

**USAGE APPLICATION FOR THE  
ROOSEVELT TOWNSHIP TOWN HALL**

---

**Date of the Event:** \_\_\_\_\_ **Type of Event:** \_\_\_\_\_

**Applicant Information.**

**Name of Applicant:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Approximate Number of Participants/Guests: (Maximum – 65) \_\_\_\_\_

Usage Hours. **Starting Time:** \_\_\_\_\_ **Ending Time:** \_\_\_\_\_

Set-up and Clean-up Times. Applicant may request additional time to set-up for the event or to clean-up after the event.

**Set-up Date & Times:** \_\_\_\_\_ **Clean-up Date & Times:** \_\_\_\_\_

Alcohol. Will any alcohol be brought to or consumed at the event? \_\_\_\_ Yes \_\_\_\_ No

**IMPORTANT:** Alcohol may not be sold or otherwise exchanged for compensation in any way in connection with the use of the Hall. If alcohol will be present, the Town may require the User to hire a licensed law enforcement officer to provide security for the event.

Insurance. The applicant may be required to provide proof of liability insurance before the event in an amount determined by the Town.

Residency. Is the applicant a resident of the Town? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_(X) I have read and agree to the terms and conditions of the "Roosevelt Township Policy and Procedures Use of the Town Hall Facilities" and understand that I am fully responsible for the event.

**HOLD HARMLESS AGREEMENT:** I understand that my use of the Town Hall facilities is voluntary and that I am using it for my benefit only. I agree that my use of the Town Hall facilities is taken at my own risk and that the Township of Roosevelt will not be liable for any claims, injuries, damages of whatever nature incurred by me, my guests, or members of my organization due to the negligence of me, my guests, members of my organization, or the negligence of third parties. On behalf of myself and/or the organization that I represent, I expressly forever release and discharge the Township, its agents or employees, from any such claims, injuries, or damages. I also agree to defend, indemnify and hold harmless the Township from any claims, injuries, or damages of whatever nature arising out of or connected with my use of the Town Hall facilities. I also agree to reimburse the Township if such damage, breakage, or clean-up costs arise out of or due to my use of the Town Hall facilities.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**

Breanna Cielinski -Township Clerk  
24063 County Road 2  
Brainerd, MN 56401

320 630 6355  
rsvlt@brainerd.net

**TOWN USE ONLY**

Application approved? \_\_\_\_Yes \_\_\_\_ No. If "No", the reason(s) for the denial:

The approval is conditioned upon the following modifications, limitations, or additional requirements (if any):

For the Town: \_\_\_\_\_