



Permit # \_\_\_\_\_  
Date: \_\_\_\_\_

## SWEDEN FARMERS MUSEUM Application for Facility Use

Sweden/Clarkson Recreation Department, 4927 Lake Road, Brockport, NY 14420  
Updated 7/12/16

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

### RESPONSIBILITIES OF THE APPLICANT: (Unless otherwise stated on this form)

1. Any individual/group or organization requesting the use of the facility shall complete and sign this request form and file it with the Sweden/Clarkson Recreation Department.
2. Any individual/group or organization using a Town facility must agree to enforce all rules and regulations in effect to ensure safety. Additionally, the applicant agrees to use only those areas described in this application for facility use.
3. If equipment, apparatus, decorations, or other unusual items are brought onto the Town property, it must be so stated on this application, and all regulations set forth by the Town must be followed. The Town of Sweden and/or Clarkson are not responsible or liable for damage to, or loss of supplies and/or equipment. (Please note under comments and special conditions on attached sheet.)
4. Storage of non-Town property is limited to the duration of the event and must be removed promptly after your function.
5. Any organization that leases or uses part(s) of any room or barn shall have proof of public liability insurance with coverage in effect for the minimum amount of \$1,000,000. A Certificate of Insurance with the Town of Sweden and the Town of Clarkson listed as additional insured is to be attached to this application.
6. Parking will only be permitted within the designated parking area.
7. Any event involving over twenty five (25) cars must have someone from the event directing parking at the beginning and end of the event. The designated Parking area is located on the grass to the South of the house.

### SWEDEN/CLARKSON RECREATION DEPARTMENT POLICIES:

1. All facility use will be subject to all rules and regulations set forth in the Town of Sweden Code Book.
2. Applications will not be accepted more than twelve (12) months in advance of date requested.
3. Fees will be levied according to the fee schedule. **All fees will be due upon submission of the application without exception.** Cancellations must be made thirty (30) days prior to the scheduled event to receive a refund. There will be a \$30.00 processing fee charged on all refunds and/or returned checks. (Facility fees listed on attached sheet.)
4. No requests will be handled over the phone. Requests must be handled in person at the Sweden/Clarkson Community Center, 4927 Lake Road, Monday through Friday, June 1<sup>st</sup> through August 31<sup>st</sup> - 8:00 a.m. to 8:00 p.m., Day after Labor Day through May 31<sup>st</sup> - 8:00 a.m. to 9:00p.m., or through the mail or drop box. To be considered, all requests must include a completed application accompanied by the facility use fee, payable by check or **exact** amount of cash, as well as the certificate of insurance if necessary at the discretion of the Town.
5. Checks should be made payable to **Town of Sweden.**
6. All persons will be responsible for *cleaning and restoration* of area after event. All damages must be reported. A charge will be assessed for any damages, cleaning, and rearranging that has not been done or reported. Damages must be reported to the Recreation Department by 12 noon of the next business day.
7. Any activities deemed by the Sweden Town Board to be high-risk or outside the normal scope of operation may require proof of insurance in additional amounts which may exceed \$1,000,000 as well as prior approval from the Sweden and/or Clarkson Town Board.
8. Person signing this permit must be at least 21 years of age.
9. Hours of operation are based on the community center seasonal schedule.
10. Are there any animals involved in the event? If so, describe. The Town reserves the right to prohibit animals at its sole discretion.
11. No Smoking in either the House or the Barn.

It is hereby agreed that the below-named organization will be fully responsible for the care of the buildings, grounds and equipment as well as for the supervision of all persons coming onto S.C.C.C. premises in connection with this activity; and said organization further agrees to reimburse the Town of Sweden and/or Clarkson in full for any damages to S.C.C.C. facilities or equipment resulting from use as requested herein. I certify that the below-named organization carries insurance in a sufficient amount to cover such damage to Town buildings or equipment as well as any claims for personal injury in the event of a claim of whatsoever kind or nature against the Town of Sweden and/or the Town of Clarkson as a result of the presence or activities of the below-named organization, its members, employees, invitees, licensees or guests on S.C.C.C. property, and in the event that such a claim is not fully and completely covered by the below-named organization's insurance, the organization by its duly authorized representative whose signature appears below, agrees to indemnify the Town of Sweden and/or the Town of Clarkson against any liabilities, losses, and damages of any nature whatsoever that the Town of Sweden and or the Town of Clarkson shall or may at any time sustain or be put to reason of such claim. It is further said that the fee indicated herein will be paid immediately to the Town of Sweden.

I have read the regulations set forth on this form, and I do hereby certify that I have been duly authorized by the below-named organization which I represent to enter into this agreement and that the activity which the organization is sponsoring fully meets the conditions set forth herein and that we agree to observe all rules and procedures as stated herein.

\_\_\_\_\_  
Name of Representative (Must be  $\geq$  21 years old)

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Address of Above (Street)

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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**OFFICE USE ONLY**

Certificate of Insurance Provided: \_\_\_\_ YES

Date Recorded in Facility Use Book: \_\_\_\_\_

Fee Due: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Maintenance Deposit Due: \_\_\_\_\_ Key Deposit Due: \_\_\_\_\_

Deposits Returned: \_\_\_\_ YES \_\_\_\_ NO Date Returned: \_\_\_\_\_

Reason Deposit Was Not Returned: \_\_\_\_\_

Additional Fee Charged: \_\_\_\_\_

Director's Initials: \_\_\_\_\_

