lcavaliero@ci.stamford.ct.us
203-977-5089
Fax 203-977-5845

OTHRA
OLD TOWN HALL REDEVELOPMENT AGENCY (OTHRA)
888 Washington Boulevard
Stamford, CT 06901

SPECIAL EVENT APPLICATION

Date of Application: _____ Date of Event: _____

Event Start Time: _____ Event End Time: _____

Number of Participants: Adults: _____ Children: _____

Applicant Name: _____
Individual, Firm or Organization

Is this firm/organization a charitable, (501 C3) organization _____ Yes _____ No

Address: _____

Contact Person: _____

Telephone: _____ E-Mail: _____

Complete description of Event:

Caterer _____

Entertainment provider _____

Program anticipated _____

Additional Costs to the Applicant include:
$50 per hour with minimum of (4) hours for both Security and Custodial services. Applicant will pay by separate check to the City of Stamford.

Please sign after you have read through:
Fire Marshall's list of requirements &Health department list of requirements **(see attached)**

Signature of Applicant: _____
(Individual applicant or Responsible officer of organization/company.)

Print name and title: _____

Please Note: Signature represents that the group will adhere to all Federal, State and Local Laws, Rules and Policies and that failure to comply will result in revoking this Application for use of the OTH.

Approved by: _____ **Date:** _____
OTHRA