

LITTLETON COMMUNITY CENTER
120 MAIN STREET
LITTLETON, NH 03561
(603) 444-5711
littletoncommunitycenter@gmail.com

The Littleton Community Center (LCC) was built as a private residence in 1884 by Charles F. Eastman. In 1919 the home was purchased by a group of 119 town citizens who created a corporation to organize the Littleton Community Center. At the March 1920 Town Meeting, citizens voted to dedicate and support the Community Center as a memorial to the local soldiers and sailors who served during World War One.

The Board of Directors is happy to have you use the historic Community Center. The LCC is a private corporation with limited funds. We currently receive a modest annual subsidy from the Town of Littleton. To meet our annual expenses, we also seek private donations and raise additional income from user fees. We appreciate your support to help pay the many expenses involved in operating and maintaining this facility.

We request that all users of the Community Center comply with the following policies:

- No disorderly conduct.
- No pets, except service animals.
- Leave the building in the same condition that you found it.
- Remove your own rubbish/trash and recyclables.
- No smoking and no use of tobacco or illegal drugs on the premises.

The Community Center is currently open for use by appointment. Users will be issued a code to unlock the back door. Since the live-in hostess' retirement on October 31, 2022, the Board of Directors is managing and operating the building. Please call or email the Community Center and a board member will get back to you.

The current fee schedule is listed on the following page.

We are pleased that you have chosen this town treasure for your function. Please treat it with the utmost care and respect.

Thank You,
The Littleton Community Center Board of Directors

**LITTLETON COMMUNITY CENTER
USER FEE SCHEDULE & INSURANCE REQUIREMENTS**

**Non-Profit/Individual Rate
(see Insurance note #1 below)**

**For Profit Rate
(see Insurance note #2 below)**

Use of One Room

One hour	\$ 22.00
Two hours	\$ 44.00
Three hours	\$ 66.00
Four hours	\$ 88.00
Each additional hour	\$ 11.00

One hour	\$ 27.50
Two hours	\$ 55.00
Three hours	\$ 82.50
Four hours	\$110.00
Each additional hour	\$ 16.50

Use of Two Rooms

One hour	\$ 27.50
Two hours	\$ 55.00
Three hours	\$ 82.50
Four hours	\$110.00
Each additional hour	\$ 16.50

One hour	\$ 38.50
Two hours	\$ 77.00
Three hours	\$115.50
Four hours	\$154.00
Each additional hour	\$ 27.50

Use of One Room and Kitchen *

One hour	\$ 33.00
Two hours	\$ 66.00
Three hours	\$ 99.00
Four hours	\$132.00
Each additional hour	\$ 22.00

One hour	\$ 44.00
Two hours	\$ 88.00
Three hours	\$132.00
Four hours	\$176.00
Each additional hour	\$ 33.00

Use of First Floor - Two Rooms and Kitchen *

One hour	\$ 38.50
Two hours	\$ 77.00
Three hours	\$115.50
Four hours	\$154.00
Each additional hour	\$ 33.00

One hour	\$ 49.50
Two hours	\$ 99.00
Three hours	\$148.50
Four hours	\$198.00
Each additional hour	\$ 44.00

<p>* Due to the high cost of propane, there will be a \$25.00 surcharge if the gas stove is used.</p>
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Insurance Note #1: Individuals must supply an insurance certificate with at least \$500,000 personal liability coverage.

Insurance Note #2: Businesses must supply an insurance certificate with at least \$1,000,000 (per claim) / \$2,000,000 (aggregate) coverage

**FACILITY USE APPLICATION
LITTLETON COMMUNITY CENTER
120 MAIN STREET
LITTLETON, NH 03561
(603) 444-5711**

littletoncommunitycenter@gmail.com

Patron or Organization _____ Type of Function _____

Address _____

Telephone Number _____ Email _____

Space Needed _____ Date of Function _____

Start Time _____ Ending Time _____ Contact Person _____

Are you a non-profit organization? YES _____ NO _____

If Yes, Are you a 501(c)3? _____ Other non-profit? (please specify IRS classification) _____

If tax-exempt, please provide EIN _____

I agree to abide by the following conditions:

- All fees must be paid in advance of event.
- All users must provide a certificate of insurance*
- Parties and special events will be charged a refundable security deposit (at the discretion of the scheduler). This will be returned to the user if the property is left clean and in good condition, if there is no damage, and if all trash/recyclables are removed.

Signature of Applicant _____ Date _____

* You will be held responsible for all damages and/or injuries resulting from your function. Therefore, a certificate of insurance must be provided in advance along with your payment (see coverage requirements listed on User Fee Schedule). An example of a certificate of insurance is attached. We have been advised that most groups or individuals can obtain a certificate of insurance from their insurance carrier at no charge. This will be an annual request from each user/group.

Thank you for completing this form. You may mail or email this application to the Community Center (addresses are shown above).

We will reserve this time for you (and turn away other users), so please let us know as soon as possible if you need to cancel.

Your payment and insurance form should be mailed to be received at least two days prior to your event.

Thank you for using the Community Center!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

LITTLETON COMMUNITY CENTER
 120 MAIN STREET
 LITTLETON NH 03561

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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