



REQUEST FORM FOR THE LEWES COMMUNITY MEETING ROOM  
MARGARET H. ROLLINS COMMUNITY CENTER

SEND REQUESTS TO AKIRK@CI.LEWES.DE.US OR FAX 302-645-6406

**ORGANIZATION** \_\_\_\_\_

**WHAT TYPE OF NON-PROFIT IS THE ORGANIZATION? Please check one.**                      501c                      HOA                      OTHER

**CONTACT PERSON** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **CELL** \_\_\_\_\_

**WHAT PART OF THE FACILITY ARE YOU REQUESTING TO USE?**

MEETING ROOM \_\_\_\_\_

PATIO \_\_\_\_\_

BOTH \_\_\_\_\_

**WHAT IS THE PURPOSE OF USING THE FACILITY(S)?**

BUSINESS MEETING \_\_\_\_\_

COMMUNITY MEETING (OPEN TO THE PUBLIC) \_\_\_\_\_

EVENT (PRIVATE) \_\_\_\_\_

EVENT (OPEN TO THE PUBLIC) \_\_\_\_\_

OTHER \_\_\_\_\_

**TOTAL NUMBER OF ATTENDEES** \_\_\_\_\_ **DATE(S) OF USE** \_\_\_\_\_

**START TIME** \_\_\_\_\_ **END TIME** \_\_\_\_\_

**AUDIO/VISUAL**

CURRENTLY THERE ARE 2 TV MONITORS IN THE ROOM THAT ARE CONNECTED TO A COMPUTER FOR PRESENTATION USE. MICROPHONE AND SPEAKER SYSTEM IS NOT YET INSTALLED.

**CATERING**

WILL THE EVENT/MEETING HAVE FOOD? \_\_\_\_\_

WILL THE EVENT/MEETING HAVE ALCOHOL? IF SO, PLEASE PROVIDE ABCC GATHERING PERMIT. \_\_\_\_\_

WHO IS CATERING/PROVIDING FOOD & BEVERAGES? \_\_\_\_\_

**RENTALS**

WILL THERE BE ANY RENTED TENTS, CHAIRS, OR OTHER BEING USED/BROUGHT TO THE FACILITY? \_\_\_\_\_

WHO IS THE RENTAL COMPANY? \_\_\_\_\_

WHAT IS THE DROP OFF TIME/DAY? \_\_\_\_\_

WHAT IS THE PICK UP TIME/DAY? \_\_\_\_\_

**OUTSIDE AMPLIFICATION**

WILL THERE BE MUSIC OUTSIDE FOR THE EVENT? IF YES PLEASE SUBMIT AN OUTDOOR AMPLIFICATION REQUEST FORM. \_\_\_\_\_

INSURANCE REQUIREMENT- THE REQUESTING ORGANIZATION MUST PROVIDE THE CITY WITH PROOF OF LIABILITY INSURANCE COVERING THE CITY OF LEWES **AS AN ADDITIONAL INSURED IN AN AMOUNT OF \$1,000,000 FOR THE SPECIFIC REQUESTED ROOM DATE(S).**

SECURITY DEPOSIT REQUIREMENT- THE REQUESTING ORGANIZATION MUST SUBMIT A \$250.00 SECURITY DEPOSIT TO THE CITY OF LEWES EITHER BY CHECK OR CASH. THE SECURITY DEPOSIT WILL BE RETURNED AFTER THE EVENT AS LONG AS THE FACILITY HAS BEEN LEFT IN A CLEAN AND ORDERLY MANNER AND ALL POLICY REQUIREMENTS HAVE BEEN MET.

ABCC GATHERING LICENSE REQUIREMENT- ONLY BEER AND WINE ARE PERMITTED WITHIN THE CITY MEETING ROOM AND/OR ON THE PATIO. ALCOHOL IS NOT PERMITTED ON THE PARK GROUNDS. THE REQUESTING ORGANIZATION MUST SUBMIT PROOF OF A GATHERING LICENSE TO THE CITY OF LEWES IF ALCOHOL IS GOING TO BE SERVED.

NON PROFIT STATUS REQUIREMENT- REQUESTING ORGANIZATION MUST SUBMIT PROOF OF 501C STATUS OR HOA STATUS BASED WITHIN THE CITY LIMITS OF LEWES.

MEETINGS AND EVENTS OUTSIDE ESTABLISHED HOURS ARE SUBJECT TO APPROVAL & CONDITIONS SET FORTH BY THE CITY MANAGER AND LEWES HISTORICAL SOCIETY.

ESTABLISHED HOURS:  
MONDAY THROUGH FRIDAY 10:00 A.M. TO 8:00 P.M.  
SATURDAY AND SUNDAY 10:00 A.M. TO 4:00 P.M.

MEETING ROOM OCCUPANCY LIMIT 100 PEOPLE

**ROOM CANCELLATIONS MUST BE GIVEN AT LEAST 24 HOURS PRIOR TO MEETING AND MUST BE EMAILED TO AKIRK@CI.LEWES.DE.US AND CAROLANN@HISTORICLEWES.ORG**

BY SIGNING THIS REQUEST YOU AND YOUR ORGANIZATION UNDERSTAND AND AGREE TO THE POLICY AND TERMS OF USE FOR THE MARGARET H. ROLLINS COMMUNITY CENTER CITY MEETING ROOM AND PATIO.

---

PRINT NAME

---

DATE

---

SIGNATURE