

**TOWN OF SULLIVAN
PO BOX 110
SULLIVAN, N.H. 03445
(603)847-3316**

**RENTAL AGREEMENT FOR
USE OF TOWN HALL**

Selectman's Office

Date:

I request the use of the Town Hall for the following purpose on the Dates indicated:

PLEASE CHECK THE APPROPRIATE CATEGORY:

- _____ Town sponsored activity – NO CHARGE, UNLESS SPECIAL CLEAN-UP IS NEEDED OR DAMAGE IS DONE.
- _____ Local resident requesting use for a private party.
DEPOSIT: \$100.00 RENTAL: \$50.00
- _____ Local resident requesting use for a Commercial (Money Making) event.
DEPOSIT: \$100.00 RENTAL: \$85.00
- _____ Resident requesting use of chairs and/or tables.
DEPOSIT: \$5.00 PER CHAIR NO. OF CHAIRS _____
DEPOSIT: \$10.00 PER TABLE NO. OF TABLES _____

DEPOSITS WILL BE REFUNDED OR USED TO DEFRAY COST OF BREAKAGE, SPECIAL CLEAN UP OR FAILURE TO OBSERVE RULES AND REGULATIONS AS DETERMINED BY THE SELECTMEN. IF THE DEPOSIT IS NOT SUFFICIENT TO COVER THESE EXPENSES, YOU WILL BE BILLED.

TOWN OF SULLIVAN

RULES AND REGULATIONS

1. "PROOF OF LIABILITY INSURANCE SATISFACTORY TO THE BOARD OF SELECTMEN IS REQUIRED FOR ALL NON-TOWN ACTIVITIES. IN FURTHER CONSIDERATION FOR THE USE OF THE USE OF TOWN FACILITIES, THE RENTER ASSUMES ANY AND ALL LIABILITIES ARISING FROM THE RENTER'S USE OF THE FACILITIES AND AGREES TO HOLD HARMLESS AND TO INDEMNIFY THE TOWN OF SULLIVAN FOR ANY LIABILITIES ARISING FROM THE RENTER'S USE OF THE FACILITIES."
2. HALL MUST BE LEFT CLEAN, ALL CHAIRS AND TABLES FOLDED AND PUT AWAY.
3. ALL LIGHTS MUST BE TURNED OFF.
4. NO WATER WILL BE LEFT RUNNING – CHECK TOILETS.
5. STATE LAW PROHIBITS SMOKING IN THE BUILDING.
6. ALCOHOLIC BEVERAGES WILL NOT BE ALLOWED ON THE PREMISES EXCEPT AS LICENSED BY THE STATE LIQUOR COMMISSION OR BY SPECIAL ARRANGEMENT WITH THE SELECTMEN.
7. ALL OUTSIDE DOORS WILL BE SECURELY LOCKED UPON LEAVING.
8. CHILDREN SHOULD BE CLOSELY SUPERVISED.
9. ANY DAMAGE AND/OR DESTRUCTION OF PROPERTY INSIDE AND/OR OUTSIDE WILL BE BILLED TO THE INDIVIDUAL SIGNING THE RENTAL AGREEMENT.

I, THE UNDERSIGNED, UNDERSTAND THE RULES AND REGULATIONS AND WILL SEE THAT THEY ARE FOLLOWED. I UNDERSTAND THAT DAMAGE, EXTRA CLEANUP EXPENSE, OR FAILURE TO OBSERVE THESE REGULATIONS WILL RESULT IN FORFEITURE OF ALL OR PART OF THE DEPOSIT, AND IF THE DEPOSIT IS NOT SUFFICIENT TO COVER DAMAGES, I WILL BE BILLED FOR THE DIFFERENCE.

NAME: _____

PHONE: _____

ADDRESS: _____

TOWN: _____

SIGNATURE: _____