

EVANS PARK FACILITY USE FORM**MILLVILLE COMMUNITY CENTER RENTAL – 32517 Dukes Dr, Millville DE**PH: 302-539-0449 (Mon-Fri 8:30am – 4:30pm) Email: JBradford@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 areas below that apply:

- ☐ I need ____ total Tables with 8 chairs per table ☐ I will need white tablecloths \$12/table
☐ I will be using vendors, name of vendors _____
(Vendors will need Millville business license and mobile license permit for your event)
☐ I request use of audio/video (Must provide own USB cord and PC)
☐ Check if participants will be charged, and if so amount \$ _____
☐ Check if admission fee is being charged, and if so amount \$ _____
☐ I will need use of kitchen. ☐ I will have caterer, name _____
☐ Will you be selling food/merchandise/sales or items? _____

Check (one) below that applies: (Fire Marshal occupancy 285 lecture/170 dinner w/chairs)

- ☐ Millville Resident/HOA with Proof attached ☐ Non-Resident/Non-Millville HOA
☐ Non-Profit with Proof of Status attached

If deposit is needed, how would you like check returned to you?

- ☐ Please return by mail ☐ Please shred

Attachments, if needed, check boxes that apply:

- ☐ Liability Insurance (required and attached) ☐ Serving alcohol? Attach Permit/License
☐ If serving alcohol, Host Liability insurance is attached for \$300,000.
☐ I wish to see building before event. Best day/time (Mon-Fri before 430pm) _____
☐ I will be having gambling/game of chance/raffle. State permit/license attached.

DEPOSIT CHECK/LIABILITY INSURANCE ARE DUE WITH SUBMISSION OF APPLICATION - NO EXCEPTIONS!

Cash/Credit Card is accepted for the rental payment only. Deposit is only refunded if the area does not have to be cleaned by the Town after the event. Applicant understands that changes or cancellations may occur at the direction of the Town Manager if it interferes with necessary governmental function or any other deemed appropriate. Checks made out to: Town of Millville

RATES: (No Town holidays or holiday weekends) --- **MINIMUM TWO HOUR RENTAL REQUIRED**

– Hours for reservation Monday-Saturday 8:30am-10:30 pm only

- Fire marshal occupancy --- 285 lecture room setup; 170 with table/chairs setup
- Tables are 72” round with 8 chairs per table / kitchen can be accessible if needed.

Residents/HOA's of Millville (Proof of residency)	\$150 for 2 hours / \$75 additional hour
Non-Residents and non-Millville HOA's	\$250 for 2 hours / \$100 additional hour
Non-Profit with Proof of Status	\$75 for 2 hours / \$50 additional hour

REFUNDABLE DEPOSITS:

Community Building – Deposit \$250.00 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 outside in the parking area)
- This exterior facility is always under surveillance.
- 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 Finance with rental check) Date Received _____ Application # _____

Group Name: _____ Contact Name _____

Phone: _____ Email: _____

Date of Event: _____ # Tables Needed _____ # Participants _____ # Hours Total _____

Cost of Use: (RENTAL) \$ _____ Check/CC/Cash# _____ Deposit: \$ _____ Check/CC/Cash# _____

Deposit Returned: ____ Via Mail ____ Shredded Date entered on calendar _____

() Millville Resident/HOA w/Proof () Non-Resident/Non-Millville HOA () Non-Profit w/Status Proof
() Liability Insurance Received () Other documents received _____

Approved by Town Official: _____ Date: _____

NOTES: SPECIAL ACCOMODATIONS ATTACHED ____ YES ____ NO