



CITY OF FRAMINGHAM
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

NEVINS HALL RENTAL FEE SCHEDULE

**Nevins Hall is available for rental between the hours of 9:00am through 10:00pm. **

Commercial Rental- \$1,500.00

Nevins Hall Restoration Fee- \$100.00

10% Additional surcharge fee per tickets sold

Non-Profit Rental- \$750.00

Nevins Hall Restoration Fee- \$50.00

5% Additional surcharge fee per tickets sold

Nevins Hall Custodial Fee

Custodian(s) - \$55.00 per custodian per hour

The Facilities Management Department will determine the number of custodians needed for each event.

RESERVATION REQUIREMENTS

- All applicants must submit a completed rental application for the use of Nevins Hall to the Facilities Management Department at least 30 days prior to rental date.
- A security deposit of **\$500.00** is required at the time of reserving the hall and will be fully refunded provided there is no damage to the facility and furnishings. The City will conduct an evaluation of the condition of the premises after the event is held.
- Non-profit organizations must provide proof of status as defined by IRS code section **501(c)(3)**.
- A general liability policy is required as part of the rental agreement. All applicants or organizations renting the hall shall obtain insurance from a private agency in the amount of one million dollars (**\$1,000,000**) general liability and property coverage indemnifying the City of Framingham. The certificate of insurance shall be presented 14 days prior of the rental date naming the City of Framingham as additional insured.
- Final payment of rental fees is due 14 days prior to rental date.
- Cancellations must be made in writing and received by the Facilities Management Department at least 48 hours prior to function.



CITY OF FRAMINGHAM
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

RENTAL APPLICATION FOR THE USE OF NEVINS HALL

(Please submit at least 30 days prior to event.)

I. APPLICANT INFORMATION

Event Name: _____

Name of Applicant: _____ Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Is your organization non-profit? Y N If yes, proof of status as defined by IRS code section 501(c)(3) **MUST** be included.

II. EVENT INFORMATION

Date of Event: _____ Day of Week: _____ Expected Attendance (Including Staff): _____

(Note: Hall floor capacity is 1,142 Standing, Stage capacity is 75 and Balcony area capacity is 650)

Set-Up Time: _____ Event Start Time: _____ Event End Time: _____ Clean-Up End Time: _____

Please give a **detailed description** of the event you are planning, including any activities, raffles, staging, lighting, and equipment that may be brought in: _____

Will tickets be sold? Y N Cost per ticket: \$ _____ Estimated number of tickets to be sold: _____

Will food or beverages be served at the event? Y N If yes, will beverages be: Free For purchase

If yes, will food be: Free For purchase Prepared onsite Prepared offsite

Will the event be catered? Y N If yes, please provide the name of the caterer: _____

Please list any and all vendors that will be participating at the event: _____

Will there be any entertainment/music at the event? Y N If yes, please list what it is: _____

If yes, is the entertainment/music: Amplified sound/speaker Live music Other _____

Will additional rooms be needed? Y N If yes, how many? _____

Please provide the reason for additional rooms. _____



CITY OF FRAMINGHAM
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

III. POLICY & PERMIT INFORMATION

Initial here to confirm you understand you are required to obtain a \$1,000,000 Certificate of Liability Insurance stating that "The City of Framingham is included as additional insured as respects to the General Liability policy per written agreement/contract." _____

Initial here to confirm that you understand you are required to hire a Police and Fire detail if estimated attendance exceeds 100 people. _____

Initial here to confirm that you understand that Nevins Hall is a smoke free environment and the consumption of alcoholic beverages is prohibited on City Property. _____

Initial here to confirm that you understand that clean-up of the event area immediately following the event is the responsibility of the applicant and that Nevins Hall is to be left in the same condition it was found, free from litter and debris. _____

Initial here to confirm you understand you are required to obtain the right **PERMITS** and **LICENSES** when holding an event in Nevins Hall. _____

IMPORTANT EVENT CONTACTS

Please contact any of the following departments regarding your event.

- Food Permits - Contact Board of Health for required permits 508- 532-5470
- Fire Details & Permits - Contact Fire Department to schedule details 508-532-5930
- Police Details - Contact Police Department to schedule details - Detail Officer - 508-532-5907
- Entertainment License - Contact License Administrator for required permits 508-532-5402

All fees are payable in advance: permits, police, fire, etc.

I have read, understand and will comply with all guidelines written in the Policy for the use of Nevins Hall. Applicant hereby agrees to indemnify, defend, and hold harmless City, and its officers, attorneys, employees, attorneys, and agents from and against any and all claims, demands, suits, actions, liabilities, damages, penalties, judgments, and costs and expenses, including without limitation the costs and expenses of litigation and attorney's fees, of or by anyone that in any way is caused by, arises out of, or is occasioned by, the acts or omissions of applicant in connection with this event, or any activities, operations, conducts, negligence, or omissions of applicant or its guests or agents, regardless of whether same is caused in part by City or any third party.

Signature of Applicant

Date



CITY OF FRAMINGHAM
 DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

FOR DEPARTMENT USE ONLY

Approved:

FACILITIES MANAGEMENT _____ Date _____

FIRE DEPARTMENT _____ Date _____

POLICE DEPARTMENT _____ Date _____

Security Deposit Received Y N Amount: \$ _____ Date _____

Payment Received Y N Amount: \$ _____ Date _____

Employee(s) Assigned _____ Hours Worked _____

W9 Received Y N N/A _____

Certificate of Insurance Received Y N N/A _____

Proof of Non-Profit Received Y N N/A _____

Board of Health Permit Y N N/A _____

Entertainment License Y N N/A _____

Fire Detail(s) Y N N/A _____

Police Detail(s) Y N N/A _____