



REQUEST FORM FOR THE LEWES OUTDOOR PATIO

MARGARET H. ROLLINS COMMUNITY CENTER

PLEASE SEND REQUESTS TO PARKSANDRECREATION@CI.LEWES.DE.US OR FAX TO 302-645-6406

ORGANIZATION _____

WHAT TYPE OF NONPROFIT IS THE ORGANIZATION? Please check one. 501c HOA OTHER

CONTACT PERSON _____ EMAIL _____

PHONE NUMBER _____ CELL _____

WHAT IS THE PURPOSE OF USING THE FACILITY?

EVENT (PRIVATE) _____

EVENT (OPEN TO THE PUBLIC) _____

OTHER _____

TOTAL NUMBER OF ATTENDEES _____ DATE(S) OF USE _____

SET UP TIME _____ EVENT START TIME _____ EVENT END TIME _____

CATERING

WILL THE EVENT HAVE FOOD? (Y) _____ (N) _____

WILL THE EVENT HAVE ALCOHOL? (Y) _____ (N) _____

IF YES, PLEASE PROVIDE ABC GATHERING LICENSE WITH REQUEST FORM

WHO IS CATERING/PROVIDING FOOD & BEVERAGES? _____

PLEASE PROVIDE A COPY OF THE CATERER'S CITY OF LEWES BUSINESS LICENSE WITH REQUEST FORM

RENTALS

WILL THERE BE ANY RENTED TENTS, CHAIRS, OR OTHER BEING USED/BROUGHT TO THE FACILITY?

(Y) _____ (N) _____

WHO IS THE RENTAL COMPANY? _____

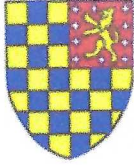
WHAT IS THE DROP OFF TIME/DAY? _____

WHAT IS THE PICKUP TIME/DAY? _____

OUTDOOR AMPLIFICATION

WILL THERE BE MUSIC OUTSIDE FOR THE EVENT? (Y) _____ (N) _____

IF YES, PLEASE COMPLETE AN OUTDOOR AMPLIFICATION FORM WITH THIS REQUEST FORM



INSURANCE REQUIREMENT: THE REQUESTING ORGANIZATION MUST PROVIDE THE CITY WITH PROOF OF LIABILITY INSURANCE COVERING THE CITY OF LEWES AS AN ADDITIONAL INSURED IN AN AMOUNT OF \$1,000,000 FOR THE SPECIFIC REQUESTED ROOM DATE(S).

SECURITY DEPOSIT REQUIREMENT: THE REQUESTING ORGANIZATION MUST SUBMIT A \$500.00 SECURITY DEPOSIT TO THE CITY OF LEWES EITHER BY CHECK OR CASH. THE SECURITY DEPOSIT WILL BE RETURNED AFTER THE EVENT AS LONG AS THE FACILITY HAS BEEN LEFT IN A CLEAN AND ORDERLY MANNER AND ALL POLICY REQUIREMENTS HAVE BEEN MET.

NON PROFIT STATUS REQUIREMENT: REQUESTING ORGANIZATION MUST SUBMIT PROOF OF 501C STATUS OR HOA STATUS BASED WITHIN THE CITY LIMITS OF LEWES.

MEETINGS AND EVENTS OUTSIDE REGULAR BUSINESS HOURS ARE SUBJECT TO APPROVAL & CONDITIONS SET FORTH BY THE CITY MANAGER AND LEWES HISTORICAL SOCIETY.

MEETING ROOM OCCUPANCY LIMIT 100 PEOPLE

ROOM CANCELLATIONS MUST BE GIVEN AT LEAST 24 HOURS PRIOR TO MEETING AND MUST BE EMAILED TO PARKSANDRECREATION@CI.LEWES.DE.US.

BY SIGNING THIS REQUEST YOU AND YOUR ORGANIZATION UNDERSTAND AND AGREE TO THE POLICY AND TERMS OF USE FOR THE MARGARET H. ROLLINS COMMUNITY CENTER CITY MEETING ROOM AND PATIO.

PRINTED NAME _____

SIGNATURE _____ DATE _____