

**TOWN HALL FACILITY USE FORM****TOWN HALL CHAMBERS OR 2<sup>nd</sup> FLOOR MEETING ROOM**

36404 CLUB HOUSE RD, MILLVILLE DE 19967

PH: 302-539-0449 (Mon-Fri 8:30am – 4:30pm) Email: [TMarcules@mvtown.com](mailto: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 #: \_\_\_\_\_

Group / Organization Name \_\_\_\_\_

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)**

- 2<sup>nd</sup> Floor Meeting Room (allows food/drink; Fire Marshal occupancy 55 total people)  
 Town Chambers (**no food**; total Fire Marshal occupancy is 85 total people)

**Check (one) below that applies:**

- Millville Resident / HOA / Millville Non-Profit with Proof attached.  
 Non-Resident/Non-Millville HOA / Non-Resident Non-Profit with proof attached.  
 Government Groups / Youth Groups

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

- Please return by mail  Please shred

**Attachments/Misc.**

- Liability Insurance for \$1,000,000. (required and attached)  
 I wish to see building before event. Best day/time (Mon-Fri before 430pm) \_\_\_\_\_

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

**Separate check/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 2 HOUR RENTAL REQUIRED**

- Hours for 2<sup>nd</sup> Floor Meeting Room - Monday-Friday 9:00am-4:00pm (Occupancy 55 Per Fire Marshal)
- Hours for Chambers – Monday thru Saturday 9:00 am – 4:00 pm (Occupancy 85 Per Fire Marshal)
- \$100 refundable deposit returned if room was left the way it was found. Clean/trash out/no damages.

<b>Residents/HOA/Non-Profit of Millville (Proof of residency required)</b>	No Charge Mon-Fri; \$75/hour Sat (Chamber only for Saturday)
<b>Non-Residents/Non-Millville HOA's/Non-Resident Non-Profits</b>	\$50 per hour Mon-Fri; \$100 per hour Saturday (Chamber only for Saturday)
<b>Government / Youth Groups</b>	No Charge
<b>Panic Button / Alarms Fee (Non-Emergency)</b>	\$75.00

**Conditions for Rental of Rooms**

- Occupancy per room is per the Fire Marshal, no exceptions.
- No smoking/vaping on premises.
- No alcohol.
- 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.
- By signing this application, the renter acknowledges responsibility for any fees resulting from the false or non-emergency activation of the panic button or fire alarms.



I have read and agree to all terms above and reviewed PROCEDURES & GUIDELINES on the town website. (Please initial box)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TOWN USE ONLY** (copy to Finance w/rental check)

Date Received \_\_\_\_\_ Application# \_\_\_\_\_

Group Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date Event: \_\_\_\_\_ Facility Needed: (circle) Chamber / 2<sup>nd</sup> Floor Room # Participants \_\_\_\_\_

# Total Hours \_\_\_\_\_ Cost of Use: \$ \_\_\_\_\_ Check/CC/Cash# \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Check/CC/Cash# \_\_\_\_\_

Deposit Returned: \_\_\_\_\_ Via Mail \_\_\_\_\_ Shredded Date entered on calendar \_\_\_\_\_

( ) Millville Resident/HOA/Non Profit w/Proof ( ) Non-Resident/HOA/Non-Profit ( ) Government / Youth Group  
( ) Liability Insurance Received ( ) Other Documents Rec'd \_\_\_\_\_

Approved by Town Official: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: SPECIAL ACCOMODATIONS ATTACHED \_\_\_\_\_ YES \_\_\_\_\_ NO