



## MORRISTOWN MEETING ROOM USAGE REQUEST FORM

*Non-Profit Organizations ONLY*

*Submission required at least 30 Days Prior to Event or Meeting*

**WEEKDAYS ONLY**

Office of Administration  
200 South Street, Room 239  
Morristown, New Jersey 07960  
Tel: 973-292-6626 - Fax: 973-267-2726

Submit Applications to [c-castillo@townofmorristown.org](mailto:c-castillo@townofmorristown.org)

Date of Application: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone (Cell/Business): \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization Website: \_\_\_\_\_

### USE DETAILS

#### ROOM(S) REQUESTED:

Room 201(Room Capacity: 33)     Senior Center (Room Capacity: 411)     Council Room (Room Capacity: 100)

Meeting/Event Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Start	End	Set Up	Breakdown
Time: _____	Time: _____	Start Time: _____	End Time: _____

Estimated Attendance: \_\_\_\_\_      Attendee Age Range: \_\_\_\_\_

### FOOD & BEVERAGES

Will you be serving food?  YES     NO    If Yes, please contact the Health Division at 973-796-1975 for a Permit.

**The Senior Center is the ONLY room food & beverage is permitted**

**THERE IS ABSOLUTELY NO FOOD OR DRINK PERMITTED IN ROOM 201.**

## INSURANCE ACKNOWLEDGEMENT

**Applicant must submit a valid Insurance Certificate of Liability Insurance (COI) identifying the Town of Morristown as certificate holder. The COI (See example in ATTACHMENT A) & Hold Harmless Agreement (ATTACHMENT B) is due when this form is submitted for consideration.**

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

A Certificate of Insurance, naming the Town of Morristown as Certificate Holder and Additional Insured must be attached. The combined single limit liability should be no less than \$1,000,000.00. Also, a Hold Harmless Agreement in favor of the Town of Morristown shall be noted on the Certificate as "HOLD HARMLESS/INDEMNIFICATION CLAUSE: The Insured will protect, defend, indemnify and hold harmless the Certificate Holder from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities arising out of or resulting from the performance of the work or completed operations provided that any such claims, damages, loss or expense is attributable to or destruction of the tangible property including the loss of use resulting therefrom; and is caused in whole or in part by any negligent or willful act or omission of the Insured."

## RULES & REGULATIONS

1. Meeting rooms will only be made available to the public when it is not needed for use by the Town of Morristown. In the event that a room is reserved, and then, for reasons not anticipated by the Town at the time of the reservation, needed by the Town on an emergent basis, the Business Administrator may require the person or entity who reserved the room to either rescheduled the event, or hold it in another room within the municipal building, if such is available.

2. Subject to availability, Room 201, the Senior Center and Council Room (etc. will be made available to Morristown based; not-for-profit or civic organizations on a first come first served basis. If the organization requesting the use is religious in nature, it may only use the room for nonsectarian purposes. The room may not be used for political purposes to advance the candidacy of any person running for elective office or to advance any political party. Persons or entities seeking to use Room 201 (etc.) shall make their request in writing to the Business Administrator at least two weeks prior to their event and include all pertinent documentation listed below.

3. Absolutely no beverages or food are permitted in Room 201.

4. The entity requesting use of a meeting room, shall provide a certificate of insurance for general liability naming the Town of Morristown as an additional insured, and shall sign a hold harmless agreement (attached to this application), agreeing to reimburse the Town for any damage to Town property occasioned by its use of the premises, and to indemnify and hold the Town harmless from any claims arising out of the use of the room that are not the result of the negligence of the Town, or a condition of the building, for which the Town is responsible. The Business Administrator may waive the requirement for a certificate of insurance if the following conditions exists:

the entity does not invite persons other than members to the event for which it is using the room;

the entity's previous use of the room has not caused problems with the Town in connection with said use;

the entity does not carry liability insurance; and

there is no other specific reason for which the granting of the waiver would be against the best interests of the Town.

5. The Town of Morristown reserves the right to deny permission to use a meeting room or other room within the municipal building if, based on past usage, that person or entity damaged Town property, was disruptive, or otherwise caused the Town problems in connection with prior use of the room.

6. Time limitations on use of the room:

\*No organization that plans to use the room on a regular basis may reserve the room for more than four-hours at one time in any month, except as provided below.

\*An organization may reserve the room for a special event or series of events in a given month in excess of a single four hour slot, provided that the total time for the event or series of events does not exceed eight hours.

\*The Business Administrator may make an exception these requirements upon his determination that such use will not adversely affect municipal operations or unreasonably deny other organizations the opportunity to use the room.

**RULES & REGULATIONS CONTINUED**

7. The following are restrictions to the use of any public room. The Applicant shall be responsible for enforcing these restrictions and assuring compliance by all attendees.

\*No alcoholic beverages will be served anywhere in Town Hall. No food or beverages are allowed in room 201

\*There shall be no posting of signs (except on blue sign boards provided in the hallways) or otherwise affixing of anything else to the walls or anywhere else in Town Hall, arrangements must be pre-approved in other facilities.

\*There shall be no moving of furniture (whether belonging to the Town or to the applicant) into or out of any room without prior approval of the Business Administrator.

\*The maximum occupancy of Room 201 is 45 persons. The occupancy limit of any room, which is used, must be adhered to.

\*Town Hall is a smoke free building, and there shall be no smoking permitted anywhere within the building.

\*Permission to sell or advertise any items in conjunction with the use of the room must be requested in writing, and must be approved by the Business Administrator. Generally, the sale or advertisement of commercial products will not be approved.

8. Requests to use Town Hall facilities shall be made using the form prescribed by Business Administration.

**CERTIFICATION (required)** - Application must be signed or it will not be accepted. I have read the Rules and Regulations and applicable special park policies, responsibilities, and guidelines of the Town of Morristown governing the use of park and recreation facilities. I hereby agree to abide by and enforce them. I further agree to protect, indemnify, and hold harmless the Township of Morris from and against any and all losses, claims, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities arising out of or resulting from the performance of the work or the completed operations including any such claims for damage, loss, or expense resulting in bodily injury, sickness, disease, or death, or to injury to or destruction of the tangible property, including the loss of the use resulting therefrom, and which is caused in whole or in part by any negligent or willful act or omission by the applicant. I, as the official representative of the applicant, agree that while we use Township facilities for practices, games, tournaments, and events that we will comply with the American with Disabilities Act. Signature of the applicant on this application binds the applicant and the organization to abide by the rules set forth in this application.

Applicant Print & Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*DO NOT WRITE BELOW THIS LINE\*\***  
**OFFICIAL USE ONLY**

Date Application Received: \_\_\_\_\_  Approved  Denied

**Signature:**  
Business Administrator \_\_\_\_\_

**ADMINISTRATIVE COMMENTS**

\_\_\_\_\_



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
Issuance Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Broker Name & Address	CONTACT NAME: <b>Broker Contact Info.</b>	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Organization Name Organization Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Insurance Carrier Name</b>	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

**COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDD SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	<b>X</b>	POLICY#123456	01/01/2021	01/01/2022	EACH OCCURRENCE \$ <b>1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
						MED EXP (Any one person) \$ <b>10,000</b>
						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
						GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b>
AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
						AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The Town of Morristown is named as additional insured as respects to EVENT NAME & DATE.**  
  
 If liquor will be served/sold at the event, please have your broker confirm above that Liquor Liability/Host Liquor Liability is included in coverage.

<b>CERTIFICATE HOLDER</b>  Town of Morristown 200 South Street Morristown, NJ 07960	<b>TOWNOFM</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE  

## ***HOLD HARMLESS AGREEMENT***

1. "I/We/Me/My", shall mean one of the following:

AN INDIVIDUAL: Name \_\_\_\_\_

or \_\_\_\_\_

AN ORGANIZATION: Name \_\_\_\_\_

2. "You/Your" shall mean the municipal corporation known as the Town of Morristown, its agents, servants, employees, or contractors.

3. GENERAL INFORMATION

Date: \_\_\_\_\_

Site: \_\_\_\_\_

Hours Site is needed: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Activity to be held (describe in detail):

4. I sign this Hold - Harmless as my voluntary act and by this act agree to hold you harmless and indemnify you from any claims, suits, or other actions arising from, caused by, or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person **present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held (as described above) on the dates listed above.**

5. I state that the activity listed above will not include the consumption of alcoholic beverages but should any person described in paragraph 4 consume alcohol or allow or permit others to consume alcohol then I agree to be bound by the terms of paragraph 6 below.

6. I state that the activity listed above will include the consumption of alcoholic beverages and that because of such consumption I have the following additional duties to You related to the use of the site listed above:

- a) that I am solely responsible for the dispensing and consumption of alcohol, including the prudent and responsible dispensing and consumption of alcohol by all persons involved in the activity described above, including but not limited to those persons described in paragraph 4 above;
- b) to acknowledge by the signing of this Hold-Harmless that You have no authority, control, or participation in the dispensation or consumption of alcohol on the site and date listed above and that I Will take no step, action, or measure to convey the idea that You in any way have promoted, assisted, or participated in the dispensing and consumption of alcoholic beverages on the site and date listed above;
- c) that I will not allow persons under the age of 21 to dispense or consume alcohol at the site during the activity to be held on Your property:

d.) to comply with all municipal Ordinances relating to the consumption of alcoholic beverages, including but not limited to obtaining any necessary permits.

e.) I will provide proof of Liquor Liability/Host Liquor Liability Insurance in an amount not less than \$1 million per occurrence for the activity to be held on Your property. I will also provide a Certificate of Insurance showing Liquor Liability/Host Liquor Liability Insurance in the above stated amount and include You as Additional Insured.

7. I also agree that where the municipal officer signing this Hold - Harmless on your behalf feels I should provide to You a "Certificate of Insurance" and proof of "Special Events Insurance" that I shall provide same to that municipal officer as soon as practicable and not less than five (5) business days before the date of the planned activity. The appropriate municipal officer will check below if this paragraph is applicable to the activity listed above. Said Insurance shall be written with a company maintaining a rating of at least "A", according to A.M. Best. Said policy shall be in an amount of not less than one million (\$1,000,000) per occurrence. It is understood You will be listed as an additional insured on the policy and Certificate of Insurance. I agree that you will be listed as the Certificate Holder on the Certificate of Insurance and that I will also supply the Endorsement to my insurance policy that states you are included as an Additional Insured.

Applicable  Not Applicable

**In the event said certificate of insurance is not provided as set forth above, I recognize the event must be canceled and not be held as scheduled.**

8. (Applicable to Corporations Only) I also agree that I am obligated to reimburse You for all reasonable attorney's fees incurred by You to enforce the terms of this Hold-Harmless or to defend Yourself against any claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines by final order or judgment should have been defended by Me at My sole cost and expense pursuant to this Hold-Harmless.

9. LEGAL SIGNATURE

a. Individual:

OR

b. Individual

ON

BEHALF  
OF

OR

**(ORGANIZATION)**

c.. Individual:

Title:

On behalf of

Corporation

Address of Individual, Organization or Corporation:

Home Phone and Work Phone:

Signature of Person on  
behalf of the Municipality:

Title:

**CORPORATE ACKNOWLEDGEMENT**  
**STATE OF NEW JERSEY, COUNTY OF MORRIS**

I CERTIFY than on : \_\_\_\_\_ , 20 \_\_\_\_\_ personally came before me and this person acknowledged under the oath, to my satisfaction, that:

a.) This person is the \_\_\_\_\_ of \_\_\_\_\_ the corporation names in the attached document.

b.) This person is the attesting witness to the signing of this document by the proper corporate office who is \_\_\_\_\_ , the \_\_\_\_\_ of the corporation.

c.) this document was signed and delivered by the corporation as its voluntary act duly authorized by a proper resolution of its Board of Directors.

d.) this person knows the proper seal of the corporation which was affixed to this document, and,

e.) this person signed this proof to attest to the truth of these facts.

Signed and sworn to before me on \_\_\_\_\_ , 20 \_\_\_\_\_

Certifying Signature: \_\_\_\_\_

Outside Organizations include: **Profit-making organizations, Non-Profit organizations of such size or structure as would normally carry its own insurance, or any organization that does, in fact, carry its own insurance. Events which present a special exposure (fireworks display, concerts, etc. - \$1 million coverage and Hold Harmless Agreement.**