

BOROUGH OF WESTWOOD

Recreation Department



PH: 201-664-7882 – FAX: 201-664-9685 – Recreation@WestwoodNJ.gov
55 Jefferson Avenue, Westwood NJ 07675

APPLICATION FOR USE OF COMMUNITY CENTER

All Applications should be submitted for review and approval no later than 30 days prior to the event.

Organization name: _____

Name of Representative: _____ Home Phone: _____

Address: _____ Cell Phone: _____

E-Mail: _____

Purpose for use of the facility _____

Facility being requested: Meeting Room 1 w/ Kitchen Gym (occupancy 100)
 Meeting Room 2 Senior Lounge
 Meeting Room 1 and 2 Kitchen

Number expected in attendance _____

Date(s) to be used: _____

Times From: _____ To: _____

Will admission be charged? If yes, for what will the proceeds be used? _____

Name of another adult who will be in attendance and is willing to assume responsibility:

Name _____ Address _____ Phone _____

I have read and agree to all of the requirements as stated in the Policies and Procedures for Use of the Community Center on the reverse side of this application. I understand that as the person signing this form, I am jointly responsible with the organization for the clean up and for any damages to the facility. * I also understand that the game tables and playhouse are not to be used or moved.**

Signed: _____ Dated: _____

I hereby acknowledge that alcoholic beverages will not be served or consumed during this event.

Signed: _____ Dated: _____

For office use only:

Cert of Insurance: _____	N.J. Alcohol Permit: _____	Use Fee: \$ _____	Rec'd: _____
Hold Harmless & D.L.: _____	Borough Alcohol Permit: _____	Set Up: \$ _____	Rec'd: _____
Deposit: \$ _____	Deposit Ret'd: _____	Clean Up: \$ _____	Rec'd: _____
		Total: \$ _____	

Application Approved By: _____ Dated: _____
 Recreation Director

White Copy: Recreation Department
Yellow Copy: Applicant

PERMIT # 16 - _____

Polices, Procedures and Fees for Use of Community Center

The Borough of Westwood's Community Center is available for Westwood Residents and non-Resident Organizations and Individuals. Please read the following carefully to understand the requirements of using the Community Center. To view the facility or to check the availability of a date, contact the Recreation Department. Events will not be confirmed until all documents and fees have been submitted.

- YOU ARE FULLY RESPONSIBLE for the following unless prior arrangements have been made with the Recreation Director:
 - Setting up and taking down of all tables and chairs, etc. and properly replacing them on their racks.
 - Sweeping *and* mopping all areas used including the restrooms as necessary.
 - Removal of all trash & recyclables to the appropriate containers in the parking lot after large events.
 - Fire Exit doors must not be blocked at any time under any circumstances.
 - The playhouse, pool table, game tables are not to be moved or used under any circumstances.
 - The thermostats located throughout the facility are not to be adjusted.
 - All lights should be turned off before leaving the facility.
 - All windows and doors must be closed and locked.
 - The Community Center is a smoke free facility.
- A Certificate of Insurance is required from organizations naming the Borough of Westwood as additional insured and listing the Borough of Westwood, 101 Washington Ave, Westwood N.J as the certificate holder. The policy must have the following limits: \$1,000,000.00 for General Liability and \$1,000,000.00 for Each Occurrence. Individuals using facilities must provide proof of Homeowners or Renters Insurance.
- A Hold Harmless Agreement must be completed with a copy of the applicant's driver's license.
- ALCOHOLIC BEVERAGES are not permitted in the facility unless approved by the State of N.J. and / or Westwood's Governing Body. A separate application is required for the consumption of alcoholic beverages which must be completed and approved prior to your event. If your event will include Alcoholic Beverages, a separate certificate of liability insurance must be obtained; the Recreation Department will advise you of the requirements. Events that serve alcoholic beverages require a **\$500.00 security deposit**.
- PERMITS are subject to cancellation if the approved event is pre-empted by a Borough / Recreation Department event.
- DAMAGES: You will be held financially responsible for any damage to the facility and / or the equipment and / or for any clean-up required by Borough staff as a result of your use of the facility.
- KEYS are obtained with your Permit from the Westwood Police Dept (101 Washington Avenue) immediately prior to your event and must be returned immediately after your event. If the key is not returned promptly to the Police Desk after your event a \$25. fee will be charged. If the keys are lost, you will be responsible for all costs involved in replacing the cylinders. Note: To keep the door unlocked and closed, simply push in the side latch and hold it recessed while turning the key.

Fees for Use of the Community Center are payable to Borough of Westwood

Resident / Non-Profit Organization

Non-Resident / For-profit organization

No fee for Resident Organization meetings

Meeting Room #1 or 2: \$35.00 per hour

Meeting Rooms #1 & 2: \$45.00 per hour

Senior Lounge: \$25.00 per 2 hours

Use of Kitchen: \$25.00

Clean Up Fee for 75 people or more: \$100.00

Custodial Fee (if requested) \$25. per hour

Gym: \$35.00 per hour

Security Deposit: \$200.00

Meeting Room #1 or 2: \$45.00 per hour

Meeting Rooms #1 & 2: \$55.00 per hour

Senior Lounge: \$25.00 per 2 hours

Use of Kitchen \$25.00

Clean Up Fee for 75 people or more: \$100.00

Custodial Fee (if requested) \$25. per hour

Gym: \$55.00 per hour (Mon-Fri, 4-11 PM)

Gym: \$45.00 per hour (weekends)

Security Deposit: \$200.00

Maximum Room Capacity: Please Note: The numbers cited below are guidelines. The addition of tables, chairs, displays, DJ, Band, dance areas etc. will decrease the maximum capacity permitted.

Room 1: (Kitchen Side)

Room 2: (Playhouse Side)

Rooms 1 and 2 combined:

Senior Lounge: 15 persons

Chairs Only: 125 persons

Chairs Only: 50 persons

Chairs Only: 200 persons

Tables & Chairs: 75 persons

Tables & Chairs: 50 persons

Tables & Chairs: 200 persons

**BOROUGH OF WESTWOOD
HOLD HARMLESS AGREEMENT**

BETWEEN THE BOROUGH OF WESTWOOD AND _____
(Organization or Group)

WITNESSETH: 1. In consideration of permission to use the Borough of Westwood facility described below on (give all dates) _____

_____ in the year 20__ and/or 20__. The applicant does hereby covenant and agree to save and hold the Borough of Westwood, its agents, servants, and employees harmless from any and all liabilities or costs arising out of the use of the described premises by the applicant, the applicant's invitees, or other persons.

2. Applicant has furnished the Certificate of Insurance naming the Borough of Westwood as an additional insured. This document to be as an additional inducement to the permission for use of premises. A true copy to be attached to the application. Fax copies not acceptable. Subject to review by Borough Administrator.

3. The facility will be used for the following purpose and no other:

4. Number of persons expected to attend

5. Alcoholic beverages will ___ / will not ___ be served at the event.

6. The applicant is a: ___ Non-profit corporation
 ___ Non-profit association
 ___ A For-Profit organization
 ___ An individual

If applicant is an association or corporation the undersigned certifies that the executing of the Hold Harmless Agreement has been duly authorized.

7. The applicant acknowledges that the permission to utilize the facilities is limited to the portion of the premises herein described and the permission to use the facility is valid only for the activity herein described. Notwithstanding the foregoing, however, this Hold Harmless Agreement shall be applicable to any claim asserted against the Municipality or any loss incurred arising out of the applicant's activity whether or not same extends beyond the permitted type or locale of activity or occurs on a different date than specified.

8. The applicant specifically agrees that this Indemnification and Hold Harmless Agreement shall include the responsibility to provide legal defense for the Borough of Westwood for any suit arising out of the applicant's use of the premises, and that should the applicant or the applicant's insurance carrier fail or refuse to provide such a defense, the applicant will reimburse the Borough for any costs incurred by it for any person or organization acting on its behalf.

9. The undersigned is authorized to execute this Hold Harmless Agreement as the binding act of the applicant.

10. A copy of applicants Drivers License is required.

APPLICANT PORTION BELOW:

SIGNED _____

POSITION _____

ORGANIZATION _____

ADDRESS _____

DATE _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2010

PRODUCER **FAX**
Your Insurance Carrier
Street Address
City, State, ZIP **TEL.**

INSURED NAME OF ORGANIZATION/INDIVIDUAL
STREET ADDRESS
CITY, STATE, ZIP
CONTACT NAME

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NAME OF INSURANCE COMPANY	
INSURER B: NAME OF INSURANCE COMPANY	
INSURER C: NAME OF INSURANCE COMPANY	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	POLICY DATES	POLICY DATES	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SHOW AUTO INFORMATION (IF ANY)			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	POLICY NUMBER	POLICY DATES	POLICY DATES	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	SHOW W.C. INFORMATION (IF ANY)			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER	SHOW ANY OTHER POLICY IE: ACCIDENT (IF ANY)			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

WITH RESPECT TO USE OF PREMISES FOR (EVENT) ON (DATE/S); BOROUGH OF WESTWOOD IS NAMED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

BOROUGH OF WESTWOOD
101 WASHINGTON AVE
WESTWOOD, NJ 07675

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME AND SIGNATURE