

**APPLICATION FOR USE OF HAMPSHIRE TOWNSHIP
TOWNSHIP HALL**

Date of Application: _____

Name of Organization: _____

Address: _____

Telephone: _____

Responsible Individual: _____

Address: _____

Telephone: _____

Type of Organization:

Charitable:

503(c)

Section 527

Other Charitable

Non Charitable:

Social Organization

Profit Organization

Government

Resident:

Other - Describe:

Date of event: _____ Date of periodic meetings: Attach list of date and times

Time event begins: _____ Time event ends: _____

Anticipated attendance: _____ Number of children under 12: _____

Describe general purpose of event: _____

Will food be served: Yes / No (NO FOOD COOKING ALLOWED)

Will alcohol be served: Yes / No (Liquor license, dram shop insurance, and notification of Hampshire Police is required).

Will amplified music or noise be used? Yes / No

Describe seating, tables, equipment, furnishings needed for event: _____

Describe any security precautions or measures necessary for the event: _____

I, _____, an individual or authorized agent of the group or organization named _____, the applicant to use the Community Room, do hereby agree to defend, indemnify, and hold harmless Hampshire Township, its officers, employees, and agents from any loss, damage, expense, claim, and cost of every nature and kind whatsoever, including attorney's fees, arising out of or in connection with applicant's and its invitees' use of the Township property, facility public right-of-way, public equipment, or public personnel at, during, or in conjunction with the activity or event described in this application and resulting permit. I have read, fully understand, and agree to abide by the *Hampshire Township Hall Use Policy* and agree to be responsible for any damage to Township property, concerning the use of the facility.

User Signature: _____ Date: _____

For Township Use:

_____ Security Deposit of \$_____ paid. Chk # _____

_____ Cleaning Deposit of \$_____ paid. Chk# _____

_____ User fee of \$_____ paid or waived. Chk# _____

_____ Certificate of insurance submitted.

Insurance carrier name: _____ Policy # _____

_____ Indemnification agreement signed.

Permit approved by: _____ Date: _____