Newtown, CT 06470

Make checks out to: ETH-Board of Managers or ETH-BOM

If dropping off after hours, there is a black mailbox on the door of the business office. Please do not leave cash.

Electronic invoicing is available. Please email finance@edmondtownhall.org to request an invoice.

To pay by credit or debit card, please complete the following information and mail, fax or email it in with your paperwork: *(Please note: rental service payments made by debit or credit card will incur a 3.5% service fee. Checks or money orders incur no fee.)*

Name on Rental Reservation/Date(s) and Location of Rental

Credit Card Number

Credit Card Expiration Date

Credit Card Security Code (3 or 4 digit number in back of card; on Amex it's in front)

Billing Zip Code for this Credit Card



FIRE MARSHALL EVENT FORM

Required for events larger than 100 people.

Please direct any questions regarding this form to: nancy.schreiner@newtown-ct.gov

4 Fairfield Circle South
Newtown, Connecticut 06470

Tel. (203)270-4370
Fax. (203)270-1528



TOWN OF NEWTOWN
Office of the Fire Marshal

Event Registration Form

An event registration form must be completed by an application in connection with any event to be held at Newtown schools or municipal or other public buildings- indoors or outdoors.

The form must be submitted immediately upon scheduling the use of any said venues and must be dropped off at this office, faxed or mailed.

A floor plan or layout is required showing location of activities, booths, displays and etc..

The applicant must arrange for an inspection and approval by the Fire Marshall prior to opening of the event. Please call this office Monday through Friday, 8:00am to 4:30pm. Thank you for your cooperation.

Note:

It may be necessary to obtain permits from the Building Department if electrical work is required for lighting of displays, receptacles for appliances, etc., and/or if a check with the building official- also located in this building- regarding your particular needs.



TOWN OF NEWTOWN
Office of the Fire Marshal

Event Registration Form

Name of organization: _____

Contact person: _____ **Phone:** _____

Event location: _____

Area to be used (*gym, cafeteria, etc.*) _____

Date (s): _____

Time (s): _____

Type of event: (*craft, antique show, recital, reception, etc.*) _____

Expected occupancy load: _____

Special uses:

Cooking: _____

Location: _____

Displays: _____

Type: Combustible _____ **Non-Combustible:** _____

Submit a floor plan showing proposed location of activity, exits, etc. (If no displays or changes in building, floor plan is not required.) You must fax or mail this form to the Fire Marshall's office. Their phone and fax numbers are listed above.



INSURANCE REQUIREMENTS

Insurance requirements for individuals, companies, businesses, church groups, social clubs, civic organizations:

Fortunately, most businesses, churches, etc. already have in place an insurance policy that can be easily modified to provide coverage for your event. The policy is called a Commercial General Liability (CGL) policy.

- **If your entity currently has in place a CGL policy:**

Contact your insurance agent and have them issue a Certificate of Insurance (COI).. Please tell your agent that if the information contained on the COI they issue on your behalf differs from the example attached, please explain in writing.

- **If you or your entity do not currently have in place a CGL policy:**

You will be required to purchase a one-day Participant Accident Insurance Policy. This can be purchased through the Town of Newtown through CIRMA which underwrites a Tenant User Liability Insurance Program (TULIP) which allows renters to purchase insurance per event or on a per day basis. The directions for accessing the application for insurance are below:

Below are the **insurance options** that you can use for your Edmond Town Hall event rental. Also attached is a sample insurance certificate. This demonstrates our insurance requirements so that you know what coverage you need regardless of what company you choose to use.

→ The first insurance option is GatherGuard, an event insurance company available through this link: www.gatherguard.com

When you use the GatherGuard website, you will be asked to enter the following **Venue ID: 0501-1046**. This will bring up the venue: **“Edmond Town Hall.”** Click on the “Next” button at the bottom of the page and you will be asked to answer a series of questions. In the end, you will be given a price quote and an opportunity to purchase the insurance. Be sure to mail or email us the insurance certificate you receive after your purchase. **This certificate is due 30 days before your event.**

→ The second insurance option is: <http://www.privateeventinsurance.com/>

Please be sure to use the same coverage as is listed on the sample certificate. **If there will be alcohol at your event**, be sure to get additional liquor liability insurance.

If you have commercial liability insurance through your business or organization, or you use an insurance company other than TULIP, please **request a certificate of insurance from your agent naming Edmond Town Hall as the “additional insured”** with the coverage as outlined in the directions and sample certificate. Send the certificate to us 30 days before the date of your event.



SAMPLE CERTIFICATE OF INSURANCE

Edmond Town Hall - **SAMPLE** Certificate of Insurance (COI)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--|
| PRODUCER Specialty Advantage Insurance Services 505 N Brand Blvd. Suite 1250 Glendale, CA 91203 | | CONTACT NAME: TULIP Administrator PHONE (A/C, No, Ext): (800) 507-8414 FAX (A/C, No): E-MAIL ADDRESS: tulip@intactinsurance.com | |
| INSURED <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> Renter's Name and Address Goes Here </div> | | INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Specialty Insurance Company NAIC # 27154 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 190035 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADD'L SUBR RSR WYS | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | X | GL00565-12 | 09/25/2021 | 09/26/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ None PRODUCTS - COMPROP AGG \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS | | | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | UMBRELLA LIAB | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | |
| | DED. RETENTION \$ | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | WC STATU-TORY LIMITS. CTA-TORY LIMITS. E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | |
| A | Third Party Property Damage | X | PF00493-11 | 09/25/2021 | 09/26/2021 | Limit 1,000,000 Deductible 1,000 |

Liability and Liquor Liability Info Here

Coverage Required

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Birthday
 09/25/2021

| | | |
|---|---|---|
| CERTIFICATE HOLDER National League of Cities 1301 Pennsylvania Ave. NW 7th Floor Washington, DC 20004 CT - Town of Newtown & Newtown Board of Education 3 Primrose Street Newtown, CT 06470 | CANCELLATION <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> This certificate holder, OR "Edmond Town Hall 45 Main Street Newtown, CT 06470" </div> | THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE IN DATE THEREOF, NOTICE WILL BE DELIVERED IN WITH THE POLICY PROVISIONS. REPRESENTATIVE |
|---|---|---|

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ACORD 25 (2010/05)

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EDMOND TOWN HALL RATE SHEET - DAY RENTALS

ALEXANDRIA ROOM

\$200 Refundable Security Deposit due for each event

Includes tables, chairs and set up of room, including pantry and kitchen if applicable

| | |
|--|---------|
| Event Rental (Room Only) | \$400 |
| Event Rental with Kitchen (no china) | \$500 |
| Event Rental with Kitchen & China (includes 5-pc China place setting, wine and water glasses) | \$525 |
| Kitchen Only (Sunday through Thursday only) | \$35/hr |
| Cool Kitchen Rental (access to refrigerator and sink only) | \$30 |
| Meeting Rental (no kitchen) | \$50/hr |
| Meeting Rental with Kitchen | \$75/hr |
| Wedding Rental (two days - one set up, one event & break-down) <i>*option to add \$150 for balcony buyout/private second floor use*</i> | \$1300 |
| Memorial (Room Only, 4 hours) | \$200 |
| Memorial with Kitchen (4 hours) | \$300 |

GYMNASIUM

\$50 Refundable Security Deposit due for each event

| | |
|--|---------|
| Sports, general use and parties (3 hour minimum) | \$40/hr |
| Evening events (events between 5pm-building close) | \$360 |
| All day rental (7am load-in) | \$700 |

THEATER

| | |
|--|--------|
| Full Day Rental (Mon-Thurs 8am-10pm) *\$500 Deposit required. | \$1850 |
| Full Day Rental (Fri-Sun 8am-11pm) *\$500 Deposit required. | \$2950 |
| Theater Party - AM (8:30-12:30, movie included) | \$250 |
| Theater Party - PM (3:30-6:30, movie included) | \$325 |
| Corporate Meetings (Mon-Fri, 4 hour limit with 6pm completion) | \$950 |

**Full Day Theater Rental includes custodial services and use of dressing rooms, main lobby and box office. Also includes our in-house technical director for up to 12 hrs of support. A fee of \$75/hr will be charged for anything over 12 hrs.*

**Edmond Town Hall does not provide sound and lighting services. Renter must pay for those services separately.*

GENERAL MEETING ROOMS

| | |
|-----------------------------------|---------|
| Social Groups, Lessons & Meetings | \$35/hr |
|-----------------------------------|---------|

Please note:

Building closes at 10pm M-Th and 11pm Fri-Sun. For any event that goes beyond closing time, additional fee will be billed @ 45.00 per hour.

Documentation of **Non-Profit status for income tax purposes** required with signed contract. We offer a 10% discount to Non-Profit Organizations.

Rental fees are due 7 days after booking the event. The security deposit is due 30 days prior to the event and will be returned to the renter following a satisfactory inspection within 15 days after the event. Cleaning and repair costs for any damage will be deducted from the security deposit.



EDMOND TOWN HALL OPTIONAL DEMOGRAPHIC SURVEY

Our goal at Edmond Town Hall is that we provide a space to be enjoyed by all. The following questions will be used to understand who we are currently serving effectively and those we could do a better job serving. Your responses will be kept confidential and none of the questions are required.

1. Please indicate the number of people in each age group that will be participating in your event.

- Children 17 or younger: _____
- Adults 18 to 64: _____
- Adults 65 or older: _____

2. Which if the following best describes you? (Choose all that apply.)

- ___ African American or Black
- ___ Asian or Asian American
- ___ Hispanic or Latino/Latina
- ___ Middle Eastern or North African
- ___ Native American/American Indian or Alaska Native
- ___ Native Hawaiian or Pacific Islander
- ___ White
- ___ Other: _____

3. What state do you live in?

- ___ Connecticut
- ___ Other: _____