



# TOWN OF TOWNSHEND

P.O.Box 223  
2006 VT Route 30  
Townshend, Vermont  
802-365-7300

## Townshend Town Hall / Common Retail Agreement and Use Permit

\_\_\_\_\_  
Name of the Organization or Individual:

\_\_\_\_\_  
Event Supervisor / Contact Name and Address

\_\_\_\_\_  
Event Supervisor / Contact Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Time and Date of the event including Setup Time and Break down

### **Liability Insurance Policy: Copy must be attached when applying for use)**

I acknowledge that I have received and understand the \_\_\_ Common Use Policy \_\_\_ the Town Hall use Policy and agree to abide the terms listed therein. Insurance can be found from many sources including most homeowner's policies, most local and national insurance companies. The Vermont Leagues of Cities and Towns and has the TULIP program for member towns. This can be found at <https://tulip.onenecomentertainment.com/etulip/apply.aspx> or by calling 800-507-8414.

### **INDEMNIFICATION:**

To the extent permitted by law, \_\_\_\_\_ covenants to defend, keep harmless and indemnify the town of Townshend and all of it elected, appointed officials, consultants, agents employees and authorized volunteers from and against any and all claim, loss, damage, injury, cost (including court costs and attorney's fees), charges, liability or exposure, however caused, the resulting from or arising out of or in any way connected with events held on the Townshend Common, the Town Hall or any other town of Townshend property.

\_\_\_\_\_  
Signature of applicant or authorized agent of event host

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received by Town Clerk

\_\_\_\_\_  
Selectboard Chair Signature On behalf of the Board

\_\_\_\_\_  
Approved / Denied

\_\_\_\_\_  
If the application is denied state reason for action and return to host to modify or revise

Security Deposit Required Y / N \$ \_\_\_\_\_ Usage Fee Y / No \$ \_\_\_\_\_ Funds Rec'd by \_\_\_\_\_

\_\_\_\_\_  
Post Event Inspected by :

\_\_\_\_\_  
Date Deposit Refunded

\$ \_\_\_\_\_  
Amount Refunded Who refunded this amount

\_\_\_\_\_  
Comments \_\_\_\_\_