

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) Community Center (Half) Community Center Lounge
USE OF: Community Center Kitchen Royal Oaks Park Building Senior Center (Restricted Use)
 Community Center A/V Equipment Duarte Teen Center Duarte Teen Center Mtg.
 Room

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

Date of Use: _____ Activity Time: _____ to _____ Set-up Time: _____ to _____

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 _____ Other _____

COMMUNITY CENTER/DUARTE TEEN CENTER (ALCOHOLIC BEVERAGES ARE PROHIBITED AT 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)
 Portable Bar Coffee Pot
 TV (Teen Center) BBQ (Teen Center)

EQUIPMENT AVAILABLE FOR 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: First Hour \$ _____ **DEPOSIT:** Amount Rec'd \$ _____ Rec. # _____
 Hours Thereafter @ \$ _____ \$ _____ Date Received _____
 Set-Up Hours @ \$ _____ \$ _____ Received By _____
 Cleaning/Damage Bond #2120 \$ _____ **BALANCE** \$ _____ Due Date: _____
 Kitchen (flat rate) \$ _____ **DUE:** * A 10% charge per day of unpaid balance will be assessed if fees are not paid by above due date.
 BBQ _____ TV _____ \$ _____ **BALANCE PAID:** Amount Rec'd \$ _____ Rec. # _____
 City of Duarte Insurance #2123 \$ _____ Date Received _____
 Miscellaneous/Optional Cleaning Charges: _____ Received By _____
 \$ _____
TOTAL FEES \$ _____ Insurance verified: _____

Director, Parks and Recreation Department
 or Authorized Designate

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