

**BARNSTABLE RECREATION DIVISION**  
**141 Bassett Lane**  
**Hyannis, MA 02601**  
**Phone: 508-790-6345 / Fax: 508-790-6279**  
**Permit Application For Building Use**

- INSTRUCTIONS:**
1. Complete each section of the application. (Attach necessary documents.)
  2. We strongly suggest providing alternate dates / times / sites.
  3. Return application to the Recreation Office - 141 Bassett Lane, Hyannis or fax 508-790-6279
  4. Please do NOT attach or enclose deposits unless expressly instructed to do so.
  5. Those who claim non-profit status must submit tax exemption certification **(501 (c )(3))** from the state or be charged as per the Fee Schedule (see reverse).
  6. Facility use may not exceed 3 hours. Director may approve special permit requests.

*Permits are awarded on a first-come, first-served basis at the director's discretion. Application does not guarantee permission.*

**Recreation Buildings Available for Rent**

Centerville Recreation Building	524 Main Street - Centerville	Lower or Main Floor
Osterville Community Building	First Avenue - Osterville	Gym and Kitchen
West Barnstable Community Building	2377 Meetinghouse Way, Rt. 149 - West Barnstable	Specify Large or Small Room

First Choice: _____ Facility: _____ <i>(Please indicate floor/ room)</i> Day/s: _____ Start Date: _____ End Date: _____ Start Time: _____ End Time: _____	Alternate Choice: _____ Facility: _____ <i>(Please indicate floor/ room)</i> Day/s: _____ Start Date: _____ End Date: _____ Start Time: _____ End Time: _____
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**PURPOSE:** \_\_\_\_\_  
 \_\_\_\_\_

Is your group officially organized as Non-Profit? No \_\_\_\_\_ \*Yes \_\_\_\_\_  
 \*If yes, required documentation must be attached.

Head Count: \_\_\_\_\_ Admission to be charged: \_\_\_\_\_ Accepting Donations?: \_\_\_\_\_

Does your group carry liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount of coverage: \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

**DAYTIME PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**\*\*\*Credit Card (Visa / M/C) #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **SC#:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Notes: \_\_\_\_\_ Fee: \_\_\_\_\_

**\*\*\*This information is required for key deposit or request will not be granted.** Revised: 6/2015