



**APPLICATION FOR USE
ROXBURY TOWN HALL
EDWARD T. WENT COMMUNITY ROOM**

Application must be made at least 2 weeks prior to the event
and not be made more than 6 months in advance.

May only be reserved for use by Town organizations and/or residents and property
owners in the Town of Roxbury.

**DIRECTIONS: Complete this form and return with \$50.00 rental fee for private functions,
\$25.00 fee for non-profit organizations (payable to: Town of Roxbury)**

CONTACT INFORMATION

Name of Organization		
Contact Person		
Address		
Telephone	Home:	Cell:

EVENT DESCRIPTION

Date Requested	
Hours of Use (Including set-up and closing)	
Type of Event	
Number of people attending	
Will alcohol be served?	
Will there be a charge for admission?	

TEMPORARY LIQUOR PERMIT: Charitable and Nonprofit Organizations must obtain a permit from the State of Connecticut Liquor Control Division if serving alcoholic beverages and charging a fee.

TEMPORARY EVENT PERMIT: Charitable and Nonprofit Organizations must obtain a permit from the Newtown Health District if you are serving food and/or beverages to the general public.

FACILITIES: Your rental includes use of the Community Room including use of tables and chairs, kitchen and bathrooms. You must leave the room in the same condition as found. All garbage must be removed, table and chairs wiped down and replaced in closet, floors swept and kitchen cleaned.

CERTIFICATE OF LIABILITY INSURANCE: A certificate of Liability Insurance (minimum amount: \$500,000) naming the Town of Roxbury as additional insured is required. Town fax # (860)354-0560

RELEASE

By signing this document I agree that I individually or as a representative of an organization, will assume full financial responsibility for any and all damages done to the Town Hall property during the above indicated period of use and further hold said Town harmless for loss of any kind in connection with such use and assume all costs of defending the Town should a claim be brought against it or its agents, employees, elected officials arising out of the Applicant's use of the premises. I claim full responsibility for the care of the facilities, removal of trash, cleaning, damages and/or injury that may result from the use of this building. I will leave the facilities in the same or better condition, the same day as the event.

Applicant's Signature

Date: _____

Date Approved: _____
_____ Barbara Henry, First Selectman