

TOWN OF LISBON, NEW HAMPSHIRE

Incorporated 1763

OFFICE OF SELECTMEN

46 School Street

Lisbon, New Hampshire 03585

Tel: 603-838-6376

Fax: 603-838-6790

REQUEST FOR USE OF LISBON RAILROAD STATION

To All Lisbon Railroad Station Users,

RULES AND REGULATIONS

- A. There will be NO Smoking at any time within the building
- B. No tape, thumb tacks, push pins or decorations of any kind are to be attached to the walls or woodwork..
- C. Tracking sand, gavel or salt on the hardwood floor is a major problem. Please be sure to dry mop the floor after using the facility. There are mops and buckets in the kitchenette closet
- D. Keep the kitchenette area clean. Using cups and dishes and leaving them for someone else to clean up is not acceptable. Sweep or mop the kitchen floor after use.
- E. Our trash policy is carry in and carry out. Take your trash with you.
- F. Any cost incurred for additional clean-up will be billed to the applicant.
- G. A certificate of insurance must be submitted with the request form.
- H. Railroad Station user fee is \$50.00 per function (Fee waived for local non-profit organizations).
- I. All required insurance binders and rental fees must be submitted along with the reservation request form.
- J. No equipment, such as tables and chairs, shall be taken from the Railroad Station.
- K. When there are alcoholic beverages on the premises, it may be necessary for a police officer to be on duty, at the expense of the party using the Railroad Station. The cost is \$50.00 per hour, with a four-hour minimum. Any time over four hours will be billed on an hourly basis.
Prior approval is required by the Chief of Police.
- L. Turn off all lights and turn the heat down to 60 degrees.
- M. Activate the security alarm when leaving.
- N. Return key and alarm system instructions to the Selectman's office.

If you should have any questions, please feel free to call at the above phone number.

REQUEST FOR USE OF LISBON RAILROAD STATION

NAME AND ADDRESS OF ORGANIZATION OR PERSON MAKING REQUEST:

CONTACT PERSON (INCLUDING TELEPHONE NUMBER):

REQUESTED DATE(S): _____ TIMES: _____

DESCRIPTION OF FUNCTION:

EXPECTED NUMBER OF PEOPLE _____

WILL THERE BE ALCOHOLIC BEVERAGES? _____ YES _____ NO

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You will be contacted within one week of submitted application.

APPROVED / DENIED

FEES: _____

CONDITIONS/COMMENTS:

APPROVAL SIGNATURE
