

Town of Santa Clara
5367 State Route 30
Saranac Lake, NY 12983
FACILITY USE REQUIREMENTS/RULES

The use of all facilities shall be subject to the approval and rules of the Town of Santa Clara and administered by the Town's Agent. All rules, as stated below, must be followed.

1. Organizations wishing to use Town facilities shall first apply to the Town's Agent on the prescribed form. The Town and its' designee has final authority on approval of use.
2. In the event of inclement weather, the Town or its' designee has the final authority on whether facilities are usable.
3. Alcohol use is allowed only by prior approval of the Town or its' designee.
4. No Smoking on Town property...
5. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
6. Any damage to municipal facilities shall be promptly repaired at the user's expense. No exceptions. If maintenance is required all costs due to misuse will be the responsibility of the user/group
7. Organizations using the facilities must clean-up afterwards to the satisfaction of the Town or its' designee or the user shall forfeit their clean-up deposit
8. Permits may be revoked at any time.
9. Any organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
10. The fee for use is payable at the time of application approval.
11. The appropriate authority must be contacted in the event of an emergency (usually telephone 911)
12. When required, users must provide the following insurance prior to using facilities.
FAILURE TO DO SO PRIOR TO USE WILL RESULT IN REVOCATION OF YOUR PERMIT:
13. No smoking anywhere on Town Property

Commercial Users:

- A. The user hereby agrees to effectuate the naming of the Town of Santa Clara as an unrestricted additional insured on the user's policy.
- B. The policy naming the Town as an additional insured shall:
 - Be an insurance policy from an A.M. Best rated "secured" New York State licensed insurer;
 - contain a 30 day notice of cancellation;
 - State that the organization's coverage shall be primary coverage for the Town, its Board, employees and volunteers; and additional insured status shall be provided with ISO endorsement CG 2026 or its equivalent.
- C. The user agrees to indemnify the Town for any applicable deductibles.
- C. Enclose a copy of the endorsement providing additional insured status.
- D. Required Insurance:
 - Commercial General Liability Insurance
 - \$1,000,000 per occurrence/ \$2,000,000 aggregate.
- F. User acknowledges that failure to obtain such insurance on behalf of the Town constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the Town. The user is to provide the Town with a certificate of insurance, evidencing the above requirements have been met. The failure of the Town to object to the contents of the certificate or the absence of it shall not be deemed a waiver of any and all rights held by the municipality.

Individuals: Required Insurance:
Homeowners Insurance
Section Two – Liability: \$100,000 limit of liability. Policy shall not exclude the off-premises activities of the insured.

I HAVE READ THE RULES AND REQUIREMENTS FOR USE OF TOWN FACILITIES AND AGREE TO ADHERE TO AND ENFORCE THEM DURING OUR/MY USAGE OF FACILITIES.
SIGNATURE _____ DATE _____

USE OF FACILITY
FEE SCHEDULE

1. TOWN SPONSORED GROUPS
 - A. NO USE OF FACILITIES FEE
 - B. DEPOSIT OF \$250. REQUIRED FOR CLEANING FEE IF FACILITIES ARE NOT PROPERLY CLEANED/RESET AFTER USAGE. FEE WILL BE REFUNDED IF TOWN STANDARDS ARE MET AS JUDGED BY TOWN AGENT.
2. NOT FOR PROFIT (NOT TOWN SPONSORED GROUPS)
 - A. USE FEE OF \$ 50.00 PER HOUR
 - B. DEPOSIT OF \$250. REQUIRED FOR CLEANING FEE IF FACILITIES ARE NOT PROPERLY CLEANED/RESET AFTER USAGE. FEE WILL BE REFUNDED IF TOWN STANDARDS ARE MET AS JUDGED BY TOWN AGENT.
3. INDIVIDUALS (RESIDENTS/TAXPAYERS)
 - A. USE FEE OF \$50.00 PER HOUR
 - B. DEPOSIT OF \$250. REQUIRED FOR CLEANING FEE IF FACILITIES ARE NOT PROPERLY CLEANED/RESET AFTER USAGE. FEE WILL BE REFUNDED IF TOWN STANDARDS ARE MET AS JUDGED BY TOWN AGENT.
4. ALL OTHER GROUPS/INDIVIDUALS
 - A. USE FEE OF \$100 PER HOUR
 - B. NON-REFUNDABLE CLEANING FEE OF \$ 250.00 AND A \$ 75.00 TRASH REMOVAL FEE THAT IS REFUNDABLE IF INDIVIDUAL REMOVES THEIR OWN TRASH IMMEDIATELY AFTER THE EVENT

Revised 121515

USE OF FACILITIES DOCUMENT

Town of Santa Clara

5367 State Route 30

Saranac Lake, NY 12983

APPLICATION FOR USE OF COMMUNITY CENTER

Today's Date: ____

Date(s) Requested: _____

(Please note application/fees and deposits due two weeks prior to use) _____

Facility Requested: _____

INFORMATION ABOUT YOU/YOUR GROUP

Name of Organization or Individual: _____

Time: _____ to _____. Your supervisor in charge: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF SANTA CLARA COMMUNITY CENTER FACILITIES

Purpose of Use: _____

Total Participants Expected: Adults: ____ Children (12 & UNDER): ____

Is material or equipment required from Town? Yes __ No __

If needed, state what types and for what purpose: _____

Will an admission fee charged? Yes _____ No _____

If so, what will proceeds be used for? _____

AGREEMENT

The undersigned is 21 years of age or older and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of (Name of Organization or Individual) Please Print _____ does hereby covenant and agree to defend, indemnify and hold harmless the Town of Santa Clara from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Town of Santa Clara property, facilities and/or services by Organization/Individual _____

Signature of Organization's
Representative

Address: _____
Telephone Number: _____

**READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:
(WITH CHECK TO COVER REQUIRED DEPOSITS AND FEES
RETURNED CHECKS WILL BE SUBJECT TO A \$35. FEE AND IF NOT
PAID BEFORE THE EVENT PERMIT WILL BE CANCELLED)**

**TOWN OF SANTA CLARA
5367 STATE ROUTE 30
SARANAC LAKE, N.Y. 12983
ATTENTION: COMMUNITY CENTER**

(Revised 12/15/15)_____