

CITY OF CLAYTON FACILITY USE APPLICATION

City Hall Conference Room

Library Meeting Room (Hoyer Hall)

Name of Applicant: _____

Organization's Name: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

Emergency Phone Number for during the event (i.e. cell phone): _____

Description of Activity: _____

Day/Date Requested: _____

Time Requested: From: _____ a.m. /p.m. To: _____ a.m. /p.m.

Anticipated Attendance: _____ Alcohol served?* Yes No (If yes, requires separate City Permit)
**(If alcohol is to be sold separately, a State Dept. of ABC permit is required)*

Any cost to the attendees (i.e. entry fee, raffle ticket sales)? Yes No

Explain: _____

Amplified Music (DJ, Band, etc.)? Yes No If yes, is music to be outside? Yes No
(If outside, separate City permit required)

Is this a public or community event? Yes No

Will food or beverage be served (given away or sold)?** Yes No
*(**If yes to both of these questions a temporary food facility permit from Contra Costa County Environmental Health is required and proof of this must be supplied before final approval of the city rental application. See www.cchealth.org/EH.)*

Is caterer to be used? Yes No If yes caterer's Name: _____

(Hoyer Hall) Library Only:

Number of chairs needed (up to 110): _____ Number of folding tables needed (up to 10): _____

FACILITY USE POLICIES AKNOWLEDGEMENT

The undersigned hereby agrees to be responsible for the repair of any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. The undersigned has received a copy of the Room Use Policies and agrees to comply with the rules and regulations therein.

Signature of Applicant: _____ Date: _____

HOLD HARMLESS AGREEMENT

As applicant, or an officially authorized representative of the applicant, I agree that as a condition of the use of the Facility, the applicant hereby agrees to, and shall defend, indemnify and hold harmless the City of Clayton, its officials, officers, directors, employees, volunteers and agents from and against any or all loss, liability, expense, claim, costs, suits and damages of every kind, nature and description, directly or indirectly, arising from usage or activities for which Use Permits are granted.

Applicant/Designated Official: _____ Date: _____

City Use Only:

***PICK UP KEY ON: _____ ***RETURN KEY ON: _____

Category: Resident Non-Resident Non-Profit Commercial

Reservation Deposit/Cleaning and Damages Deposit: \$ _____ 601-2015-00

Receipt #: _____ Event Date Code #: _____

Accepted by: _____ Date: _____

Rental Fees: **** Date Due: _____ ****

Date: _____ @ _____ hours x \$ _____ per hour \$ _____ 101-5603-00

Date: _____ @ _____ hours x \$ _____ per hour \$ _____

Date: _____ @ _____ hours x \$ _____ per hour \$ _____

Liability Insurance Noise Permit: \$ _____ 101-5301-00 #NP

Copy of driver's license on file Alcohol Permit: \$ _____ 101-5302-00 #AP

Signed facility use policy Total Fees Due: \$ _____

Receipt #: _____

Accepted by: _____ Date: _____

Adjustment of fees (if applicable) approved by: _____ Date: _____

Refund of Deposit Deposit on file: \$ _____
Less Deductions: \$(_____) 101-5603-00
Total Refund: \$ _____ 601-2015-00

Notes: _____

Payable to: _____

Authorized By _____ Date _____

Vendor # _____ Account # _____

Amount _____ City Manager Approval _____