Town of Topsfield
PUBLIC HALL RENTAL APPLICATION
FOR THE TOPSFIELD TOWN HALL

APPLICANT INFORMATION:

Contact Name: _____ Contact Telephone Number: _____

Organization: _____

Mailing Address: _____

Contact Email Address: _____

Please Check One: ☐ Town Affiliate: _____
  ☐ Tri-Town Non-Profit   ☐ Private Purpose (Topsfield Resident)
  ☐ Other Non-Profit   ☐ Private Purpose (Non-Topsfield Resident)
  ☐ Commercial

EVENT INFORMATION:

Date(s) of Event/Activity:_____ Start Time: _____ End Time: _____

Town Hall Access: (*What time do you need access to the building?*) Enter by: _____ Exit by: _____

Type & Purpose of Event: _____

Will there be any Admission Fee or Charges? ☐ Yes ☐ No

Estimated Number of Attendees: Adults (*Over 18*): _____   Children (*18 and Under*): _____

Room Layout & Requirements: #Chairs: _____   #Tables: ☐ Round: _____   ☐ Rectangle: _____

(*Please provide suggested floor layout at least one week before event.*)

Special Requirements, if any: (*Special arrangements, ADA, scenery*): _____
_____

REFRESHMENTS:

Refreshments: (*Will food or drinks be served during your event?*)   ☐ Yes   ☐ No

If yes: ☐ Beverages ☐ Snacks ☐ Pizza ☐ Personal Food Preparation (*ie. Pot Luck*) ☐ Catering

Kitchen: (*Will the kitchen be used during the event?*)   ☐ Yes   ☐ No

Catering: (*Will the event be professionally catered?*)   ☐ Yes   ☐ No

Food Manager/Caterer: _____ Certified? ☐ Yes ☐ No

Summary of Menu (*please attach*): _____

Alcohol: (*Will alcohol be offered or served at the event?*)   ☐ Yes   ☐ No

Liquor License: (*Will you request a One Day Pouring License? 30 Days lead time required*) ☐ Yes ☐ No

If providing alcohol, Name of Caterer: _____ Telephone: _____

PUBLIC HALL RENTAL APPLICATION (CONTINUED)

By signing this permit application, the person whose signature appears below ("Applicant") confirms that they have carefully read and shall adhere to the rules and regulations governing the use of the Topsfield Public Hall and understands that once this application is received by the Town, accompanied by payment for the rental, set up/dismantle and cleaning fees, final payment(for a Police and/or Fire detail if required) is due within 20 business days, or in conjunction with the filing of the application if the use will occur sooner than 20 business days, along with all necessary signatures, and a certificate of insurance naming the Town as an additional insured as may be required by the Town, or the hold on the reservation will be released.

The Applicant agrees that they are personally and financially responsible for themselves, their group members and invitees, and that any damages or loss or any resulting costs of any nature whatsoever as a result of their individual or collective use of Town property shall, upon demand to the Applicant, be paid to the Town in full.

The Town of Topsfield disclaims liability for loss or damage to personal property or personal injury, and the Applicant individually and on behalf of each member of their group and any invitees of the Applicant shall indemnify, defend, and hold the Town, its officials, employees, and agents, harmless from and against any and all claims, demands, liabilities, actions, causes of actions, costs and expenses, including reasonable attorney's fees, arising out of the use of the Topsfield Public Hall by the Applicant, its members and invitees or the negligence or misconduct of the Applicant, its members and invitees.

Signature: _____ **Date:** _____

-------------------------------**REQUIRED APPROVALS**------------------------------

Applicant must obtain any required approvals as indicated below:

- ☐ Facility Coordinator: _____ Date: _____
- ☐ Town Administrator: _____ Date: _____
- ☐ Board of Health Agent: _____ Date: _____
- ☐ Police Chief:_____ Date: _____
     Number of Police Officers required for event: _____
- ☐ Fire Chief: _____ Date _____
     Number of Firefighter/EMTs required for event: _____

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

Summary of Hall Rental Fees:

- Hall Rental Charge: Tier: _____   #Hours:_____   Hourly Rate: $_____ $_____
- Basic Cleaning Fee (*15+ attendees*)   ☐ $30 $_____
- Extra Cleaning Fee (w/*Food & Drinks*):   ☐ Plus $30 (<99) ☐ Plus $60 (100+) $_____
- Room Set-Up/Break-Down: (*If needed*)   ☐ $50 (*50 or fewer*) ☐ $100 (*51+*) $_____
- Police Detail: (*If applicable - 4 hour min. $52/hour plus 10%*) $_____
- Fire Detail: (*If applicable - 4 hour min. $52/hour plus 10%*) $_____

                                                            Total: $_____

Initial Payment (w/reservation): $_____ *Date Received:* _____ *Received By:* _____ *Check#* _____

Final Payment (if applicable): $_____ *Date Received:* _____ *Received By:* _____ *Check#* _____