## PERMIT FOR USE OF KENSINGTON GRANGE HALL

**REVISED MAY 27, 2021** 

Contact Number	on
personnel) and total number of guests expected.  Brief Description of type/purpose of event:  Name & Address of Applicant	9
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Contact Number	
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Email	
A. A refundable security deposit of \$50 is required. It will be returned after event if no damage	is
incurred. Date security deposit is received and initials of receiving party	
B. Alcohol is permitted on the premises under certain conditions and only with written approval	hv
Board of Selectmen. Is alcohol to be served and/or sold at this event? If yes,	~ y
applicant must obtain/provide proper liability insurance coverage to Town Assessor's Office.	
TULIP Program is available through the Town. Applicant or another named person from renti	ng
party must be present at all times during the event.	
C. All materials, food/beverage, leftovers, and waste products must be removed from the Grang	e
Hall by renter after event. Tables, chairs, and all kitchen products and equipment used must	эe
cleaned and returned to pre-use status. Will renter be using kitchen? If yes, what for	od
and Beveridge products will be served? What method will be used to serve?	
D. Current COVID guidelines must be followed. Applicant should review the Town's "current"	
guidelines and provide a summary of their plans to adhere to: (a) Communication of COVID	
related requirements to those attending event, (b) Capacity guidelines/in-place distancing guidelines (proposed set up, movement patterns, food/beverage service plans, and additional	

Safety	Committee Approval (initial and date)
E.	Safety & Emergency: Name of renting party who will be present during entire event.
	procedures for Grange
F.	Hall Restrictions: Applicant has reviewed the Grange Hall Rental Policies & Procedures Document 2021 and understands damages will be assessed and billed to applicant if restrictions are violated. Application name/signature and date
G.	FINAL APPROVALS (Signature & Date)
	Applicant(s)
	Grange Trustees
	Selectman
	Selectman
	Selectman

H. Payment, if required, for Use of Grange: \$\_\_\_\_\_ Date \_\_\_\_ Initials \_\_\_\_\_

measures such as masks, hand sanitizers or screenings) Provide information here, or attach a

document with the information.