Town of Andover Permit for use of Town Property

Purpose of Event:				
Date: Tim				
Anticipated Attendance:				
Use of Town Property Requeste				
Name of Organization		Phone		
Contact Person				
Address				
City				
Health Permit Are road closures anticipated? Will there be music? Will Fees or donations be collected? Who will benefit from event?	Police officer and? Rest	required?room access?		
n making this application, the orga Andover, to take utmost care in the the use of the facility.	_		_	
Permit approved		1 st Selectman	Date	
Denied			Date	
Reason				
Health Department Signature if nee	ded		_Date	
Alcohol Permit			Date	
nsurance Company			Date	
Limit of Liability		Insurance Certificate received		
Additional Fees: (Police, Public W	/orks, etc.)			

Please NOTE: All requests must be submitted at least 14 days prior to the event.

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Indemnity	7	•
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The organization or individual agrees to indemnify, save harmless and defend owner, its affiliates and its or their directors, officers, employees and property management agent, if any, from and against any and all claims, actions, damages, liability and expense in connection with personal injury and or damage to property arising from or out of any occurrence upon or at the property caused by the act or omission of the authorized parties in conducting the permitted activities. Any defense conducted by the organization or individual of any such claims, actions, damages, liability and expense will be conducted by attorneys chosen by the organization or individual and the organization or individual will be liable for the payment of any and all court costs, expenses of litigation, reasonable attorney's fees and any judgement that may be entered therein.

Insurance:

The organization or individual agrees to maintain during the term of this agreement comprehensive general liability insurance insuring against the acts of omission of the authorized parties in conducting the permitted activities on the property and naming the Town of Andover as an additional insured with respect to such coverage. Minimum policy limits shall be \$1,000,000 each occurrence, bodily injury and property damage combined. The Organization or Individual agrees to provide a certificate of insurance evidencing such coverage ...to the town of Andover upon the. Execution of this agreement, and such additional certificate as shall be necessary to evidence such coverage with respect to the use of the Town of Andover facilities which are made subject to this agreement.

I am authorized to act on behalf of the above-named organization. I hereby make application on behalf of this organization to use the requested facility for the event describe herein. I agree to abide by all the rules and conditions for the use of the facility. I understand that it is my responsibility to provide proof of insurance prior to the event and that my failure to do so may result in cancelation of the event.

Signature	 Date
Drint Nama	