

CITY OF FRAMINGHAM
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

NEVINS HALL RENTAL FEE SCHEDULE

Commercial Rental- \$1,500.00

Nevins Hall Restoration Fee- \$100.00
10% Additional surcharge fee per tickets sold

Non-Profit Rental- \$750.00

Nevins Hall Restoration Fee- \$50.00
5% Additional surcharge fee per tickets sold

Nevins Hall Supervisory Fee

CPFMD Employee(s) - \$55.00 per employee per hour
The CPFMD will determine the number of personnel needed for each event.

Nevins Hall Rental Hours

Monday- Saturday- 8:30am-10:00pm

Sunday- 8:30am-7:00pm

Except the following Holidays:

New Year's Eve and Day	Martin Luther King Day
President's Day	Patriot's Day
Easter Day	Memorial Day
Juneteenth Day	Independence Day
Labor Day	Columbus Day
Veterans Day	Thanksgiving Day and Day After
Christmas Eve	Christmas Day

RESERVATION REQUIREMENTS

- All applicants must submit a completed rental application for the use of Nevins Hall to the Capital Projects & Facilities Management Department at least 14 business days prior to rental date.
- A security deposit of \$500.00 is required at the time the application is approved and will be fully refunded provided there is no damage to the facility and furnishings. The City will conduct an evaluation of the condition of the premises after the event is held.
- Non-profit organizations must provide proof of status with either their 501(c)(3) documentation or tax exempt documentation.
- A Police and Fire detail may be required for your event. The total number of details will be dependent on the total number participants and will be determined by both the Police and Fire Department.
- Final payment of rental fees is due 5 business days prior to rental date.
- Cancellations must be made in writing and received by the Capital Projects & Facilities Management Department at least 48 hours prior to function.

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EVENT APPLICATION FOR USE OF CITY FACILITIES
(Please submit at least 14 business days prior to event.)

I. APPLICANT INFORMATION

Event Name: _____
Name of Applicant: _____ Name of Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Telephone: _____
501(c)(3) Organization: Y N (Documentation **Required** with Application) Tax Exempt: Y N (Documentation **Required** with Application)

II. EVENT INFORMATION

Date of Event: _____ Day of Week: _____ Expected Attendance (Including Staff): _____
Desired Venue (check one): Nevins Hall Blumer Room Ablondi Room Conference Room 1 or 2
Memorial Building Front Steps/Plaza Downtown Commons Framingham Centre Hist. Dist. Commons
Capacity information:
1) Nevins Hall - floor capacity is 1,142 Standing, Stage capacity is 75 and Balcony area capacity is 650
2) Blumer Room - (Capacity 120 Standing)
3) Ablondi Room - (Capacity 80 Standing)
4) Conference Room 1 or 2 - (Capacity 12)

Set-Up Time: _____ Event Start Time: _____ Event End Time: _____ Clean-Up End Time: _____

Please give a **detailed description** of the event you are planning, including any activities, raffles, staging, lighting, and equipment that may be brought in or used. Please include a layout plan for Nevins Hall and outdoor venues showing the location of any tents, tables/chairs, electrical equipment, vehicles/parking areas, restrooms/portable restrooms, or other equipment: _____

Will tickets be sold? Y N Cost per ticket: \$ _____ Estimated number of tickets to be sold: _____

Will food or beverages be served at the event? Y N

If yes, will beverages be: Free For purchase Include alcoholic beverages (subject to restrictions)

If yes, will food be: Free For purchase Prepared onsite Prepared offsite

Will the event be catered? Y N If yes, please provide the name of the caterer: _____

Please list any and all vendors that will be participating at the event: _____

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Will there be any entertainment/music at the event? Y N If yes, please list what it is: _____

If yes, is the entertainment/music: Amplified sound/speaker Live music Other _____

For indoor events, will additional rooms be needed? Y N If yes, how many? _____

Please provide the reason for additional rooms. _____

III. POLICY & PERMIT INFORMATION

Initial here to confirm you have read and agree to the terms of the City’s Policy on the Use of City Facilities, including the requirement for events with anticipated attendance of more than 100 people to obtain general liability insurance covering any bodily injury or property damage due to the negligence of the applicant, its agents or representatives, with limits of liability of at least \$1,000,000 per occurrence and \$1,000,000 aggregate, including the City of Framingham as an additional insured. A Certificate of Liability Insurance demonstrating compliance with this requirement must be provided to the Capital Projects & Facilities Management Department at least 3 business days prior to the event, stating that “The City of Framingham is included as additional insured as respects to the General Liability policy per written agreement/contract.” _____

Initial here to confirm that you understand you are required to hire a Police Detail (s) and/or Fire Detail(s) for your event based on any safety concerns as determined by both the Police and Fire Department. _____

Initial here to confirm that you understand that all City venues are a smoke free environment and the consumption of alcoholic beverages is prohibited on City Property without a proper license for the same, subject to any additional restrictions provided by City ordinances or alcohol regulations. _____

Initial here to confirm that you understand that clean-up of the event area immediately following the event is the responsibility of the applicant and that all City venues are to be left in the same condition it was found, free from litter and debris. _____

Initial here to confirm you understand you are required to obtain the right **PERMITS** and **LICENSES** when holding an event at any City venue. _____

IV. EXEMPTION / WAIVER REQUESTS

If you are seeking an exemption or waiver from the City’s insurance requirements or for any City fees (with the exception of the Nevins Hall Supervisory Fee, Police and Fire details) related to your event, please provide the reason below (attach additional information if necessary).

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IMPORTANT EVENT CONTACTS

Please contact any of the following departments regarding your event.

- Food Permits & Animal Permits - Contact Health Department for required permits 508- 532-5470
- Fire Details & Permits - Contact Fire Department to schedule details 508-532-5930
- Police Details - Contact Police Department to schedule details - Detail Officer - 508-532-5907
- Entertainment License / Alcohol License - Contact License Administrator for required permits 508-532-5402
- Tent & Sign Permits -Contact Inspectional Services Department for required permits 508-532-5500

All fees are payable in advance: permits, police, fire, etc.

I have read, understand, agreed to and will comply with all guidelines written in the Policy for the Use of City Facilities.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

Approved:

MAYOR/COO _____ Date _____

FACILITIES MANAGEMENT _____ Date _____

FIRE DEPARTMENT _____ Date _____

POLICE DEPARTMENT _____ Date _____

Security Deposit Received Y N Amount: \$ _____ Date _____

Payment Received Y N Amount: \$ _____ Date _____

Employee(s) Assigned _____ Hours Worked _____

W9 Received Y N N/A _____

Certificate of Insurance Received Y N N/A _____

Proof of Non-Profit Received Y N N/A _____

Health Department Permit Y N N/A _____

Entertainment License Y N N/A _____

Alcohol License Y N N/A _____

Fire Detail(s) Y N N/A _____

Police Detail(s) Y N N/A _____