

# City of Torrington

J. BRETT SIMMONS  
Superintendent



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.....*Explore the possibilities*

## ARMORY RENTAL AGREEMENT

Kindly complete the rental agreement contract and return it to the Torrington Parks & Recreation Department. All paperwork and payment in full must be returned to the office by the 4<sup>th</sup> Friday of the month in order for your date(s) to be held and your request to be reviewed by the Parks and Recreation Commission. Once your request is reviewed by the Parks and Recreation Commission, the staff at the Recreation Department will notify you of the decision. Rental fees and deposits will be refunded in full, should your request be denied. The Parks & Recreation Commission meets on the first Wednesday of the month at 6:00 PM at the Torrington Armory. A representative from your organization must be present at the meeting to answer any questions.

Please check with Fire Marshall Edward Bascetta at 860-489-2534 should you need to arrange for fire watch, and the Torrington Police Department at 860-489-2019 in regard to police coverage. They will provide you with fees and any other information. Please be sure to indicate yes or no on the Facility Request Application as to whether or not you have arranged for these services. Please note facility rental fees listed below.

Capacity without tables, chairs, etc. is approximately 1,500 people. The square footage of the Armory is 11,544. For such events requiring tables and chairs, the approximate capacity is 700 people. The Armory does have a limited amount of tables and chairs available, but recommends that people rent tables and chairs for large events.

### RENTAL FEES & REQUIREMENTS

#### ARMORY RENTAL FEE

All checks must be made out to the City of Torrington. **\$ 250.00 based on 4 hrs**  
**\*Payment must be made in full for all hours requested. \$ 500.00 per day**  
**\*Refunds will not be granted within 60 days of the event date(s). \$ 100.00 additional per day for Kitchen**

#### MAINTENANCE AND SECURITY FEE

**\$ 50.00 per hour**

For the convenience of the lessee and the security of our facility, an attendant will be provided during facility use.

#### TAX EXEMPT STATUS

Valid holders of 501(c) 3 tax status are exempt from the rental charge; however maintenance and security fees apply. Copies of any documents must be enclosed.

#### INSURANCE

Minimum insurance needed is \$1,000,000.00 (One Million Dollars – general liability). **In remarks block of policy, it must read: “City of Torrington, and its employees and agents, as additional insured.” Effective dates of event must be on policy.**

#### KITCHEN FACILITIES

It is necessary to make arrangements in advance for this use, as the kitchen is kept locked. When using the kitchen to prepare food, it is necessary to contact Torrington Area Health to see if any permits are required, depending on what type of food is being prepared and/or sold. The phone number for the Torrington Area Health District is 860-489-0436. When using the kitchen, it is necessary to bring in your own utensils, pots, pans etc., as the Torrington Armory does not provide these items.

#### ALCOHOLIC BEVERAGES

Per City Ordinance alcoholic beverages are prohibited on City property.

#### TRASH & CLEAN-UP

It is expected that the Armory will be returned to its original condition. All trash must be placed in the containers provided. The lessee is responsible for all trash removal.

Note: Entire Torrington Armory Rules & Regulations must be strictly adhered to by profit and non-profit organization lessees. Violations may jeopardize future rentals.

Approved: _____	Denied: _____	Fees: _____	Rental: _____	Date Received: _____
		Attendants: _____		Employee Initials: _____
		NC = Fees Waived		
Commission Signature _____		Date _____		

## ARMORY FACILITY REQUEST APPLICATION

APPLICANT'S NAME (Local Contact): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

REQUESTING ORGANIZATION: \_\_\_\_\_

FUNCTION: \_\_\_\_\_

DATE(S) REQUESTED:	ARRIVAL TIME:	DEPARTURE TIME:
_____	_____	_____
_____	_____	_____
_____	_____	_____

*IF NECESSARY, PLEASE WRITE ADDITIONAL DATES ON A SEPARATE SHEET AND ATTACH.*

TOTAL NUMBER OF HOURS: _____	NUMBER OF PERSONS EXPECTED: _____
WILL FACILITY BE DECORATED? _____	WILL FOOD/OTHER ITEMS BE SOLD? _____
WILL ADMISSION FEES BE CHARGED? _____	WILL YOU NEED THE PA SYSTEM? _____
WILL YOU BE USING THE KITCHEN? _____	WILL YOU BE USING THE OVEN? _____
WILL YOU BE USING THE GYMNASIUM? _____	WILL YOU BE USING THE CONFERENCE ROOM? _____
FIRE DEPARTMENT APPROVAL? _____	POLICE DEPARTMENT APPROVAL? _____

**I have read and understand the policies adopted by the Torrington Parks and Recreation Commission and agree to abide by those policies as stated in the Armory Rental Agreement.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
Insurance Form Received: _____	Copy of 501 (C) 3 Form Received: _____
Payment Received: _____	Check #: _____
_____	Cash: _____
_____	_____
Recreation Department Signature _____	Date _____
Amended 9/2/16	