

OFFICE HOURS: TOWN OF MADISON DEPOT MEETING CENTER POSTED _____
 MONDAY-FRIDAY 9 OLD ROUTE 79, MADISON, CT 06443
 8:30 AM - 4:00 PM TELEPHONE # (203) 245-5627 FAX # (203) 318-0670

FACILITY USE APPLICATION

AREA REQUESTED LOWER LEVEL _____ UPPER LEVEL _____ PORCH ROOM _____

Please Note: 5 hour maximum rental time includes set up & clean up. Exception to this must have approval. NO ALCOHOL IS ALLOWED IN THE DEPOT PER TOWN ORDINANCE.

ORGANIZATION _____

Name _____

Address _____

Phone _____

Type of Function _____

To Attend _____

Applicant Signature _____

Date _____

<u>EVENT DATE</u>	<u>TIME IN</u>	<u>TIME OUT</u>
Additional dates may be added on the back.		

APPLICATION SUBJECT TO APPROVAL.

APPLICATION REVIEW, APPROVAL, AND CONDITIONS

Application Request: Approved ___ Denied ___ By _____ Date _____

Facility Fee: \$30/HR X ___ HRS= _____ Date Paid _____ CK# _____

Security Deposit: \$100.00 Date Paid _____ CK# _____

Make checks payable to Town of Madison.

Security deposit will be refunded within 2-3 weeks of the event if facility has been left clean and rules observed.

A \$5.00 refundable key deposit is required at time of key pickup, on the day of the event by 4:00 PM. The Depot is open Monday-Friday, closed on holidays. Key may be returned the next business day following the event.

Food is restricted to the Lower Level of the facility. The building must be left clean and trash must be removed from the facility.

All doors must be locked upon exiting the building and lights should be turned off.

No alcohol is allowed in the Depot.

I the undersigned; understand that my security deposit may be forfeited and future use denied if acts relating to my group result in excessive littering, unclean conditions, unlocked building or damage to the Depot Meeting Center.

SIGNED _____

DATE _____