



Non-Profit Application for Use of Library Grounds

Name of the Non-Profit Organization:

Purpose of the Organization: _____

Proof of Insurance, Certificate *(Must be submitted upon approval, prior to Event date.)*

REQUIRED (check box): Additional Insured ☐ Waiver of Subrogation ☐

Person in charge of Event: _____

Address of Person: _____

Tel./Mobile: _____ Email: _____

Brief description of activity to be held: _____

Day(s) and date(s) of Event: _____

Time of Event: _____

Estimated Number of Persons expected to Participate: _____

Will food be available for sale? Yes: _____ No: _____

If yes, East Shore Health District license must be attached to this application.

Signed: _____ Title: _____

By typing your signature here, you are agreeing to all terms of the Lawn Use Policy.

Date: _____

Application must be submitted to the Library Director at least four weeks prior to the event either electronically to: kmcnicol@blackstonelibrary.org or by hard copy sent to the JBML Director, 758 Main Street, Branford, CT 06405

For official use only:

APPROVAL: _____ Date: _____
(Authorizing Signature)