

TOWN HALL/HENNEBERY SENIOR CTR/POLICE COMMUNITY ROOM USE
APPLICATION AND PERMIT

Name of Applicant: _____

Sponsoring Agency: _____

Address: _____

Day/Work Phone #: () _____ Home #: _____

Proposed Activity: _____

Date & Time: _____

Estimated # of people attending: _____

(Maximum in Hennebery Sr. Ctr Room: 175**)**

(Maximum in Town Meeting Room 125 for half 250 for full room)**

(Maximum in Police Community Room 30**)**

Type of use of the facilities may require an "Insurance Certificate" in the amount of \$1,000,000.00 listing the Town of Fishkill as additionally insured.

Required: Yes _____ No _____

All groups requesting use of the facilities shall request use at least 2 weeks prior to date requested from the Town Clerk. The room may be reserved for use once per month.

Participants: The requester shall be a Town of Fishkill resident.

- Use of Town Board Meeting Room \$ 150.00
- Fee for security guard \$ 36.00 min. or \$12.00/hr
- Use of Police Community Room \$25.00/per use or \$200.00/annually

All groups shall maintain the cleanliness of the room. **No Food** is permitted in the Meeting Room. For the Sr. Citizen Room must have approval by Town Board (**see attached**). All garbage must be picked up, bagged, and deposited in the dumpster by the police station. Future privileges for use of facilities will be lost if facility is not left in good condition. The Town reserves the right to assess the applicant for any damages to the facility. **No** furniture and/or supplies shall be taken from the room. Storage facilities shall not be provided by the Town for any group other than Town sanctioned groups. Upon leaving the Hennebery Senior Center, tables and chairs shall be returned to the floor plan for use by the Senior Drop-In center.

Use of facilities shall be limited to between the hours of 9:30 a.m. and 10 p.m. Should a problem arise during the use of the room, contact the security guard or Fishkill Police Department at 831-1110. If a medical emergency occurs, call Alamo at 831-3330.

No alcohol and No smoking permitted in the Town Hall.

(For Town Board Use Only**):**

Approved by: _____ (for Town Board use **)

Fee paid: Yes _____ No _____ Amount _____

(For Custodian Use Only**):**

Was Town Hall left in an acceptable condition? _____ Yes _____ No

If no, list unacceptable areas. (Use reverse side if necessary)

REQUEST FOR REFRESHMENTS

ANY GROUP REQUESTING PERMISSION TO USE THE SENIOR CITIZENS KITCHEN FACILITIES MUST ABIDE BY THE FOLLOWING RULES:

- PROVIDE THEIR OWN APPLIANCES, PAPER PRODUCTS, CUPS AND FOOD SUPPLIES.
- NO ARTICLES SHALL BE REMOVED FROM THE SENIOR CITIZEN SUPPLY CABINETS.
- USE OF THE SENIOR CITIZEN COFFEE MAKER IS NOT ALLOWED.
- KITCHEN FACILITIES MUST BE CLEANED UP AND RESTORED TO ORIGINAL STATE.

THE UNDERSIGNED AGREES TO ABIDE BY THE ABOVE RULES AND UNDERSTANDS THAT THEY WILL BE RESPONSIBLE TO PAY FOR ANY DAMAGES OF THE SENIOR CITIZENS FACILITIES.

SIGNATURE: _____

APPROVED BY: _____