

HUNTINGTON OPPORTUNITY RESOURCE CENTER

1264 New York Avenue
Huntington Station, NY 11746

Application for Facility Use

(Preference will be given to Huntington residents)

Business Name: _____

Business Owner(s) [Use additional page if required] Please check off the primary contact:

Name: _____ Phone _____ Ownership% _____

Address: _____

Name: _____ Phone _____ Ownership% _____

Address: _____

Business Structure (Please circle one) Individual/Corporation/Partnership/LLC/Non-Profit/Sub-S Corp.

Taxpayer ID No. _____ Date Formed: _____

Current Business Address: _____

Email Address: _____ Website: _____

Is your business registered with State of New York? (Please circle one) Yes / No

Are you an M/WBE? (Please circle one): Yes / No

Present Number of Employees: ____ Part time ____ Full Time ____

Type of Business (Please Check One and Indicate Primary Product or Service):

High Tech Service Retail Manufacturing Professional Other (describe)

How will your use of the Huntington Opportunity Resource Center Facilities meet the objective and purpose of the Resource Center to promote job preparedness, job readiness, and the development of life skills in the surrounding community and throughout the Town of Huntington, NY?

Conference Room Usage: Up to 4 Hours: \$150.00/live meeting (seating available for 20 participants)

Training Room Usage: Up to 4 Hours: \$200.00/live meeting (seating available for 50 participants)

Desired Date and Time of Facility Use _____

Please provide name, company and phone number of two business/trade references:

Name: _____ Company _____ Phone _____

Name: _____ Company _____ Phone _____

How did you hear about the Huntington Opportunity Resource Center?

Upon approval, Renter agrees to provide, at his/her expense to the Community Development Agency prior to the use, occupancy, or possession of the conference and/or training room, public liability and property damage insurance from a company approved by the Huntington Community Development Agency, providing for limitations of not less than \$1,000,000.00 for injury or death to any one person, and not less than \$3,000,000.00 for injury or death occurring to more than one person as a result of one accident, and not less than \$500,000.00 for property damage, naming the Huntington Community Development Agency and the Town of Huntington as additional insured. Renter further agrees to indemnify and hold the Huntington Community Development Agency and the Town of Huntington harmless from all claims for personal injuries, death and property damage which occur as the result of the Renter's use of the premises and the operation of Renter's business in and about the demised premises.

My signature below certifies that all the information contained in this application is true and complete. I authorize the Huntington Opportunity Resource Center to verify the information contained in this application by various sources. The Huntington Opportunity Resource Center may exchange with or furnish information to others regarding its experience with me and I agree to release the Huntington Opportunity Resource Center from all liability that may result. I understand that this application, when submitted, becomes the property of the Huntington Opportunity Resource Center and that this application and any attachments to it will be retained by the Huntington Opportunity Resource Center, whether or not my application is approved. I understand that because the Huntington Opportunity Resource Center is a municipal enterprise, Huntington resident applications will have priority.

Applicant Signature and Title

Date

Please mail or hand deliver your completed application with attachments to:

Huntington Community Development Agency
100 Main Street, Room 309
Huntington, NY 11743

For more information or questions call: (631) 351-2881