

APPLICATION FOR USE OF PEQUITSIDE FARM

APPLICANT'S NAME: _____ HOME PHONE #: _____

ADDRESS: _____ WORK PHONE #: _____

EMAIL: _____

TYPE OF FUNCTION: _____ NO. OF GUESTS: _____

DATE OF FUNCTION: _____ HOURS: FROM _____ TO _____

GUEST OF HONOR'S NAME (IF APPLICABLE) _____

SPACE REQUESTED: (Please check one)

MAIN HOUSE (FIRST FLOOR) /WITHOUT USE OF GROUNDS _____

MAIN HOUSE (FIRST FLOOR) /WITH USE OF GROUNDS _____

LIVING ROOM _____ DINING ROOM _____ SMALL FRONT ROOM _____ TAVERN ROOM _____

USE OF GROUNDS ONLY _____

TOTAL RENTAL FEE: _____ (PLUS SEPARATE CHECK FOR SECURITY DEPOSIT) SECURITY DEPOSIT _____
PLEASE MAKE CHECKS PAYABLE TO "CANTON CONSERVATION COMMISSION"

WILL ALCOHOL BE SERVED AT THIS FUNCTION? YES _____ NO _____ (NO CASH BARS ARE ALLOWED.) A TIP CERTIFIED, INSURED, BARTENDER MUST BE USED AND APPROVAL MUST BE SOUGHT FROM THE PEQUITSIDE FARM SUB-COMMITTEE.

As a condition of use, if granted, we, the undersigned, agree to furnish at our expense, police and other protection which the circumstances of the Town of Canton may require and assumes full responsibility in connection therewith, especially for loss, damage and clean up to the building, contents, grounds, equipment whether by the undersigned, guests, employees or caterers. We agree to leave the building and grounds in a condition comparable to that prior to use.

The undersigned has read and agrees to the rules and regulations set forth by the Canton Conservation Commission and the Canton Board of Selectmen. To the fullest extent permitted by law, the event sponsor/user shall indemnify and hold harmless the Town, Conservation Commission/Pequitside Sub Committee, Board of Selectmen and their agents and employees from and against all demands, claims, damages, losses and expenses, including but not limited to both the event sponsor's/user's insurance coverage, where it is understood the Town shall be named additional insured, to the extent arising out of or resulting from the use of the Pequitside Farm premises by the event sponsor/user, its employees, agents, guests or invitees, provided that any such demand, claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of real or personal property.

APPLICANT'S SIGNATURE

DATE

PLEASE MAIL THE COMPLETED APPLICATION(S) TO:

CANTON CONSERVATION COMMISSION
PEQUITSIDE FARM
79 PLEASANT STREET
CANTON, MA 02021

PLEASE DO NOT WRITE IN THIS SPACE

RENTAL FEE: \$ _____ SECURITY DEPOSIT: \$ _____ DATE RECEIVED: _____ RETURNED: _____

APPROVED BY: _____ DATE: _____
(PEQUITSIDE FARM SUB COMMITTEE)