



1324 Jefferson Avenue, Buffalo, NY 14208 716-883-4418

**DR. EVA M. DOYLE AUDITORIUM AT THE FRANK E. MERRIWEATHER, JR. BRANCH LIBRARY**  
**APPLICATION/FEE STRUCTURE FOR FACILITY USE**

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The Dr. Eva M. Doyle Auditorium at the Frank E. Merriweather Jr., Branch is ADA compliant.

**Capacity is 150.**

Library patrons must follow all security, health and safety policies required by the Buffalo & Erie County Public Library.

The room is configured like a lecture hall. Standard Library equipment in the Auditorium includes a lectern with microphone, screen/projector, laptop and DVD player. There is limited space for up to two tables and several chairs in the front of the room. Curtain on stage area may be open or closed.

**Refreshments are not permitted in the Dr. Eva M. Doyle Auditorium.**

**ALL programs/events must be open to the public and be held during the Library's regular, open business hours.**

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Use of the Auditorium is free, **unless:**

- Presenter is charging a fee to attendees (*see fee structure below*)

**FEES**

**If an admission is being charged:**

- Use of the Auditorium is \$100 per day

For events requiring library security, the building guard will arrive 30 minutes before the start of the program and will remain until the last person has vacated the premises. Use during regular open hours would normally not require building guard services unless event size, anticipated attendance, complexity or safety issues warrant such services as determined by the Library.

Additional fees may apply based on event needs and anticipated attendance.

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**Submit Application at least four (4) weeks prior to program date.** Allow two weeks for processing. A copy with your confirmation signed by the Library will be returned to you. If the organization is required to pay a rental fee, the application must be accompanied by a non-refundable deposit of \$50.00 (cash, money order, certified check or credit card) payable to: Buffalo & Erie County Public Library. Deposit will be returned if application is denied. **Approval for use of the Auditorium is not confirmed until the Application is signed by the library director or designee and any payment/deposit, if required, has been made.**

▪ **QUESTIONS: 716-883-4418** ▪

6/5/2025



DR. EVA M. DOYLE AUDITORIUM AT THE FRANK E. MERRIWEATHER JR. BRANCH LIBRARY  
APPLICATION FOR USE

<b>ORGANIZATION INFORMATION</b>	Today's date: _____
Organization name: _____	
Organization address: _____	
Purpose of organization: _____	
Select one, the organization is : _____ Non-Profit _____ For-Profit _____ Government Agency	
<b>APPLICANT INFORMATION</b>	
Name & title of Applicant: _____	
Address _____	
Phone number: _____	Email address: _____

<b>Program name as it should appear on public calendar:</b> _____
Date requested (day of week, month, date, year): _____
Reservation start time: _____ Program start time: _____ Program end time: _____ Reservation end time: _____
Expected attendance: _____ (not to exceed 150)
Describe program in detail: (Attach additional sheet if necessary) _____
Are you charging a fee to attendees? _____ What is the fee? _____

Nothing may be applied to walls, windows or other surfaces. House and stage lighting is preset.

**NO SMOKING. NO REFRESHMENTS ALLOWED IN THE AUDITORIUM.**

Does your organization require any special accommodations? If yes, please list: \_\_\_\_\_

**SPECIAL EQUIPMENT** (to be brought in by applicant) list items, use back if necessary: \_\_\_\_\_  
*Contact the library to arrange for delivery.*

☐ I agree that I have read the Buffalo & Erie County Public Library's *Rules of Conduct and Facility Use Policy* and agree, on behalf of the applying organization, to be bound by the terms of use set forth therein, including acceptance of liability for personal injury, damage to Library facilities, and/or loss of Library property arising from use of the facility space by the applicant. I agree to hold harmless the B&ECPL for any and all liability which arises out of the use of the facility space. I understand I do not have approval for use of the facility space until I receive a copy of this contract signed by the Library director or designee and, if required, my payment/deposit has been made.

☐ I agree that my organization and all attendees will follow all security, health and safety policies required by the Buffalo & Erie County Public Library.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ For (Name of organization) \_\_\_\_\_

<b>Library Use Only</b>	
Application Approved: _____	Date: _____
Application Rejected: _____	Date: _____
Fee: \$ _____ (see rate fees on page 1) Due: _____	Paid: _____

Return to: Frank E. Merriweather Jr. Branch Library • 1324 Jefferson Avenue • Buffalo, NY 14208  
Questions: 716-883-4418