



**CITY OF HARTFORD**  
 DEPARTMENT OF DEVELOPMENT SERVICES  
 250 Constitution Plaza, 4<sup>th</sup> floor  
 Hartford, Connecticut 06103

## Atrium Rental Application

Applicant Information		
Name:		
Phone:	Email:	
Current address:		
City:	State:	ZIP Code:
(Please Circle Use)	Pictures/Photoshoot	Atrium Rental
Date requested:	Start Time:	End Time:
Describe Event:		
Event Information		
What type of decoration or special set up are you requesting in the space for this event?		
Atrium Guidelines		
Rental fee include the hours of event plus one hour set up and one hour breakdown.		
If alcohol is being served a temporary liquor permit <b>MUST</b> be obtained by the State Of Connecticut Liquor Control Commission (860) 713-6200		
Caterers should be licensed and insured.		
A custodian will be present to empty trash and freshen restrooms		
Security will be provided		
You are responsible for removing any items brought into the Atrium immediately after your event		
The Atrium does not have any furniture/equipment available for use		
Decorations must be in compliance with CT State Fire Codes. <b>Candles are not permitted. The use of nails and screws are not permitted</b>		
Any artwork/murals displayed in the Atrium cannot be removed or tampered		
<b>Proof of insurance liability coverage must be provided.</b>		
All fees must be paid <b>30</b> days after application has been submitted.		
Fees		
<b>Atrium Photos (limited to 1 hour)</b>		<b>\$50</b>
Atrium rental (0-4 hours)		\$500
Atrium rental (5 hours)		\$600
Atrium rental (6 hours)		\$700
Atrium rental \$100 per each additional hour		
<b>Mandatory Custodial Fee (Atrium Rental)</b>		<b>\$200</b>
PLEASE MAKE THE CHECK OR MONEY ORDER PAYABLE TO THE CITY OF HARTFORD.		
The City of Hartford has the right to approve, deny or revoke any or all applications and or permits at any time.		
<b>Contact:</b> City of Hartford Department of Developmental Services Marian Andoh 250 Constitution Plaza Hartford, CT 06103 860-757-9526 marian.andoh@hartford.gov		
Signature of applicant:	Date:	
Signature of co-applicant:	Date:	



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**HOLD HARMLESS AGREEMENT**

To the fullest extent permitted by law, the \_\_\_\_\_ agrees to defend (including but not limited to attorney's fees), pay on behalf of, indemnify, and hold harmless the City of Hartford, its elected and appointed officials, employees, agents servants, officers and volunteers and others working on behalf of said City from and against any and all claims, demands, liens, judgments, verdicts, proceeding, damages, suits and/or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City its elected and appointed officials, employees, agents, servants, officers, volunteers or others working on behalf of the City by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this event: \_\_\_\_\_.

\_\_\_\_\_  
Applicant  
or  
Authorized Representative

\_\_\_\_\_  
Date

The City of Hartford does not discriminate on the basis of disability in the provision of any of its programs, activities or services.