

Date: _____

USE OF DUARTE CITY FACILITIES

Insurance: 100-2123 # _____
CC/SC Building: 100-4402
ROP/TC Building: 100-4404
Deposit: 100-2120

APPLICATION AND AGREEMENT

I Will Purchase City Special Event Insurance: _____ I Will Provide Certificate of Insurance _____ (Choose one)

Name of Organization/Responsible Person: _____

Address: _____ / _____ / _____ / _____ / _____
(Street) (City) (Zip) (Cell Phone) (Home Phone)

Identification: _____ or _____ Email Address: _____
(Driver's License No.) (Calif. I.D. Card No.)

REQUEST _____ Community Center (Full) _____ Royal Oaks Park Building _____ Teen Center
USE OF: _____ Community Center (Half) _____ Senior Center _____ Teen Center Mtg. Room
_____ Community Center Kitchen _____ Teen Center BBQ
_____ Community Center AV

Purpose of Rental: _____
(If event is a wedding reception and/or ceremony, please provide the full name of Bride and Groom.)

Date of Use: _____ Rental Time: _____ AM/PM to _____ AM/PM

Estimated Attendance: Adults _____ Teens _____ Children _____ TOTAL _____

Admission/Donation: _____ If so, what will proceeds be used for? _____

Are you using a caterer? _____ If so _____
(Name) (Address) (Phone Number)

Are you providing? _____ Live Entertainment _____ DJ (Live entertainment/DJ at Senior Center only)

COMMUNITY/SENIOR CENTER ONLY

(ALCOHOLIC BEVERAGES ARE PROHIBITED AT ROYAL OAKS PARK AND THE TEEN CENTER!)

Alcohol Served: _____ *Alcohol Sold: _____ * A permit must be obtained from the Dept. of Alcoholic Beverage Control.

EQUIPMENT REQUESTED: _____ Tables & Chairs (Banquet arrangement for _____ people)
_____ Chairs Only (Theater arrangement for _____ people)

EQUIPMENT AVAILABLE FOR COMMUNITY CENTER MEETINGS ONLY:

_____ Public Address System: _____ On Stage _____ On Floor
_____ Film Screen _____ Speaker's Podium: _____ On Stage _____ On Floor

By signing below I am certifying that I have read and understand the Policies and Procedures pertaining to the requested facility use and agree that I am responsible for their enforcement and that I must be present at the event on the date requested. I certify that all the above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for cancellation of use of the building. I am aware that all rental fees are due and payable eight (8) working days in advance of the activity. I am aware that all renters are required to carry insurance to rent a facility and I understand that I must provide a certificate of insurance covering \$1,000,000 in liability naming the City of Duarte as co-insured or I will purchase special event insurance through the City of Duarte. I understand that special event insurance must be purchased/presented eight (8) working days prior to the event date.

Signature of Applicant (Street) (City) (Phone No.)

FOR OFFICE USE ONLY

Application Approved _____ Application Denied _____ Classification _____

FEES:

Hourly Rate _____ hrs. @ \$ _____ \$ _____

Cleaning/Damage Bond #2120 \$ _____

Kitchen (Community Center Only) \$ _____

BBQ-TC _____ AV-CC _____ \$ _____

City of Duarte Insurance #2123 \$ _____

Insurance Application Fee #100-5004 \$ _____

Miscellaneous Charges: _____ \$ _____

TOTAL FEES \$ _____

DEPOSIT: Amount Rec'd \$ _____ Rec. # _____

Date Received _____

Received By _____

BALANCE \$ _____ Due Date: _____

DUE: * A 10% charge per day of unpaid balance will be assessed if fees are not paid by above due date.

BALANCE PAID: Amount Rec'd \$ _____ Rec. # _____

Date Received _____

Received By _____

Insurance verified: _____

If alcohol is being sold, has a permit been obtained: _____ Date: _____

Director, Parks and Recreation Department
or Authorized Designate