

CITY OF FRAMINGHAM  
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

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**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

**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 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 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**

**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 80)
- 3) Ablondi Room - (Capacity 120)
- 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 the Memorial Building is 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  \_\_\_\_\_