



RENTAL APPLICATION

Danville Town Hall
36 US Route 2 West
P. O. Box 183
Danville, VT 05828
(802) 684-3426 phone (Selectboard office)
(802) 684-9606 fax ♦ email: adeprospero@danvillevermont.org

Renter's Name: _____ Organization: _____

Address: _____
Street/P.O. Box City State Zip Code

Phone: () _____ Cell Phone: () _____

Email Address: _____

- Usage:
- Meeting Room w/Kitchen (Danville Resident) \$50 per day
 - Meeting Room/Kitchen (Non-Resident) \$75 per day
 - Local Non-Profit Organization- no charge (maximum capacity 52 people) Total \$ _____

 - Auditorium (Danville Resident) \$100 per day
 - Auditorium (Non- Resident) \$200 per day
 - Local Non-Profit Organization- no charge (maximum capacity 113 people) Total \$ _____

 - \$20 Heating Fee (applicable October 1 – April 30) Total \$ _____

**A mandatory Security Deposit of \$100.00 is required for all rentals.
(Separate check payable to: Town of Danville) Add \$100.00**

Date of Rental: from _____ to _____ Total Due \$ _____

Time of Rental: from _____ to _____

Number of people attending: _____ (estimated)

Briefly describe your event and how the facility will be used:

The completed Application, Rental Fee, Security Deposit, and Certificate of Insurance
are required to secure the reservation.

Make one check for the Rental Fee; another for the Security Deposit both payable to:
Town of Danville

The Security Deposit check will be returned 48 hours after the event if the facility passes inspection.

I have read the facility rental rules and regulations and agree to abide by its terms:

Signature: _____ Date: _____