



Elmont Memorial Library

Theatre Use Application

700 Hempstead Tpke.
Elmont, NY 11003
516.354.5280
www.elmontlibrary.org

Prior to completing this form, you must read and acknowledge that you fully understand the Library's Theatre Use Policy #700-3. The Policy details the guidelines, hours of operation, scheduling, application process, responsibility for damage or loss, public safety, termination of event, crowd control/direction, food and refreshments, smoking, tipping, fire regulations, storage, delivery of equipment, supplies, scenery and the daily rental fees.

<p>Date of application: _____</p> <p>Name of Organization: _____ Address: _____</p> <p>President/Chairperson of Organization: _____</p> <p>Telephone No.: _____ Cell No.: _____ email: _____</p> <p>Name of person applying: _____ Address: _____</p> <p>Telephone No.: _____ Cell No.: _____ email: _____</p> <p>Contact person: _____ Telephone No.: _____ Cell No.: _____ email: _____</p> <p>Purpose of the Organization: _____</p> <p>Dates of requested Theatre usage:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will you need an adjacent Meeting (Dressing) Room? <input type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>Please describe the type of event: Expected size of audience: (430-seat limit)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Expected amount of performers/people on stage: _____</p> <p>Type of equipment needed:</p> <ul style="list-style-type: none"> • Stage lighting <input type="checkbox"/> YES <input type="checkbox"/> No • Sound equipment <input type="checkbox"/> YES <input type="checkbox"/> No • Tables <input type="checkbox"/> YES <input type="checkbox"/> No Amt. _____ • Will stage props be used? . <input type="checkbox"/> YES <input type="checkbox"/> No <p>Will you need to store any equipment, supplies or scenery prior to the day of the event? <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p>Will food and/or refreshments be served? <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p>Names of people that will direct, instruct and oversee the safety and security of people and property:</p> <p>Name: _____ Address: _____ Cell No: _____</p> <p>Name: _____ Address: _____ Cell No: _____</p> <p>Name: _____ Address: _____ Cell No: _____</p> <p>Don't forget to include your insurance certificate with this application for Board Approval.</p>
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Insurance Requirements

Any organization using the Theatre must supply the following insurances:

- A. Statutory Workers' Compensation and Employer's Liability Insurance for all employees, with minimum limits of \$100,000.00 for each accident.
- B. Comprehensive General Liability with a minimum of \$1,000,000.00 each occurrence combined single limit for bodily injury and property damage.
- C. Indemnification Agreement Hold Harmless Clause shall be identified and its language typed on the reverse side of the certificate to the effect that the Organization agrees to indemnify and save harmless the Elmont Public Library, Elmont Union Free School District, their agents, employees, or any other person to the extent permitted by law against loss or expense including attorney's fees, by reason of the liability imposed by law upon the Owner, for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of the performance of this Contract. The Elmont Public Library and Elmont Union Free School District are named as additional insureds and a waiver of subrogation in favor of them applies.
- D. All certificates issued in support of the above requirements must carry positive statements that the specific coverages required are provided. All insurance shall be obtained from companies licensed to do business in the State of New York as "admitted carrier" and must be acceptable to Owner with an "AM Best" rating no lower than "B+" and "Secured." All insurance shall be "occurrence basis" insurance coverage, and "claims made" insurance coverage shall be deemed unacceptable. **The insurance certificate should be included with this application for Board Approval.**

An original Insurance Certificate indicating the above must be submitted with this application.

Daily Rental of Theatre

The Theatre can be rented by the hour (minimum of two hours) or daily (up to eight hours). It may be necessary for the Library to provide a technician (who will be paid an hourly rate) depending on the organization's audio-visual equipment needs. Rental time includes set up, preparation and breakdown.

1. Hourly Theatre rental (two-hour minimum): \$ 200.00 per hour
2. Daily rate (eight-hour maximum): \$ 1,500.00 per day
3. Friday and Saturday evening hours rates: \$ 275.00 per hour
4. Audio-visual technician: \$ 28.00 per hour
5. Refundable security deposit: \$ 500.00

Deposit/Payment

A \$500.00 security deposit must be submitted with every application and will be refunded five (5) business days after usage of the Theatre provided no damage occurred as a result of using the Theatre. The deposit will be returned immediately if the Library Board denies the application.

A 50% deposit also must be submitted with the Theatre Use Application Form. The deposit will be returned immediately if the application is not accepted. If the application is approved, the Library will deposit the funds, which are non-refundable except in cases of emergency closings which would result in having to cancel the requested date.

Not less than seven (7) days prior to the approved usage date, the remaining balance (50%) must be paid to the Library. Only checks or money orders made payable to the Elmont Public Library will be accepted.

NO SOLICITATION OR COLLECTION OF FUNDS IS PERMITTED ON LIBRARY PROPERTY.

RELEASE: The above named organization and/or user does hereby indemnify and hold harmless the Elmont Public Library, the Elmont Union Free School District, its agents and employees against any and all claims including, but not limited to, claims for property damage or loss and claims for personal injury which may arise out of or in conjunction with the use of its premises and/or equipment. We also have received, read and agree to abide by the Library's "**Theatre Use Policy, 700-3.**"

Signature of Authorized Officer (Applicant): _____

Address: _____ email: _____

(Library Use Only)

\$500.00 security deposit given on _____ Check # _____

Estimated fee: Hours x \$200.00 = \$ _____

Hours x \$275.00 = \$ _____ (Friday and Saturday evenings)

Daily rate if not hourly (\$1,500.00) \$ _____

Audio-visual technician: Hours _____ x \$28.00 = \$ _____

Total estimated fee: \$ _____

50% deposit: \$ _____ Date: _____ Check # _____

Balance due seven (7) days prior to event on _____ Date: _____ Check # _____