

Millis Public Library

Meeting Space Use Application

Directions: This application must be completed and signed by the applicant and submitted to the Director of the Millis Public Library in person or by mail. While meeting space reservations may be made in person, via email, or over the telephone. **A reservation is not considered confirmed until there is a completed application, full payment of any applicable fees and approval by the Library Director.**

1. Applicant:

Full Name _____
Address _____
Phone # _____

☐ I am a current Millis Resident over the age of 18 years.

2. Organization (if any):

Full Name _____
Address _____
Phone # _____

This organization qualifies for:

- ☐ **Non-Profit End Users**
Individuals, private groups, government agencies and Town of Millis departments, committees or commissions for non-commercial use (i.e., no admission fee, vendor fee and/or donation is requested or received)
- ☐ **Non-Profit End Users - Revenue Generating Use**
Individuals, private groups, government agencies and Town of Millis departments, committees or commissions whose events or meetings involve admission fees, vendor fees, donations or a commercial use.
- ☐ **For-Profit and/or Commercial End Users**
Private individuals or private groups whose events or meetings involve collecting admission or vendor fees in accordance with this policy

Note: Final determination of organization classification will be made by the Library Director/Board of Trustees.

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4. Meeting Space/Space Use Fees:

See *Meeting Space Use Policy* for more detailed meeting space specifications.

Meeting Space	Max Occupancy	Room Use Fees		
		Type A	Type B	Type C
<input type="checkbox"/> Local History Room	15 people	None	\$20 flat fee 0-4 Hours; \$5/hr or part thereafter	\$40 flat fee 0-4 Hours; \$10/hr or part thereafter
<input type="checkbox"/> Roche Family Community Room	80 people	None	\$40 flat fee 0-4 Hours; \$10/hr or part thereafter	\$100 flat fee 0-4 Hours; \$25/hr or part thereafter
<input type="checkbox"/> Independent Study Room 1	4 people	None	None	None
<input type="checkbox"/> Independent Study Room 2	4 people	None	None	None
<input type="checkbox"/> Courtyard Patio	N/A	None	\$20 flat fee 0-4 Hours; \$5/hr or part thereafter	\$40 flat fee 0-4 Hours; \$10/hr or part thereafter
<input type="checkbox"/> Kitchenette	N/A	None	None	None

5. Date/s & Time/s:

Groups meeting **AFTER HOURS** must pay \$25/hour to a qualified staff person in addition to any room rental fee.

Regular Library		Proposed Date/s & Time/s
Day	Hours	
Monday	12pm-8pm	_____
Tuesday	10am-8pm	_____
Wednesday	10am-8pm	_____
Thursday	10am – 4pm	_____
Friday	10 am-4pm	_____
Saturday	10am – 3pm (Sept – June)	_____

☐ Space use is or will extend outside regular Library hours.

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3. Description of Planned Use:

Specifics of ANY Planned Revenue Generation (e.g., fees, donations, materials to sell, etc.)

6. Furniture Request:

Tables and chairs currently in the space can not be removed without approval.

Meeting Space	In Space or Available	Additional*	
		# Tables	# Chairs
<input type="checkbox"/> Local History Room	Contains: • 1 6ft table & 6 chairs Available: • 9 chairs		
<input type="checkbox"/> Roche Family Community Room	Available: • 12 6ft tables & 80 chairs		
<input type="checkbox"/> Independent Study Rooms	Contain: 1 table & 2 chairs Available: 2 chairs	N/A	
<input type="checkbox"/> Courtyard Patio	Contains: • 6 café tables & 20 chairs	N/A	N/A

* Beyond what room currently contains.

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7. Audio Visual Equipment Request:

Check all that apply. NOTE: The user is responsible for scheduling any training in the use of library equipment in advance of the meeting. **Equipment trained Library staff may not be available to assist in trouble-shooting equipment the day/time of the event.**

Equipment	Local History Room	Roche Family Community Room	Independent Study Room	Courtyard Patio
Wall Mounted TV	N/A		N/A	N/A
Microphone/Speakers			N/A	
Podium				
DVD Player		N/A		N/A
TV on Stand		N/A		N/A
Mobile Projector		N/A	N/A	N/A
CD/Tape Player				

8. Affirmations/Signature:

Both items below must be checked for an application to be considered.

☐

I have read and agree to abide by the *Millis Public Library Meeting Space Use Policy* (including attachments) in its entirety.

☐

I, the applicant, will be considered the “Responsible Party” for the Library facility use described in this application.

Signature _____

Date _____