

**TOWN OF WISCASSET
TOWN PROPERTY RENTAL APPLICATION**

Name of Organization _____
Type of Event _____
Number of Expected Participants _____
Day and Date of Event _____
Time of Event (include set-up and break-down time) from _____ to _____

Application must be accompanied by a non-refundable \$30.00 processing fee. Fee for use shall be \$35.00 per day. Fees for non-profit organizations shall be waived. Fees for other use shall only be waived with approval of the Select Board. There shall be no commercial use of the Town Common.

(Selectboard has authority to waive fees.)

- I understand and agree to hold the Town of Wiscasset, the Wiscasset Community Center, its officers, agents, and employees, harmless from any and all liability or claims, which may arise out of or in conjunction with said use of the Town's facilities. I also understand that I will be required to provide a certificate of insurance covering said event. _____
(Initials required)
- I understand that payment in full must be made at the time of booking and that a credit card must be kept on file for use when damages or time overages occur. _____(Initials required)
- I understand that all furniture must be put back in its original place, if applicable, that all trash must be collected and discarded appropriately off site and that the room or premises must be left in its original condition. _____(Initials required)
- I understand that if alcohol is to be provided for consumption, I am required to apply for a State liquor license permit and sign an indemnification and hold harmless agreement exempting the Town of Wiscasset from any lawsuit and/or property damages resulting from this

function. I understand that I will be responsible to abide by the State of
Maine Liquor Laws. _____(Initials required)

- I understand that if alcohol is to be provided for consumption, I am
required to provide "Special Event Insurance" naming the Town of
Wiscasset as additional insured. The event bartender shall provide a
Certificate of Liability Insurance naming the Town of Wiscasset as
additional insured. _____(Initials required)

Contact Name _____ Signature _____

E-mail Address _____ Phone No. _____

Mailing Address _____

For Town of Wiscasset use only:

Application received – Date _____

Certificate of Insurance _____

Rental Payment _____

State Liquor License Permit _____

Bartenders' Certificate of Liability _____