

Town of Needham
Application for Use of CENTER AT THE HEIGHTS
300 Hillside Avenue
Needham, MA 02494

Description of Function

Date(s) of Function

Friday _____/_____/_____
 Saturday _____/_____/_____
 Sunday _____/_____/_____

Setup & Hours of Function

| | Friday | Saturday | Sunday |
|-------------------------------|--------|----------|--------|
| Setup Time (door unlocked) | | | |
| Event Begins | | | |
| Event Ends | | | |

Name of Organization

Person Responsible for Function

Address

Phone (Day):

Phone (Evening):

Email:

Will alcohol be served/sold? YES NO

Please read and comply with attached guidelines.

If yes, has one day special license been granted by Board of Selectmen?

YES Date: _____ NO N/A (no alcohol will be served/sold)

Will snacks and non-alcoholic beverages be sold/provided?

YES Permit from Board of Health Date: _____ NO N/A

Rental space requested:

Lobby Multi Purpose Room Café Kitchen

Is Certificate of Liability Insurance attached to this application? YES NO

Do you require the use of Technology or Audio/Visual Equipment? YES NO

If yes, please use the space below to detail your request.

Number of estimated attendees:

A Reservation Fee of one-half the total fee must be paid within 10 days of booking. This fee will be applied toward the rental or forfeited if the event is cancelled.

By signing this form, the applicant indicates that he or she understands and agrees to abide and be bound by the Rules and regulations for Use of the Center at the Heights dated XXXXXXXX and by a floor plan showing the proposed placement of chairs, tables and other furnishings must be attached. The facility is not available for commercial activities or promotions.

Applicant's Signature _____

Date _____

FOR INTERNAL USE ONLY

Rental Fees:

Alcohol One Day Special Permit:

Custodian:

Building Monitor:

Certified Audio Visual Staff:

Total: