

**APPLICATION FOR USE OF A SCHOOL BUILDING**  
**BELMONT PUBLIC SCHOOLS**  
 644 PLEASANT STREET, BELMONT, MA 02478

Organization:	Purpose of organization:
Per School Committee Policy, the Belmont Public Schools may only rent or allow usage of school space to organizations, not individuals. Proof of status is required such as MA Secretary of State Articles of Corporation and documentation if a non-profit.	

Contact Person/Name:	Person Responsible for Event:
Address/Contact Person:	<b>Today's Date:</b>
Phone:	Email:

SCHOOL REQUESTED:	SPACE REQUESTED:
<b>(consumed food Is allowed in cafeteria only)</b>	

TECHNOLOGY NEEDS: BPS staff please fill out a ticket. Outside of BPS please email studentsupport@belmontschools.net once you receive your approved permit.

REQUIRED ROOM SET UP: Briefly describe required room set up (attach floor plan if applicable):

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Cafeteria Worker(s) Requested		(Please type yes or no)		Police Detail Requested		(Please type yes or no)	
DAYS OF THE WEEK	DATE(S) <i>(Please list individual dates; if need more space, add lines or attach a page)</i>	REQ. DEC., FEB., APR. RECESS? <b>(BPS is closed on holidays)</b>	EVENT START TIME Specify AM or PM	EVENT END TIME Specify AM or PM	PURPOSE OF EVENT <i>(One event per form)</i>		

Is event open to the public? (Please type yes or no)	Number Expected:
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Is admission charged? (Please type yes or no)	Amount: \$
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What is to be made of the proceeds?

Are you bringing your own food? (Please type yes or no)	Are you ordering from BPS Catering? <b>(for BPS events only)</b> (Please type yes or no)
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*(Food Requests from BPS Catering need to be made at least one week prior to event) Call 617-993-5871 or email Dustin O'Brien at [dobrien@belmontschools.net](mailto:dobrien@belmontschools.net))*

Type of refreshments to be served (no alcoholic beverages allowed on school premises):

Do you intend to use the kitchen or kitchen equipment for prep, cooking or sinks/dish machine for clean up? (Please type yes or no)
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**IF YOU CHOOSE YES, you are required to request a food service worker to be present and paid for a minimum of three hours. If YOU CHOOSE NO, there will be NO ACCESS to the kitchen.**

**Food Requirements:** Your permit may require a food waiver. Please contact the Belmont Health Department at 617-993-2722 for a waiver or if there are any questions about the safe handling of food. If the Health Department requires a waiver, please attach it to this application.

**Insurance Requirements:** User groups are required to provide a certificate of insurance naming The Town of Belmont/Belmont Public Schools as an additionally insured, reflecting minimum insurance limits of General Liability of \$1,000,000 Bodily Injury and Property Damage Liability, Combined Single Limit with a \$3,000,000 Annual Aggregate Limit, and Umbrella Liability of at least \$2,000,000/ occurrence, \$2,000,000/aggregate.

*Please forward the Certificate of Insurance to the rental office at rentals@belmont.k12.ma.us once your permit has been approved and before your event.*

**Permit Requirements:**

- The payment of rental fees is due 10 days prior to event date.
- Charges for custodial and cafeteria services are invoiced and paid after the event.
- A police detail is mandatory for certain performances; i.e., plays/concerts/musicals, etc. and most auditorium events.
- **Non-BPS Events: Please email the rental office at rentals@belmont.k12.ma.us for information regarding restrictions for usage of lights, sound, and stage.**

**Rules and Regulations:** As a condition of this use, I agree, as the authorized representative of this organization, that I shall be responsible personally, as well as in my official capacity, for:

- Reimbursement to the Town for any damage to the building or its contents as a consequence of such use.
- Payment of any necessary custodians, cafeteria workers, technology specialist, police or others listed.
- Compliance with the regulations of the Department of Internal Revenue in cases where admission is charged.
- Observance of the Acts of the Commonwealth and the Rules and Regulations of the School Committee.
- Compliance with any other State and local regulations applicable to this use.
- **Cancellation of Event: A minimum of twenty-four (24) hour advance notice** is required (**by Friday at noon if the event is on a Saturday or Sunday**) Failure to do so will result in a full charge to the applicant. Please notify the school's main office and the rental office, Monday through Thursday before 2:00 p.m. and Fridays before noon.
- If there is inclement weather or a building emergency, the Superintendent along with Facilities personnel may decide to cancel your event.
- The Superintendent and/or Designee shall reserve the right to deny, restrict and/or modify and/all requests for the use of school space based on availability and suitability of school space, based in part, but not limited to, the nature of the activity requested, the extent to which any request would interfere with or disrupt the regular programs and operations of the school and/or affect the health, education, safety and welfare of the students, staff, administration, the public or the facilities. The Superintendent and/or Designee shall reserve the right to act in any manner that is in the best interest of the Belmont Public Schools.
- **Changes to your event:** Please contact the main office at the school you've requested with any changes or questions regarding your booking.

**I have read the above Permit Requirements and Rules and Regulations concerning the Use of School Buildings as adopted by the School Committee, and I agree to abide by them in their entirety. I further agree I will be in attendance at the event I am requesting space for.**

Signature of Person Responsible \_\_\_\_\_ Title \_\_\_\_\_  
(No Student Signature)

Person Responsible Printed Name and Email address \_\_\_\_\_

I have read and approve the above activity taking place in this Building

Director (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Facilities Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Central Office will distribute approved copies to the following appropriate parties:

- 1) Person/Group requesting space; 2) Building Admin. Asst.; 3) Custodian; 4) **When Referenced:** Food Services, Police Detail Officer

<b>THIS STAFFING SECTION IS COMPLETED INTERNALLY BY BPS STAFF</b>	<b>Principal/Director Recommendations (# Required)</b>	<b>Dates Required (where applicable)</b>	<b>Start and End Time (where applicable)</b>	<b>Facilities Rep. Recommendations and/or Amendment</b>
<b>Building Custodian (minimum of 3 hrs.)</b>				
<b>Cafeteria Worker (minimum of 3 hrs.)</b>				
<b>Police Officer (reports ½ hr. before and stays ½ hr. after event)</b>				