Wilmington's Historic Memorial Hall **Application for Use**

Date of Application:	Date(s) of Event:		
Contact Person:	Telephone:	Email:	
Contact Mailing Address			
Individual: Group: Wilmi	ngton Resident: W	lmington Taxpayer:	Non-Resident:
Group Name if applicable:			
Group Mailing Address			
Event Description: (Please email to <u>jdefrancesco@wilmingto</u> that it can be posted on the town's websit	<mark>onvt.us</mark> a paragraph describ	ping your event and a poste	r or picture if available so
EVENT Date(s) and Time begin and end	:		
SET-UP Date(s) and Time begin and end	l:		
CLEAN-UP Date(s) and Time begin and	end:		
Expected attendance:		ees:	
Public Event: Private Event:			
Hall Set-Up (describe how you will set up			
Do you plan to serve food and beverages			
Smoking is not allowed in the building. Alcohol:			
 No alcohol is allowed in the hall Selectboard an Exemption Permit obtained at the Town Manager's completed application to the Town 	t from the Wilmington Ope Office or at the town websi	n Container Ordinance. An	application form may be
2. The alcohol caterer must have and must also obtain either an whichever is required by the st http://liquorcontrol.vermont.go be turned in to the Wilmington T event takes place. Please note the	Alcohol Catering Permit ate. Information and forms ov/licensing, http://liquorcov/sites/liquorcontrol/filesown Clerk. The Town must	for the event OR a Special state available at the follow control.vermont.gov/licens/pdf/catering.pdf The state thave a copy of the granted	al Event Permit, ing websites: sing/forms, tte application forms should d state permit before the
Balcony Use: The balcony is restricted	to light/sound people du	ring performances and is 1	<u>not</u> available to spectators.
Basement Use: Allowed ONLY by spec	cial agreement. Basement	requested: No yes	(explain)
Applicant Signature:	Print Name		OVER →

Applicant Signature: Print Name:

Insurance Requirement:

In all situations the renter must provide the specified Certificate of Liability Insurance **except** when there is no: entrance charge; per ticket charge; sponsorship fee to attend; or any other way in which attendees are required to pay some revenue to attend. All events where liquor is available will be required to provide the specified liability insurance. *ALL EVENTS REQUIRING LIABILITY INSURANCE MUST EITHER CARRY WORKERS COMENSATION OR FILL OUT AND SIGN THE ATTACHED WAIVER.*

Certificate of Liability Insurance NAMING Town of Wilmington as Additional Insured in the amount of one million dollars (\$1,000,000) effective for the period of time you will use Memorial Hall. You do not need to send until use is approved, but we must have the certificate three weeks before the date of the event.

Wording on Certificate of Insurance should include: <u>Certificate Holder:</u> Town of Wilmington, PO Box 217, Wilmington, VT 05363. "The Town of Wilmington is added as an additional insured as their interests may appear, effective for the use of Memorial Hall for ______ (event) on _____(date(s))"

General Rules to rent Memorial Hall:

- 1. Rental only includes the main floor area
- 2. Special permission including specific requirements must be obtained for the usage of the basement or balcony.
- 3. Regardless of whether a Certificate of Insurance is required, Lessee is responsible for any damage to building, grounds, and building equipment.
- 4. Lessee must keep Hall clean during rental period and must immediately clean any damaging substance. Failure to do so may also result in being prohibited from future Hall use
- 5. Lessee may **NOT** attach any items to the walls of the hall. No nails or fasteners of any kind are allowed.
- 6. No helium balloons are allowed.
- 7. Do NOT touch the thermostats.
- 8. Return the key to town office the first weekday after your event.
- 9. All lights must be off and building locked when you leave.

USER FEE SCHEDULE for Memorial Hall (See Separate Fee Schedule)

Note: The User Fee Schedule for Memorial Hall may change without notice upon approval by the Wilmington Selectboard. Nothing is considered final until a completed and signed Rental Agreement and deposit are received and accepted.

Return completed application to: FAX: 1-802-464-8477 or email: <u>jdefrancesco@wilmingtonvt.us</u> OR Mail to:

Jessica DeFrancesco, Receptionist Town of Wilmington, PO Box 217 Wilmington, VT 05363

Address questions to Jessica DeFrancesco: (802) 464-8591

Once your application is received, it will be acted upon as soon as possible by Town Manager Scott Murphy and you will receive an agreement letter with fees, requirements, etc. (or a denial, in which case the reason will be stated.)

To be completed by Municipality:

NON-EMPLOYEE WORK AGREEMENT

Under 21 VSA § 601 (14), sole proprietors and partner owners of an unincorporated business whose work: is distinct and separate from the municipality's work; who control the means and manner of the work performed; hold themselves out as in business for themselves; hold themselves out for work for the general public and do not perform work exclusively for or with another person; and are not treated by the municipality as an employee for purposes of income or employment taxation with regard to the work performed; are not considered employees of the municipality.

Work to be performed	
 Written Contract? (circle one) Yes No If yes, attach copy of contract Beginning and end date of work: Could this work be considered a normal municipal function? (circle one) Yes No Is this work in any employee's job description? (circle one) Yes No 	
To be completed by contractor:	
Undersigned, sole proprietor, or partner owner of an unincorporated business, of	
(name of business) of	
(business mailing address) hereby certify that I am aware of my right to purchase Workers' Compensation insurance and have elected, to purchase Workers' Compensation coverage as described below or, not to purchase Workers' Compensation insurance coverage.	
Undersigned, hereby attests that I have procured Workers Compensation Insurance Coverage from: Carrier: Effective Dates: to Limits of Liability:	
(Attach a valid Certificate of Insurance.)	
Undersigned, hereby attests that I am a sole proprietor, or partner owner of an unincorporated business, and as such not considered to be a worker or employee under the provisions of 21 VSA § 601 (14).	am
I affirm that:	
• I am not a worker or employee of the Town of Wilmington (municipality);	
 I am working independently; I have no employees; and 	
 I have not contracted with other independent contractors. 	
• I understand that I have the right to purchase workers' compensation insurance and I elect not to purchase workers' compensation coverage.	se
Date:Print Name:	
Witness Signature:	
(See other side for liability hold harmless agreement)	

LIABILITY HOLD-HARMLESS AGREEMENT

for use with

Sole Proprietors and Owner Partners of Unincorporated Businesses

(See other side for non-employee work agreement)