

**TOWN OF CLARENCE APPLICATION FOR USE OF LEGION HALL
5850 Goodrich Road, Clarence Center**

NAME OF APPLICANT OR ORGANIZATION _____

TYPE OF EVENT _____ No. of People _____

DATE OR DATES REQUIRED _____ TIME IN ____:____ TIME OUT ____:____

FEE \$ _____ DATE PAID _____

DEPOSIT \$ _____ DATE PAID _____ DEPOSIT RETURNED _____

RULES AND REGULATIONS

1. Only residents, non-profit service organizations or groups located within the Town of Clarence may make application. Applicant must be at least 21 years of age. Proof of residency is required.
2. The Legion Hall may be used for fund raising events and social functions. Private use is limited to one use per month.
3. Hours for use are 8:00 AM to 12:00 Midnight.
4. The Legion Hall will be closed on New Year' s Eve, New Year' s Day, Easter, Thanksgiving Day, Christmas Eve and Christmas Day.
5. Maximum occupancy of the Legion Hall is 110. A minimum of 20 people are required to use the facility.
6. A fee of \$75 is required per use. A deposit of \$150 is required and will be refunded upon inspection of the premises. Please submit two separate checks payable to " Clarence Town Clerk" . No fee is required for non-profit service organizations.
7. The key for the building must be picked up and returned by the next business day to the Town Clerk' s Office by the applicant.
8. Groups may use the kitchen facilities; however, they must supply their own dishes, silverware, etc.
9. The building must be left in clean and neat condition or the deposit will not be returned.
10. Reservations must be made AT LEAST 48 HOURS IN ADVANCE. Any cancellation shall also be made AT LEAST 48 HOURS IN ADVANCE to the Town Clerk at 741-8938 or the Parks Department at 741-8927.
11. Return completed application and fee(s) to Clarence Town Clerk, One Town Place, Clarence, NY 14031.
12. All stipulations set forth in Chapter 143, Town Property and Facilities of the Town Code shall also apply.

THE TOWN BOARD WILL HOLD THE APPLICANT RESPONSIBLE FOR SUPERVISION OF THEIR GROUP AND FOR ANY DAMAGE TO TOWN FACILITIES OCCURRING DURING AND RESULTING FROM SUCH USE.

DATE _____ APPLICANT SIGNATURE _____

TELEPHONE _____ ADDRESS _____

APPROVED _____ APPROVED _____
Town Clerk Town Board

DATE _____ DATE _____