

TOWN OF CORINTH  
PO BOX 461, 1387 COOKEVILLE ROAD  
CORINTH, VERMONT 05039  
802-439-5850

**AGREEMENT FOR USE OF TOWN HALL**

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check the appropriate box:

\$ \_\_\_\_\_ Town Resident       \$ \_\_\_\_\_ Non-Resident  
( $\$40$  hall use +  $\$50$  damage deposit= $\$90$  x \_\_\_ days)    ( $\$80$  hall use +  $\$100$  damage deposit= $\$180$  x \_\_\_ days)

Non-Profit organization use (specify) \_\_\_\_\_ (No charge)

Date(s) of Hall use \_\_\_\_\_  
Time: from \_\_\_\_\_ to \_\_\_\_\_

Purpose of Hall use (i.e. wedding reception, family function, funeral reception,  
community event, etc.) \_\_\_\_\_

The cost of repair or replacement for any damages or losses to property or equipment and the cost of any manpower or equipment needed to bring the property back to its preexisting state will be deducted from the damage deposit. In the event that the cost of returning the property back to its preexisting condition exceeds the damage deposit, the applicant agrees to reimburse the Town of Corinth the full amount of any such excess within thirty days of receiving written notice thereof.

The applicant agrees to furnish the Town of Corinth with evidence of comprehensive personal liability coverage in the amount of \$300,000, preferably naming the Town of Corinth as second insured. (This can be done as part of the applicant's homeowner's insurance policy or as a separate event policy.) This provision does not apply to non-profit groups.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO ADDRESS ABOVE WITH FULL FEE.

<i>Office Use Only:</i> <input type="checkbox"/> Policy for Hall Use given to applicant _____	
Date Paid _____	Receipt No. _____
By Whom _____	Date Key Obtained _____
<input type="checkbox"/> A/P REFUND SLIP _____	DATE MAILED _____
<input type="checkbox"/> Payment approval _____	Amount to refund \$ _____