Historic Saranac Lake
Building Use

The Saranac Laboratory building is owned by Historic Saranac Lake, and use by others is at our sole discretion. The John Black Room and serving kitchenette facility at the Saranac Laboratory are available for use by non-profit and for-profit groups, and for rental by individuals for private gatherings. The room is typically not available to rent during our regular museum hours, Tuesday-Friday, 10:00-4:00, and also on Saturdays, 10-4 in the summer. Room rental may be subject to review and approval by the board of directors.

Building Use Policy:

1. Groups, individuals, and friends and members of Historic Saranac Lake seeking to use the John Black room and facilities at the Saranac Lab must fill out a Meeting Room Use Form and pay the required fee in advance.

2. The space may be arranged to meet the needs of the gathering, but it must be returned to the original set-up. The John Black Room and kitchenette should be left as it was found. Chairs and tables are to be folded and cleared to where they were found.

3. **Insurance and Liability**
   - General Liability Insurance and Liquor Liability if serving alcohol is required. Proof of insurance must be on file with Historic Saranac Lake in order to use the space.
   - Historic Saranac Lake must be listed as Additional Insured on your liability policy. A copy of the certificate of insurance showing Historic Saranac Lake as an Additional Insured must be on file in order to use the space.
   - Historic Saranac Lake is not responsible for accidents, injury, or loss while using the meeting rooms. By signing this form, organizations and individuals holding meetings assume responsibility for damage to room or contents.
   - If alcohol will be served, you are responsible for attaining the necessary liquor license.

4. Health Department regulations state that organizations may use the kitchen to prepare food only for their own members, not for the public.

5. The Executive Director has the discretion to negotiate reduced rates for groups who will be using the room on a regular basis.

6. Failure to comply with all meeting room policies will result in loss of meeting room privileges.

7. If a HSL Board of staff member will not be available to open and close the building, a key will be issued for use of the meeting room during hours when HSL is not open. The key must be returned to HSL within a week of the event either by dropping it off during office hours or returning it by mail.

Building Use Fees:

<table>
<thead>
<tr>
<th></th>
<th>under 3 hours</th>
<th>3 hours – full day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-profit group meeting</td>
<td>$70.00</td>
<td>$80.00</td>
</tr>
<tr>
<td>Any other group meeting</td>
<td>$80.00</td>
<td>$90.00</td>
</tr>
</tbody>
</table>

Fee to borrow powerpoint projector: **$40.00**

Space to be left as found, or clean-up fee charged: **$20.00**

Failure to return key: **$20.00**

*Policy updated 3/9/16*
Please fill in the form completely.

<table>
<thead>
<tr>
<th>Group name:</th>
<th>Profit</th>
<th>Non Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact person:</td>
<td>Phone (H)</td>
<td>Phone (W)</td>
</tr>
<tr>
<td>Second contact person and/or local contact:</td>
<td>Phone (H)</td>
<td>Phone (W)</td>
</tr>
</tbody>
</table>

Address of organization:

Purpose of meeting:

Date of meeting

Reserved time, including set up and clean up:

Will alcohol be served? _________ If so, you are responsible for attaining the necessary liquor license.

I have read and fully understand the rules on the use of the John Black Room and adjoining kitchenette. I have supplied proof of General Liability Insurance and Liquor Liability (if serving alcohol) as well as a certificate of insurance showing Historic Saranac Lake as an Additional Insured

Signature of responsible party; ________________ Date: ________________

---

Area to be filled out by Historic Saranac Lake staff:

Proof of General Liability insurance supplied?  □ Yes
Proof of Liquor Liability insurance supplied?  □ Yes  □ N/A
Certificate showing HSL as Additional Insured?  □ Yes

Signature of Staff: ___________________________ Date: ________________