TOWN HALL FACILITY USE FORM

TOWN HALL CHAMBERS OR 2nd FLOOR MEETING ROOM

36404 CLUB HOUSE RD, MILLVILLE DE 19967 PH: 302-539-0449 (Mon-Fri 8:30am – 4:30pm)

Email: TMarcules@mvtown.com



ALL FIELDS MUST BE COMPLETED – Deposit (check only) and liability insurance must be given with application, no exceptions. All required attachments and final payments must be given to Town of Millville 15 days prior to event.

Contact Person	Cell #:
Reservation Date Requested:	Time Needed: (Include setup / tear down time)
Mail Address:	· · · · · · · · · · · · · · · · · · ·
# of Participants : Email:	
Reason for Use:	
Check Room you wish to reserve: (Minimum 2 hour ren 2 nd Floor Meeting Room (allows food/drink; Fire Town Chambers (no food ; total Fire Marshal of	e Marshal occupancy 25 total people)
Attachments, if needed	rned to you? se shred Serving alcohol? Attach Permit/License
DEPOSIT CHECK/LIABILITY INSURANCE ARE DUE WITH S	UBMISSION OF APPLICATION - NO EXCEPTIONS!
Cash/Credit Card is accepted for the rental payment only	
have to be cleaned by the Town after the event. Applican	_
may occur at the direction of the Town Manager if it interf	
any other deemed appropriate. Checks made out to: To	<u>WN OT MILLVILLE</u>

RATES: (No Town holidays or holiday weekends)

- Hours for reservation Monday-Saturday 8:30am-4:00pm only

Residents/HOA of Millville (Proof of residency needed)	No Charge Mon-Fri; \$50 an hour on Saturday
Non-Residents / HOA Non-Residents	\$50 per hour Mon-Fri; \$100 per hour Saturday
Non-Profit with Proof of Status	No Charge Mon-Fri; \$75 an hour Saturday

REFUNDABLE DEPOSITS:

2nd Floor Meeting Room – Deposit \$50.00 Refunded if room left as is. Chambers – Deposit \$100.00 Refunded if room left way it was found.

Conditions for Rental of Rooms

- Occupancy per room is per the Fire Marshal, no exceptions. No smoking/vaping on premises.
- No alcohol unless granted permission by the Town Manager in the application process.
- No candles or open flame permitted. No use of tape/nails on walls.
- Person/Organization renting room is responsible for any personal liability and damage to the room more than the security deposit. If damages occur or cleaning needs done, security deposit will not be returned.
- Room must be left in original condition. (Nothing broken, garbage deposited in trash cans and trash bags taken to bins located near the garage bay doors.)
- This exterior facility is always under surveillance.
- If using Audio/Video you must provide your own USB cord and PC.
- Insurance Liability form is required covering Town of Millville in policy. (see your insurance company)

Applicant agrees to not hold Town of Millville/Council/employees from all claims.

I have read and agree to all terms above and reviewed PROCEDURES & GUIDELINES on the town website.

TOWN USE ONLY (copy to Financ	e with rental check)	Date Received	Application#	
Group Name:		Phone:		
Contact Name:	Email: _			
Date of Event:	Facility Needed: (cir	cle) Chamber / 2 nd Flo	or Room # Participants	
#Total Hours Cost of Use: \$	Check/CC/Ca	sh# Deposit:	\$ Check/CC/Cash#_	
Deposit Returned: Via Ma	il Shredded	Date entered on	calendar	
) Millville Resident w/Proof) Liability Insurance Received (
Approved by Town Official:		Date:		