

# Keene Public Library Event Space Reservation Application

Date: \_\_\_\_\_

## Applicant Information

Applicant Full Name \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *MI* \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_  
If applicable \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Contact Person if different from Applicant \_\_\_\_\_ Contact Phone \_\_\_\_\_

## Event Information

Please circle the Event Space you would like to reserve:

**Heberton Hall**      **Cohen Hall**      **Putnam Atrium**      **Gallup-Minard Courtyard**

Requested Dates \_\_\_\_\_

Time of the Actual Event Begins/Ends \_\_\_\_\_

Number of Hours requested for Setup \_\_\_\_\_ Number of Hours for Take down \_\_\_\_\_

Please estimate the number of attendees \_\_\_\_\_

Will there be sales or fees? If yes, please describe. \_\_\_\_\_

Do you plan to serve alcohol? Please circle **YES** **NO**  
If so, you will need to complete the appropriate forms for licensing and permissions.

How will alcohol be dispensed?

By a licensed Off-Site Caterer

A one-day license will be obtained from the NH Liquor Commission  
(Note this is an option for non-profit 501-c3 organizations only)

Please briefly describe your event: \_\_\_\_\_

**Equipment**

Do you need to use the Kitchen? Please circle **YES NO**

Note there is an additional charge for the use of the kitchen. No food may be prepared or cooked on site. The kitchen has limited refrigeration, warming ovens, sink access and serving prep.

**Circle requested equipment:**

**Projector**

**Pull down screen**

**Microphone (Number needed)** \_\_\_\_\_

**Stage Lights**

(Light board available for additional fee)

**Hearing Assistance System**

**White Board (Portable)**

**Podium**

**Number of Chairs** \_\_\_\_\_

**Number of Tables** \_\_\_\_\_

8 Tables are available measuring 60" by 24" and 6 semi-circular tables measuring 48" in diameter when pushed together. Occasionally, other tables may be available upon request.

**Approval Conditions**

**Use of Library Spaces are governed by the Keene Public Library Use of Space Policy attached to this application, and compliance with all applicable terms and conditions no later than 5 days prior to prior to the event. Please read carefully to ensure you understand the terms and conditions in place prior to signing this application.**

Any change to the submitted application must be requested in writing 5 days prior to the event and is not in effect until approved by the Library Director or designee. If the requested modification is not approved by the Director, the Library reserves the right to require compliance with the application as submitted.

I have read this document, agree to comply with the rules governing the use of the Library Spaces and will pay any applicable fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Organization \_\_\_\_\_

**Return this form to Keene Public Library, Scheduling Coordinator, 60 Winter St., Keene, NH 03431. When approved, you will be notified by phone or email confirming the fee and payment deadlines. You will be asked to sign an indemnity form and provide proof of required insurance.**