

# Wilmington's Historic Memorial Hall

## Application for Use

Date of Application: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Mailing Address \_\_\_\_\_

**Individual:** ☐ **Group:** ☐ **Wilmington Resident:** ☐ **Wilmington Taxpayer:** ☐ **Non-Resident:** ☐

Group Name if applicable: \_\_\_\_\_

Group Mailing Address \_\_\_\_\_

Event Description: \_\_\_\_\_

(Please email to [jarchambault@wilmingtonvt.us](mailto:jarchambault@wilmingtonvt.us) a poster or picture if available so that it can be posted in the town's newsletter!)

**EVENT** Date(s) and Time begin and end: \_\_\_\_\_

**SET-UP** Date(s) and Time begin and end: \_\_\_\_\_

**CLEAN-UP** Date(s) and Time begin and end: \_\_\_\_\_

Expected attendance: \_\_\_\_\_ Entrance Fees: \_\_\_\_\_

**Public Event:** ☐ **Private Event:** ☐

Hall Set-Up (describe how you will set up the main floor): \_\_\_\_\_

Do you plan to serve food and beverages other than a light refreshment area at the back of the hall? (Explain)

**Smoking** is not allowed in the building.

### **Alcohol:**

1. No alcohol is allowed in the hall or on the premises unless the group applies for and receives from the Wilmington Selectboard an Exemption Permit from the Wilmington Open Container Ordinance. An application form may be obtained at the Town Manager's Office or at the town website [www.wilmingtonvermont.us](http://www.wilmingtonvermont.us). Please return the completed application to the Town Manager's office.
2. The alcohol caterer must have a Catering Designation from the VT Department of Liquor Control (DLC) and must also obtain either an Alcohol Catering Permit for the event OR a Special Event Permit, whichever is required by the state. Information and forms are available at the following websites: <http://liquorcontrol.vermont.gov/licensing>, <http://liquorcontrol.vermont.gov/licensing/forms>, <http://liquorcontrol.vermont.gov/sites/liquorcontrol/files/pdf/catering.pdf> The state application forms should be turned in to the Wilmington Town Clerk. The Town must have a copy of the granted state permit before the event takes place. **Please note that BOTH permits are required for serving alcohol in Memorial Hall.**

**Balcony Use:** The balcony is restricted to light/sound people during performances and is not available to spectators.

**Will you need Sound and/or Lighting?:** ☐ No ☐ yes (explain)

**Applicant Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **OVER** ➔

**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: Certificate Holder:** 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.

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**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.

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**Return completed application to: FAX:** 1-802-464-8477 or email: [jarchambault@wilmingtonvt.us](mailto:jarchambault@wilmingtonvt.us)

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.)

## NON-EMPLOYEE WORK AGREEMENT

To qualify an individual or entity as an independent contractor and therefore not considered workers or employees of the municipality, under 21 VSA § 601 (14) (F), a sole proprietor or partner owner(s) of an unincorporated business must meet all the following:

- Contractor's work is distinct and separate from the municipality's work.
- Contractor controls the means and manner of the work performed.
- Contractor holds themselves out as in business for themselves.
- Contractor holds themselves out for work for the general public and does not perform work exclusively for or with another person.
- Contractor is not treated by the municipality as an employee for purposes of income or employment taxation with regard to the work performed.

**Further, under 21 VSA § 601 (14) (H),** executive officers of an LLC who have elected to exclude themselves from workers' compensation coverage shall not be considered employees of the municipality.

### To be completed by Municipality:

Municipality Name: \_\_\_\_\_

Work to be performed: \_\_\_\_\_

Start and end date of work: \_\_\_\_\_

Separate written contract (such as PACIF Model Contract for Limited Services): ☐ Yes ☐ No

\_\_\_ If **yes**, attach a copy of the contract.

\_\_\_ If **no**, attach documentation explaining scope of work performed and payment details.

Could this work be considered a normal municipal function? ☐ Yes ☐ No

Is this type of work also performed by a town employee? ☐ Yes ☐ No

Do you have the necessary equipment (owned or otherwise) to perform this work? ☐ Yes ☐ No

### To be completed by sole proprietor, or partner owner of an unincorporated business:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

### SELECT ONLY ONE OPTION BELOW:

- ☐ Undersigned, hereby attests I **have procured** and will maintain Workers Compensation Insurance Coverage from:  
Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_ to \_\_\_\_\_  
Limits of Liability: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ Other \_\_\_\_\_  
(Attach a valid Certificate of Insurance)

- ☐ Undersigned, hereby attests that I have the right to purchase Worker's Compensation insurance and **I have opted not to procure** said coverage because I am a sole proprietor, or partner owner of an unincorporated business, and as such am not considered to be a worker or employee under the provisions of 21 VSA § 601 (14).

Per the selection above I affirm that:

- I am not a worker or employee of the municipality indicated above;
- I am working independently;
- I have no employees;
- I have not contracted with other independent contractors;

I attest that the selection made above is true and accurate to the best of my knowledge:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On Behalf of (entity name): \_\_\_\_\_

Municipal Representative Signature: \_\_\_\_\_