



Oakland Township

565 Chicora Road ~ Butler, PA 16001 ~ Phone: 724-287-8067 ~ Fax: 724-287-3979

CRITERIA/RULES FOR USE OF MUNICIPAL BUILDING AND/OR GROUNDS

1. The applicant must be an adult resident of Oakland Township without outstanding taxes or payments to the township.
2. All requests should be via an Oakland Township application and submitted in advance of a Board of Supervisors Meeting for approval.
3. There must be no additional operating expense involved to the Township by such use, other than normal maintenance costs such as heat and light.
4. Activities must not interfere with the operations or conduct of official Township duties or the activities of Township officials.
5. No activities that are illegal or questionable in nature shall be permitted.
6. The purpose for which the applicant requests use of the Municipal Building and/or Grounds shall not be for any of the following reasons:
 - a. Dancing
 - b. Card playing
 - c. Gambling in any form
 - d. Religious services, except in case of extreme emergency as determined by the Township Board of Supervisors
 - e. Fundraising activities, and/or
 - f. If the activity increases the danger of fire or explosion
7. Smoking and the consumption of alcoholic beverages is strictly prohibited.
8. Political parties requesting use for the purpose of caucus, general or special meetings must comply with all items listed herein. No discrimination among duly registered political parties shall be shown.
9. The applicant agrees to be present at the event during the entire time the Municipal Building is being used.
10. Room capacity is 108; seating capacity is limited to 55. The wooden meeting table cannot be moved.
11. No tables, chairs or other township owned equipment may be removed from the building.
12. Applicant responsible for returning the room back to the setup it found it in and cleaning up from event.
13. All trash, including bathroom trash, must be deposited in the large trash can located near the door.
14. Applicant will be held responsible for costs of emergency personnel response to false fire alarms.
15. NO permanent attachments will be made to any walls, floors, ceiling or other township.
16. All applicants granted use of the property shall assume responsibility for any damages resulting from their occupancy. They must also see that the property is restored to the same condition as it was previously, i.e., chairs placed in order, windows closed, floor clean, etc.
17. All damages must be reported to the township personnel immediately.
18. The applicant is responsible for picking up the key in a timely manner during business hours.
19. A \$20 deposit will be required for Key Check Out and will be returned once key is returned.
20. The applicant acknowledges that he/she is aware that the township room and surrounding area (with the exception of the restrooms) are monitored by closed circuit recording devices.
21. Acceptance of these enumerated items by the requesting applicant shall be necessary prior to the granting of permission by the Township Board of Supervisors. Refusal to accept any of these items or failure to meet any of the criteria shall be deemed sufficient reason for denying use of the Municipal Building and/or Grounds.
22. Any special situations arising not covered by these enumerated items shall be arranged between the applicant and the Township Board of Supervisors. Failure to agree shall be deemed sufficient reason for denying use of the Municipal Building and/or Grounds.
23. If this is a reoccurring event, the application will need resubmitted and renewed yearly.



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APPLICATION FOR THE USE OF THE MUNICIPAL BUILDING AND/OR GROUNDS

Resident/Applicant:		Group/Organization (if applicable):	
Phone Number:		eMail address:	
Address:	City:	State:	Zip:
Date of Event:	Recurring:	How Often:	Type/Purpose of Event:
Start Time:	End Time:		
Estimated Attendance:	Food/Beverage:	Type:	
	Yes / No		

PLEASE BE SURE TO ACCOUNT FOR ANY REQUIRED SETUP AND/OR CLEANUP TIME IN YOUR REQUESTED RENTAL TIME.

INDEMNIFICATION AGREEMENT

The applicant agrees to defend, indemnify and hold harmless Oakland Township, Butler County, its employees and agents from and against any and all liability, loss costs, damage and expense, including costs and attorney fees in defense thereof because of actions, claims, or lawsuits for damages resulting from personal bodily injury, including death at any time resulting therefrom, sustained or alleged to have been sustained by any person or persons on account of damage to property, arising or alleged to have arisen directly or indirectly out of or in consequence of the permitted use.

_____ Applicant _____ Date

AFFIDAVIT OF APPLICATION

I, _____, do hereby certify that the information contained in this application and any accompanying documents are true and correct to the best of my knowledge and belief. I also certify that I understand the policies governing the Oakland Township, Butler County Facility and that this application is made subject to the policies and rules established by the Oakland Township Board of Supervisors.

_____ Applicant _____ Date

Key Pick Up: _____ / _____ Applicant (INT) Date
 Key Returned: _____ / _____ Applicant (INT) Date

TOWNSHIP USE			
Date Received:	Received by:	Date Presented to BOS:	Approved / Denied
Date Key Pick Up:	Date Key Deposit:	Amount of Deposit	Cash / Check
Date Key Returned:	Date Key Deposit Returned:	Room Checked:	



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KEY RENTAL FOR USE OF MUNICIPAL BUILDING AND GROUNDS

Applicant: _____ Date(2) of Use: _____

Acknowledgement

By signing this form I, _____ (applicant) agree to the following:

- I acknowledge that I have received one key for the Oakland Township room located at 565 Chicora Road, Butler.
- I am responsible for the key issued to me.
- I will not duplicate and/or lend this key to anyone.
- I will use it only in the manner and dates intended and approved by the Board of Supervisors.
- I will be responsible for any loss as well as any fees associated to recover.
- I will make sure the building is locked and secure before leaving the premises.
- I will return the keys within 5 days of the agreed usage date to the Township Office during regular business hours.
- I have placed a \$20 deposit on the key received that will be refunded once I return the key and no damage or loss has been assessed.

Name (Printed Clearly): _____ # of Keys: _____

Signature: _____ Date: _____

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I, _____, have returned the key included in this agreement and have been refunded the \$20 key deposit.

Signature: _____ Date: _____