

LITTLETON COMMUNITY CENTER

120 MAIN STREET

LITTLETON, NH 03561

(603) 444-5711

The Littleton Community Center (LCC) was built as a private residence in 1884 by Charles F. Eastman. In 1919 the home was purchased by 119 town citizens who founded 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 soldiers and sailors of World War 1.

The Board of Directors appreciates your use of the historic Littleton Community Center. The LCC is a private corporation with limited funds and a subsidy from the Town of Littleton. Neither of these sources is sufficient to meet our annual expenses. We must depend on fees from the users of our facility to best serve the residents of the Littleton area. Your generosity in helping us keep your property and building properly staffed, equipped and maintained is greatly appreciated.

The reverse side of this page outlines the rates for one room or multiple rooms. All fees must be paid in advance.

We request the 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 you found it

Disposal of your own rubbish/trash and recyclables

No use of tobacco or drugs on the premises

The hours of operation are Monday through Friday 8:00 am to 9:00 pm. Saturdays are by appointment. The Community Center is closed on Sundays and specified holidays.

The Hostess or Host will be happy to assist you with any concern(s) you may have. We are pleased 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

## LCC USER FEE SCHEDULE

### Non-Profit/Individual Rate

### For Profit Rate

#### Use of one room

one hour	\$20
two hours	\$40
three hours	\$60
four hours	\$80
each additional hour	\$10

one hour	\$25
two hours	\$50
three hours	\$75
four hours	\$100
each additional hour	\$15

#### Use of two rooms

one hour	\$25
two hours	\$50
three hours	\$75
four hours	\$100
each additional hour	\$15

one hour	\$35
two hours	\$70
three hours	\$105
four hours	\$140
each additional hour	\$25

#### Use of 1 room and kitchen

one hour	\$30
two hours	\$60
three hours	\$90
four hours	\$120
each additional hour	\$20

one hour	\$40
two hours	\$80
three hours	\$120
four hours	\$160
each additional hour	\$30

#### Use of 1st floor - 2 rooms and kitchen

one hour	\$35
two hours	\$70
three hours	\$105
four hours	\$140
each additional hour	\$30

one hour	\$45
two hours	\$90
three hours	\$135
four hours	\$180
each additional hour	\$40

Facility Use Application  
Littleton Community Center  
120 Main Street  
Littleton, NH 03561  
(603) 444-5711

littletoncommunitycenter@gmail.com

You will be held responsible for all damages and/or injuries as a result of your function. THEREFORE, A CERTIFICATE OF INSURANCE IS REQUIRED. The Littleton Community Center is required to collect tax status information of organizations that use space at the Community Center. Please assist us by providing the following information.

The Littleton Community Center's Board of Directors strives to keep the user fees as low as possible by requiring the users be responsible for the disposal of their own rubbish/trash and recyclables, including cardboard, clean paper, plastic and aluminum drink containers, etc. FAILURE TO COMPLY WITH THE DISPOSAL OF YOUR TRASH WILL RESULT IN A SURCHARGE FROM THE COMMUNITY CENTER FOR OUR HAVING TO DISPOSE OF YOUR REFUSE.

Patron or Organization \_\_\_\_\_ Type of Function \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Space Needed \_\_\_\_\_ Date of Function \_\_\_\_\_

Hour(s) \_\_\_\_\_ Contact Person \_\_\_\_\_

Are you a non-profit? YES \_\_\_\_\_ No \_\_\_\_\_

If Yes: Are you a 501C3? \_\_\_\_\_ or Other? (please specify) \_\_\_\_\_

Tax exempt number \_\_\_\_\_

Signature of User Representative \_\_\_\_\_ Fee \$ \_\_\_\_\_

Signature of Hostess or Host \_\_\_\_\_ Date \_\_\_\_\_

Thank You for completing this form and the insurance coverage form. Please either deliver them in person or mail them to the above address.

Please make checks payable to the Littleton Community Center.

# **Littleton Community Center**

120 Main St

Littleton NH 03561

603-444-5711

The Littleton Community Center is pleased that you have requested the use of our facilities. The Board of Directors for the Littleton Community Center is requesting that each group or individual using our facilities place on file with our hostess or host a certificate of insurance before occupying the facilities.

We are enclosing a sample of a certificate of insurance indicating our required limits of liability and how the wording should appear. 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 of the Community Center.

We hope you enjoy our facilities and we are pleased to be able to provide you the use of our premises.



# 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	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
		NAIC #

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

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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