

# City of Torrington

Torrington Parks and Recreation  
Department



153 South Main Street  
Torrington, CT 06790

Tel: (860) 489-2274  
Fax: (860) 489-2588

.....*Explore the possibilities*

## ARMORY RENTAL AGREEMENT

Kindly complete the rental agreement contract and return it to the Torrington Parks & Recreation Department. All paperwork and payment in full must be returned to the office by the 4<sup>th</sup> Friday of the month in order for your date(s) to be held and your request to be reviewed by the Parks and Recreation Commission. Once your request is reviewed by the Parks and Recreation Commission, the staff at the Recreation Department will notify you of the decision. Rental fees and deposits will be refunded in full, should your request be denied. The Parks & Recreation Commission meets on the first Wednesday of the month at 5:00 PM at the Torrington Armory. A representative from your organization must be present at the meeting to answer any questions.

Please check with Fire Marshall Edward Bascetta at 860-489-2257 should you need to arrange for fire watch, and the Torrington Police Department at 860-489-2019 in regard to police coverage. They will provide you with fees and any other information. Please be sure to indicate yes or no on the Facility Request Application as to whether or not you have arranged for these services. Please note facility rental fees listed below.

Capacity without tables, chairs, etc. is approximately 1,500 people. The square footage of the Armory is 11,544. For such events requiring tables and chairs, the approximate capacity is 700 people. The Armory does have a limited number of tables and chairs available, but recommends that people rent tables and chairs for large events.

### RENTAL FEES & REQUIREMENTS

#### ARMORY RENTAL FEE

All checks must be made out to the City of Torrington. **\$ 250.00 based on 4 hrs**  
**\*Payment must be made in full for all hours requested. \$ 500.00 per day**  
**\*Refunds will not be granted within 60 days of the event date(s). \$ 100.00 additional per day for Kitchen**

#### MAINTENANCE AND SECURITY FEE

**\$ 50.00 per hour**

For the convenience of the lessee and the security of our facility, an attendant will be provided during facility use.

#### TAX EXEMPT STATUS

Valid holders of 501(c) 3 tax status are exempt from the rental charge; however, maintenance and security fees apply. Copies of any documents must be enclosed.

#### INSURANCE

Minimum insurance needed is \$1,000,000.00 (One Million Dollars – general liability). **In remarks block of policy, it must read: “City of Torrington, and its employees and agents, as additional insured.” Effective dates of event must be on policy.**

#### KITCHEN FACILITIES

It is necessary to make arrangements in advance for this use, as the kitchen is kept locked. When using the kitchen to prepare food, it is necessary to contact Torrington Area Health to see if any permits are required, depending on what type of food is being prepared and/or sold. The phone number for the Torrington Area Health District is 860-489-0436. When using the kitchen, it is necessary to bring in your own utensils, pots, pans etc., as the Torrington Armory does not provide these items.

#### ALCOHOLIC BEVERAGES

Per City Ordinance alcoholic beverages are prohibited on City property.

#### TRASH & CLEAN-UP

It is expected that the Armory will be returned to its original condition. All trash must be placed in the containers provided. The lessee is responsible for all trash removal.

**Note: Entire Torrington Armory Rules & Regulations must be strictly adhered to by profit and non-profit organization lessees. Violations may jeopardize future rentals.**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date of Commission Meeting: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Fees: \_\_\_\_\_

# ARMORY

## FACILITY REQUEST APPLICATION

APPLICANT'S NAME (Local Contact): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

REQUESTING ORGANIZATION: \_\_\_\_\_

FUNCTION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_


*IF NECESSARY, PLEASE WRITE ADDITIONAL DATES ON A SEPARATE SHEET AND ATTACH.*

TOTAL NUMBER OF HOURS: \_\_\_\_\_ NUMBER OF PERSONS EXPECTED: \_\_\_\_\_

WILL FACILITY BE DECORATED? \_\_\_\_\_ WILL FOOD/OTHER ITEMS BE SOLD? \_\_\_\_\_

WILL ADMISSION FEES BE CHARGED? \_\_\_\_\_ WILL YOU NEED THE PA SYSTEM? \_\_\_\_\_

WILL YOU BE USING THE KITCHEN? \_\_\_\_\_ WILL YOU BE USING THE OVEN? \_\_\_\_\_

WILL YOU BE USING THE GYMNASIUM? \_\_\_\_\_ WILL YOU BE USING THE CONFERENCE ROOM? \_\_\_\_\_

FIRE DEPARTMENT APPROVAL? \_\_\_\_\_ POLICE DEPARTMENT APPROVAL? \_\_\_\_\_

I have read and understand the policies adopted by the Torrington Parks and Recreation Commission and agree to abide by those policies as stated in the Armory Rental Agreement. By signing this agreement, you agree to comply with all CT DECD Sector Rules for return to play entitled "Sports, Sports Clubs & Complexes, Gyms, Fitness Centers, & Pools" (if applicable).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Insurance Form Received: \_\_\_\_\_ Copy of 501 (C) 3 Form Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Recreation Department Signature

\_\_\_\_\_  
Date

Amended 3/31/2023