

**TOWNSHIP OF RARITAN
BUILDING FACILITY USE POLICY AND REGULATIONS**

1. Facilities are only for the exclusive use of Township groups and organizations.
2. Basic use of facilities is free. Any extra costs as outlined in the Service Fee Schedule must be paid in advance by the user.
3. Requests for extended use will require approval from the Township Committee. Extended use refers to a regularly scheduled event over a period of time.
4. Food is strictly prohibited without the express approval of the Township.
5. Users will be responsible for all damages and/or cleanup costs.
6. Smoking is prohibited in all facilities.
7. Some users may be required to maintain, in addition to any insurance required by law, Comprehensive liability insurance in an amount not less than \$1,000,000 per occurrence. The Township of Raritan must be named as an additional insured on this policy for the use requested. A Certificate of Insurance must be provided to the Township Administration Office before the facility is used. Failure by Raritan Township to enforce the required production of the certificate will not void user's obligation to maintain and provide the insurance as aforesaid. In addition, by making this application the user agrees that should this application be granted the organization will indemnify, hold harmless and defend the Township against any and all demands, claims, damages, fees, costs and liabilities of any kind (including but not limited to attorneys fees) to the fullest extent permitted by law.
The instances where a Certificate of Insurance may be required include, but are not limited to, the following:
 - A. Any activity where participants are involved in physical activities, including but not limited to, dancing, aerobics and exercising.
 - B. Use by on a continuing basis at regular intervals.
8. All applicants must provide a minimum of three (3) weeks notice and all requests may be subject to approval of the Township Committee depending on the reason and/or type of request.

SCHEDULE OF SERVICE FEES

- a. Moving of chairs, setup and use of tables, etc: \$30.00 per hour per employee required.
Minimum fee is \$60.00.
- b. Serving of food: Damage deposit of \$150.00.
- c. Any damage or cleanup costs will be assessed and charged as per the cost incurred.

**TOWNSHIP OF RARITAN
FACILITY USE APPLICATION**

1. Organization: _____
Name of individual authorized to make request: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
2. Facility requested: _____ Date of application: _____
3. Date(s) requested: _____
Hours requested: From: _____ AM / PM To: _____ AM / PM
4. Reason for use: _____

5. Will this request require any services, fees or deposits as per the attached Service Fee Schedule: Yes No
If Yes, please check items and provide explanation.
 A. Moving of chairs, setup of tables. _____

 B. Serving of food (\$150.00 deposit required) _____

6. In some cases users may be required to maintain, in addition to any insurance required by law, comprehensive liability insurance in an amount not less than \$1,000,000 per occurrence. The Township of Raritan must be named as an additional insured on this policy for the use requested. A Certificate of Insurance must be provided to the Township Administration Office before the facility is used. Please see the Building Facility Policy and Regulations for additional information. In addition, by making this application the user agrees that should this approval for use be granted the organization/user will indemnify, hold harmless and defend the Township against any and all demands, claims, damages, fees, costs and liabilities of any kind (including but not limited to attorneys fees) to the fullest extent permitted by law.
7. All applicants must provide a minimum of three (3) weeks notice and all requests may be subject to approval of the Township Committee depending on the reason and/or type of request.
8. Signature of authorized individual making request: _____
(must be the same person in Item 1 above)

OFFICE USE ONLY

No Conflict Conflict Needs to be rescheduled New Date(s): _____
Contact applicant for more information Special Fees: _____
Send to Township Committee Approved Disapproved Insurance required

Authorized Signature _____ Date