LIVINGSTON PUBLIC LIBRARY ROOM USE/RENTAL
APPLICATION
PROGRAM ROOM AND OTHER FACILITIES

Name of Renter/Organization: ________________________________________

Address:________________________________________________________________

Phone: ________________________ Email:_________________________________

Intended Use of Room.

(Please include 2-3 sentences describing the program):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there an admission charge? _______________________________________

Name of Responsible Individual: _____________________________________

Title: __________________________________________________________________

Address:______________________________________________________________

Phone: ________________________________________________________________

Email: _________________________________________________________________

Library Card number:________________________________________________

Dates Requested (please include a maximum of three (3) event dates):
1. ________________ 2. ________________ 3. ______________

Start Time of Event ________________ End Time of Event ________________
Equipment Requested (please circle):

Kitchen      AV      Piano      Other______________________________

Categories: (Select one)

- Category 1: Committees, Boards and divisions of Livingston Public Library, The Township of Livingston, Township committees, Livingston Board of Education and Township partnered non-profit organizations. - No fee.
- Category 2: Meetings, functions or activities (collectively, “events”) of permissible activities occurring during the Library’s hours of operations sponsored by a person or an organization, engaged in educational, cultural, intellectual, or charitable activities - Rental Fee, Custodial Fee, AV Operator Fee, and other fees as applicable.
- Category 3: After HoursRentals for private events of permissible activities - Rental Fee, Custodial Fee, AV Operator Fee, and other fees as applicable.

Liability Insurance Company: (Categories 2 and 3 only):

(Must attach proof of insurance of at least $1 Million, which shows Livingston Public Library, Library Board of Trustees and Township of Livingston each as additional insureds for purpose of event)

Number expected to attend? Adults_________ Children __________
(Program Room capacity = 250)

Will refreshments be served?    yes    no

Will you have a security guard on site?

Will event include dancing?    yes    no
(Renter must provide dance floor)

PROGRAM ROOM AND FACILITIES RENTAL FEE SCHEDULES

FEE SCHEDULE - Category 2

Program Room per $150 per hour (capacity 250 people) (minimum 1 hour)
AV Operator Fee: $30 per hour (minimum 1 hour)
Custodial Fee: $70 per hour per Custodian (minimum 1 hour)
Use of Piano: $100 per event. If tuning required, additional $200 per event
Use of Kitchen Facilities: $75 per event

FEE SCHEDULE - Category 3

Rental Fee: $750 per event
An additional security deposit of $250 is required. This is a refundable deposit to cover the cost of any potential damage to the Library.
Custodial Fee: $100 per hour per Custodian (minimum 1 hour)
AV Operator: $50 per hour (minimum 1 hour)
Use of Piano: $100 per event. If tuning required, an additional $200
Use of Kitchen Facilities: $100 per event (minimum 1 hour)

Approved by the Board of Trustees: March 8, 2011 Revised: 4/12/16 Revised 10/10/17 Revised 6/14/2022
ADMINISTRATIVE USE ONLY

Rental Approved

Date and Time of Use: __________________________________________________________

Category of Rental: ___________________________________________________________

Fee: ___________________ Date of required payment: _____________________________

Residency and Library Card verification: _________________________________________

Reserved on internal calendar: _________________

Verification initial: __________

Setup request: ______________________
Set up request verification: _______________

Director’s signature: _________________________________________________________

Notes:
___________________________________________________________________________
_____________________________________________________________________________