



CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR



2014 Facility Rental Application

Please thoroughly read all policies before completing this application. When you have completed your application please return the form to the Administrative Department of Parks Recreation & Beaches 181 Hillman St. Bldg. 3 New Bedford, MA 02740.

Name of Applicant & Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____
Email: _____

Program/Activity with description(attach additional sheets if needed):

Name of Person Responsible at this Event: _____ Phone: _____

Facility Information

___ Fort Taber Community Center Date: _____ Time: _____
___ Buttonwood Community Center Total Cost: _____ Deposit: _____
___ Brooklawn Community Center Approximate Number in Attendance: _____

*** All rentals that exceed the requested time will be billed the hourly rate associated with the building AND will receive a \$50 penalty.**

Special Event Permit Application has been filed with the City of New Bedford ___YES ___NO

Alcohol

Requests for alcohol must be approved by the Parks Recreation & Beaches Department and the New Bedford Licensing Board
(Anyone who is found to have alcohol at an event without approval may be deemed ineligible from any future rental of a city facility)

Will there be any alcoholic beverages served at your event? YES NO

**** If the service of alcohol is being requested, the applicant must contact the Office of the Licensing Board immediately, in order to inform them of what is required of them for approval of a Section 14 Special One-Day License (s).*****

Licensing Board Staff can be reached at (508) 979 - 1457

Facility Use Policies

1. No alcoholic beverages shall be served, sold, advertised, or exhibited in the facility without the express written permission of the Park Board, the Department and the New Bedford Licensing Board.
2. Nothing shall be advertised for, sold from, or exhibited in this Facility without the express written permission of the Park Board and the Department.
3. The Facility's tables and chairs may be repositioned but must be returned to their original set up prior to leaving. Balloons are not allowed. **Cooking is not allowed at the Buttonwood facility and Fort Taber Community Center, but food may be warmed.**
4. The designated "Person Responsible at this event" at the facility shall be responsible to maintain order among the attendees at this event; remove all trash from the Facility at the conclusion of the event, and; assure that the Facility's buildings and grounds are clean and restored to arrival condition prior to leaving.
5. The applicant(individual/ and or organization granted approval to use the Facility assumes responsibility for any accidents resulting in physical harm to persons or property during said use, and herewith releases and holds harmless the City of New Bedford, its employees and agents from such liability.
6. No Facility reservation will be held without payment. Payment for use of this facility must be received no later than 30 days after Board approval or 2 weeks prior to use, whichever occurs first, according to the fees outlined on the reverse.

**I have received and read the attached rules regarding facility use of a city owned building.

Signature

Date

<p>Waiver: In consideration of this application and/or the right to participate in this agreement, I or my designated representative, release the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible from any and all liability, loss damage, costs, claims and/or causes of action, including but not limited to all bodily injury claims and property damage resulting from or arising out of the use of premises, facilities, or equipment of the City of New Bedford, and/or caused in any way by the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or on behalf of child if needed. I will assume all costs associated with any such treatment. I have been informed of the policies, including the refund policy, if applicable. I fully understand this waiver and voluntarily accept its terms. I certify, under the penalties of law, this information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford. This information will be kept confidential and used for monitoring purposes only.</p>			
<p>Applicant Printed Name: _____</p>			
<p>Applicant Signature: _____</p>		<p>Date: _____</p>	
<ul style="list-style-type: none"> ✓ Payment for facility rental must be received in full two weeks before the use ✓ Please make checks payable to <u>City of New Bedford, please include in the "memo" section date of event and name of facility</u> 			
Official Use Only	Amount Due:	Payment Type:	Date Rcvd:
	\$ _____	Check Money Order	_____